

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information

<b>1. Committee Information</b>	
<b>a. Full Name</b> Vernon Tarlton for Alderman Ward 2	<b>c. ID Number</b> 0DUFD9
<b>b. Mailing Address (include City, State and Zip Code)</b> 926 2 <sup>nd</sup> St NE Hickory NC 28601	<b>d. Date Filed</b> 09/28/15
	<b>e. Phone Number</b> 828 302-3124

<b>2. Report Year</b> 2015	<b>3. Period Start Date (mm/dd/yy)</b> 07/13/15	<b>4. Period End Date (mm/dd/yy)</b> 09/22/15	<b>5. Treasurer Full Name</b> Lisa Tarlton O'Hair
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Expenditure		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>	

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> Carolina Trust Bank		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> Campaign Expenditures	<b>c. Account Code</b> JVTIII	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 0.00		<b>d. Period Begin Balance</b> \$

**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.  
 Lisa Tarlton O'Hair  
 Printed Name of Signer  
 Signature of Appointed Treasurer: *Lisa Tarlton O'Hair*  
 Date: 09/29/15

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_ Delivery Method:  Normal Mail

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  Registered Mail

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  Hand Delivered

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_  Electronically Filed

By: \_\_\_\_\_  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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Vernon Tarlton for Alderman Ward 2	35 Day Report	0DUFD9	
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2015</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 4664.22	\$ 4664.22
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
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)		\$ 4664.22	\$ 4664.22
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
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)	\$ 1114.21	\$ 1114.21
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1114.21	\$ 1114.21
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3550.01	\$ 3550.01
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

# 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	
Vernon Tarlton for Alderman Ward 2				0DUFD9	
3. Contributor Information <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Jeffery N Caudle 4465 3 <sup>rd</sup> ST NW Hickory NC 28601 828-327-8900			Carolina Anestheia Associates		
			<b>c. Employer's Name/Specific Field</b>		
			Owner		
<b>e. Election Sum to Date</b>					\$ 250.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	JVTIII	Check		09/10/2015	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
Landon B Lane Jr 1006 4 <sup>th</sup> AVE DR NW Hickory NC 28601			Director		
			<b>c. Employer's Name/Specific Field</b>		
			The Lane Foundation		
<b>e. Election Sum to Date</b>					\$ 200.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	JVTIII	Check		09/10/2015	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <span style="float: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
James V Tarlton Jr. 944 18 <sup>th</sup> AVE DR NW Hickory NC 28601 828-322-1905			Shook & Tarlton Inv Co. Owner		
			<b>c. Employer's Name/Specific Field</b>		
			Self		
<b>e. Election Sum to Date</b>					\$ 1000.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	JVTIII	Check		09/17/2015	\$ 1000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 1450.00
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on the 6 of Detailed Summary Page CRO-1100)</small>					\$ 4664.22

# 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	
Vernon Tarlton for Alderman Ward 2				0DUFD9	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Steve Mull 4258 6 <sup>th</sup> ST DR NW HICKORY NC 28601			Owner-Grocery		
			c. Employer's Name/Specific Field		
			Retired		
e. Election Sum to Date					
\$					100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/15/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
JACK GLASHEEN 1250 10 <sup>TH</sup> ST BLVD NW HICKORY NC 28601			OWNER		
			c. Employer's Name/Specific Field		
			HANCOCK AND MORE		
e. Election Sum to Date					
\$					200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/14/2015	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
M. HUNT BROYHILL GRANTOR PAUL H BROYHILL TRUSTEE PO BOX 500 LENOIR NC 28645			ADVISER		
			c. Employer's Name/Specific Field		
			SELF		
e. Election Sum to Date					
\$					500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/18/2015	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 800.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on the 6 of Detailed Summary Page CRO-1210)</small>					\$ 4664.22

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
VERNON TARLTON FOR ALDERMAN WARD 2					0DUFD9	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS SHORES 838 7 <sup>TH</sup> ST NW HICKORY NC 28601			PRESIDENT			
			c. Employer's Name/Specific Field			
			VANGUARD FURN			
			e. Election Sum to Date			
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/17/2015		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEAN WILLIAMS 4331 4 <sup>TH</sup> ST CIR NW HICKORY NC 28601			HOUSEWIFE			
			c. Employer's Name/Specific Field			
			SELF			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/16/2015		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DR. COKE GUNTER 1891 9 <sup>TH</sup> ST DR NW HICKORY NC 28601 828-328-5581			DENTIST			
			c. Employer's Name/Specific Field			
			SELF			
			e. Election Sum to Date			
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/15/2015		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 400.00	
5. Total of ALL (CRO-1210) Pages					\$ 4664.22	
<i>(This line must be on line 6 of Detailed Summary Page (CRO-1210))</i>						

# 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	
VERNON TARLTON FOR ALDERMAN WARD 2				0DUFD9	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
KEVIN MCINTOSH 560 20 <sup>TH</sup> AVE CT NE HICKORY NC 28601		PARTNER			
		c. Employer's Name/Specific Field			
		YOUNG, MORPHIS, BACK AND TAYLOR LAW FIRM			
				e. Election Sum to Date	
				\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/21/2015	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ERAL PATE 4460 3 <sup>RD</sup> ST NW HICKORY NC 28601 828-345-1933		HEAD PILOT			
		c. Employer's Name/Specific Field			
		AMERICAN AIRLINES			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/21/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
TERRY TAYLOR 1661 8 <sup>TH</sup> ST DR NW HICKORY NC 28601		PARTNER			
		c. Employer's Name/Specific Field			
		YOUNG, MORPHIS, BOCK AND TAYLOR LAW FIRM			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/21/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 350.00
5. Total of ALL CRO-1210 Pages <small>(this total must be on the 6 of Detailed Summary Page CRO-1210)</small>					\$ 4664.22

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
VERNON TARLTON FOR ALDERMAN WARD 2					0DUFD9	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOANNE MARTIN 812B WYNSHIRE DR HICKORY NC 28601 828-256-6449			RETIRE			
			c. Employer's Name/Specific Field			
			SELF			
			e. Election Sum to Date			
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/21/15		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONALD C O'HAIR 812B WYNSHIRE DR HICKORY NC 28601 828-256-6449			RETIRE			
			c. Employer's Name/Specific Field			
			SELF			
			e. Election Sum to Date			
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/21/15		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CLIFFORD JOHN WATTS PO BOX 2831 HICKORY NC 28601 828-322-1111			FIN ADVISOR			
			c. Employer's Name/Specific Field			
			RAYMOND JAMES			
			e. Election Sum to Date			
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/21/15		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 150.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>					\$ 4664.22	

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
VERNON TARLTON FOR ALDERMAN WARD 2				ODUFD9	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
NOAH GEOGHEGAN 10 <sup>TH</sup> ST BLVD APT 1209B HICKORY NC 28601 828-324-0287		FINANCIAL ADVISOR			
		c. Employer's Name/Specific Field			
		SUNTRUST BANK		e. Election Sum to Date	
				\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/22/15	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
CHARLES YOUNG SR PO BOX 7 HICKORY NC 28601 828-324-4554		PARTNER			
		c. Employer's Name/Specific Field			
		YOUNG, MORPHIS, BOCK AND TAYLOR LAW FIRM		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/22/15	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
S.F. YOUNG JR PO BOX 3407 540 6 <sup>TH</sup> ST NW HICKORY NC 28601 828-324-4420		PRESIDENT			
		c. Employer's Name/Specific Field			
		RESOURCE PARTNERS		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/18/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>				\$ 4664.22	

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
VERNON TARLTON FOR ALDERMAN WARD 2				0DUFD9	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JAMES SCHMUCKER 2075 2 <sup>ND</sup> ST DR NW HICKORY NC 28601		SALES			
		c. Employer's Name/Specific Field			
		SELF/RETIRED			
e. Election Sum to Date					
				\$ 50.01	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JVTIII	CHECK		09/21/15	\$ 50.01
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
VERNON TARLTON 926 2 <sup>ND</sup> ST NE HICKORY NC 28601 828-302-3124		PRESIDENT			
		c. Employer's Name/Specific Field			
		VERNON TARLTON CONST.			
e. Election Sum to Date					
				\$ 1020.21	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		IN KIND	FILING FEE	07/13/15	\$ 5.00
<input type="checkbox"/>		IN KIND	PRESS RELEASE	07/17/15	\$ 355.00
<input type="checkbox"/>		IN KIND	NEWSPRINT	07/15/15	\$ 146.25
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
VERNON TARLTON 926 2 <sup>ND</sup> ST NE HICKORY NC 28601 828-302-3124		PRESIDENT			
		c. Employer's Name/Specific Field			
e. Election Sum to Date					
				\$ 1021.21	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		IN KIND	PALM CARDS	08/17/15	\$ 270.00
<input type="checkbox"/>		IN KIND	PALM CARDS	08/25/15	\$ 243.96
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1070.22
5. Total of ALL CRO-1210 Pages <small>(Allk this must be on the 6 of Detailed Summary Page CRO-1210)</small>					\$ 4664.22

# Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
VERNON TARLTON FOR ALDERMAN WARD 2					0DUFD9	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LISA O'HAIR 750 2 <sup>ND</sup> ST NE HICKORY NC 28601			HOMEMAKER			
			c. Employer's Name/Specific Field			
			HOMEMAKER		e. Election Sum to Date	
				\$ 94.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		IN KIND	STAMPS	09/10/15	\$ 94.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 94.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on the 6 of Detailed Summary Page (CRO-1210))</i>					\$ 4664.22	

# In-Kind Contributions

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Vernon Tarlton for Alderman Ward 2		0DUFD9	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Lisa Tarlton O'Hair 750 2 <sup>nd</sup> St NE Hickory NC 28601 828 322-2192		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
			\$ 94.00
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
paid for stamps for mailer September 10,2015		09/10/15	\$ 94.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Vernon Tarlton 926 2 <sup>nd</sup> St NE Hickory, NC 28601 828-302-3124		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
			\$ 1020.21
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Filing Fee		07/13/2015	\$ 5.00
Press Releases		07/17/2015	\$ 355.00
Newsprint		07/15/2015	\$ 146.25
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
Vernon Tarlton 926 2 <sup>nd</sup> St NE Hickory, NC 28601 828-302-3124		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
			\$ 1020.21
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Palm Cards		08/17/2015	\$ 270.00
Palm Cards		08/25/2015	\$ 243.96
			\$
<b>4. Total only this Page</b>			\$ 1114.21
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1114.21