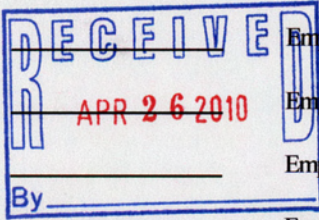


Disclosure Report Cover

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	
CITIZENS TO ELECT LYNN LAIL			CAT-78W5DM-C-001	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
2359 HWY 70 SE #322 HICKORY, NC 28602			04/22/2010	
			e. Phone Number	
			(828) 324-4546 ext.303	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2010	01/22/2010	04/17/2010	JILL GRIFFIN	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
7. Type of Fund (if applicable, check one)		State/County ☐ Organizational Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
☐ Booster Fund ☐ Building Fund ☐ Other:		Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
PEOPLES BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CHECKING ACCOUNT	LML			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 851.67		\$	
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.				
Jill Griffin		[Signature]		04/26/2010
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:		Employee:	Delivery Method	
Date Postmarked:		Employee:	☐ Normal Mail	
Date Scanned:		Employee:	☐ Registered Mail	
Date Data Entered:		Employee:	☐ 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

Amendment

☐ Yes ☒ 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	
CITIZENS TO ELECT LYNN LAIL	2010 First Quarter	CAT-78W5DM-C-001	
Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 851.67	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 145.00	
6) Contributions from Individuals (CRO-1210)	\$ 13,885.00	\$ 13,985.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00	
9) Loan Proceeds (CRO-1410)	\$ 5,000.00	\$ 11,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 18,885.00	\$ 25,130.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 14,007.35	\$ 19,400.68	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 0.00	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 14,007.35	\$ 19,400.68	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 5,729.32	\$ 5,729.32	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 11,000.00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00		
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00	
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00	

Contributions from Individuals

Pg 1 of 15

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LARRY AIELLO JR 3603 BERMUDA DRIVE CONOVER, NC 28613 (828) 459-1673				RETIRED			
				c. Employer's Name/Specific Field			
				CORNING, INC.			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	LML	Check		02/26/2010		\$ 1,000.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAT ANDERSON 109 ESPIE LITTLE ROAD TAYLORSVILLE, NC 28681				INVESTOR			
				c. Employer's Name/Specific Field			
				BEAVER INVESTMENTS			
						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	
☐	LML	Check		03/05/2010		\$ 200.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JEROME BOLICK PO BOX 307 CONOVER, NC 28613				EXECUTIVE			
				c. Employer's Name/Specific Field			
				SOUTHERN FURNITURE COMPANY			
						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	
☐	LML	Check		03/22/2010		\$ 50.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 1,250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00	

Contributions from Individuals

Pg 2 of 15

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
NANCY BOLICK PO BOX 553 CONOVER, NC 28613				HOMEMAKER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HOMEMAKER		
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	LML	Check		03/22/2010		\$ 50.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LARRY BOWMAN 1043 ROLLING GREEN DRIVE NEWTON, NC 28658				PRIVATE INVESTOR		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SELF EMPLOYED		
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	LML	Check		03/05/2010		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
HUNT BROYHILL PO BOX 500 LENOIR, NC 28645				CEO		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				BROYHILL ASSET MANAGEMENT		
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	LML	Check		02/26/2010		\$ 250.00
☐						\$
☐						\$
4. Total only this Page						\$ 550.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00

Contributions from Individuals

Pg 3 of 15

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOHN BUMGARNER 420 PRINCETON DRIVE SALISBURY, NC 28144-8532 (704) 637-2895				PHYSICIAN		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check		03/22/2010	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOHN BUSBEE PO BOX 512 CLAREMONT, NC 28610 (828) 459-7778				PHARMACIST/OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				MEDCAP		
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check		03/22/2010	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
POLLY BYRD 720 21ST AVENUE DRIVE NW HICKORY, NC 28601 (828) 324-2493				LOGISTICS		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				KONTANE, INC		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check		04/05/2010	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13,885.00	

Contributions from Individuals

Pg 4 of 15

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LUCY CORWIN 618 6TH AVENUE PLACE NW HICKORY, NC 28601 (828) 328-5168				HOMEMAKER			
				c. Employer's Name/Specific Field			
				HOMEMAKER		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	LML	Check		02/26/2010		\$ 250.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BARBARA GARLITZ 3145 LAUREL RIDGE ROAD NW HICKORY, NC 28601-9049				HOMEMAKER			
				c. Employer's Name/Specific Field			
				HOMEMAKER		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	
☐	LML	Check		04/16/2010		\$ 50.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BOYD GEORGE 1820 4TH STREET PLACE NW HICKORY, NC 28601				EXECUTIVE			
				c. Employer's Name/Specific Field			
				ALEX LEE, INC.		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	
☐	LML	Check		04/16/2010		\$ 200.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00	

Contributions from IndividualsPg 5 of 15

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVE HARLAN 1063 15TH AVENUE NW HICKORY, NC 28601			PHYSICIAN			
			c. Employer's Name/Specific Field RADIOLOGIST			
					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	
☐	LML	Check		04/05/2010	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JACK HAWN PO BOX 1116 CONOVER, NC 28613			CEO			
			c. Employer's Name/Specific Field ZENITH GLOBAL LOGISTICS			
					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	
☐	LML	Check		04/05/2010	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GLENN HUNSUCKER PO BOX 199 TERRELL, NC 28682 (828) 478-3226			RETIRED			
			c. Employer's Name/Specific Field BASSETT INDUSTRIES			
					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	
☐	LML	Check		03/05/2010	\$ 200.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13,885.00	

Contributions from Individuals

Pg 6 of 15

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PAUL KERCHER 560 11TH AVENUE CIRCLE NW HICKORY, NC 28601 (828) 322-4773				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CLERGY		
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check		03/22/2010	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LEROY LAIL 3619 LINKS DRIVE CONOVER, NC 28613 (828) 459-1268				BUSINESSMAN		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HICKORY FURNITURE MART		
						\$ 5,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check		04/05/2010	\$ 5,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LONDON LANE 1006 4TH AVENUE DRIVE NW HICKORY, NC 28601				PRIVATE INVESTOR		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SELF		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check		02/26/2010	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 5,150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13,885.00	

Contributions from IndividualsPg 7 of 15

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HAMPTON LEFLER 1260 6TH STREET NW HICKORY, NC 28601			RETIRED			
			c. Employer's Name/Specific Field			
			PHYSICIAN		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	
☐	LML	Check		03/22/2010	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JEARLD LEONHARDT 3326 STONESTHROW DRIVE NEWTON, NC 28658			EXECUTIVE VICE PRESIDENT			
			c. Employer's Name/Specific Field			
			COMM SCOPE INC.		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	
☐	LML	Check		04/16/2010	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RON LINDLER PO BOX 459 HICKORY, NC 28603 (828) 304-5111			SENIOR VICE PRESIDENT			
			c. Employer's Name/Specific Field			
			BB & T		e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check		04/05/2010	\$ 75.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 675.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13,885.00	

Contributions from Individuals

Pg 8 of 15

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BOBBY MATTHEWS 210 1ST AVENUE PLACE NE CONOVER, NC 28613 (828) 464-7325				CEO		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				MATTHEWS CONSTRUCTION COMPANY		
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	LML	Check		03/22/2010		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
GEORGE MORETZ 1779 8TH STREET DRIVE NW HICKORY, NC 28601 (828) 324-1386				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CAROLINA MILLS		
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	LML	Check		02/26/2010		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOHN M MORETZ 4150 8TH STREET COURT NW HICKORY, NC 28601				BUSINESSMAN		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				GOLD TOE/MORETZ		
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	LML	Check		03/05/2010		\$ 500.00
☐						\$
☐						\$
4. Total only this Page						\$ 850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00

Contributions from Individuals

Pg 9 of 15

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
STEVE MULL 4258 6TH STREET DRIVE NW HICKORY, NC 28601				INVESTOR			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						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	
☐	LML	Check		02/26/2010		\$ 100.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ED NEILL PO BOX 3916 HICKORY, NC 28603				PRESIDENT			
				c. Employer's Name/Specific Field			
				NEILL GRADING & CONSTRUCTION			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	LML	Check		04/16/2010		\$ 250.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MONROE PANNELL 2013 CONOVER BLVD EAST CONOVER, NC 28613 (828) 464-0700				ATTORNEY			
				c. Employer's Name/Specific Field			
				MARTIN & MONROE PANNELL PA			
						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	
☐	LML	Check		04/16/2010		\$ 200.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00	

Contributions from Individuals

Pg 10 of 15

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
CHARLES PRESTON 1013 3RD AVENUE NW CONOVER, NC 28613			BUSINESSMAN				
			c. Employer's Name/Specific Field				
			SELF EMPLOYED				
					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		
☐	LML	Check		02/26/2010	\$ 100.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
DEAN PROCTOR 605 2ND AVENUE NW HICKORY, NC 28601 (828) 327-9520			WHOLESALE BEVERAGE				
			c. Employer's Name/Specific Field				
			UNITED BEVERAGES OF NC				
					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		
☐	LML	Check		04/05/2010	\$ 200.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
C.E. ROSEMAN PO BOX 2128 HICKORY, NC 28603			CEO				
			c. Employer's Name/Specific Field				
			C.R. LAINE FURNITURE				
					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		
☐	LML	Check		03/05/2010	\$ 500.00		
☐					\$		
☐					\$		
4. Total only this Page						\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00	

Contributions from Individuals

Pg 11 of 15

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JIM ROSS 3725 KINGFISHER LANE TERRELL, NC 28682 (828) 478-3321				PHYSICIAN			
				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	
☐	LML	Check			04/05/2010	\$ 100.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
EUGENE ROBERT SHOOK 7383 HUDSON CHAPEL ROAD CATAWBA, NC 28609-9511				TRUCK OWNER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Sum to Date	
						\$ 10.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check			04/05/2010	\$ 10.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ALEX SHUFORD 1627 CAUBLE DAIRY ROAD HICKORY, NC 28602				PRESIDENT			
				c. Employer's Name/Specific Field			
				CV INDUSTRIES			
						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	
☐	LML	Check			04/05/2010	\$ 100.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 210.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00	

Contributions from Individuals

Pg 12 of 15

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DOROTHY SHUFORD PO BOX 1325 CONOVER, NC 28613				RETIRED			
				c. Employer's Name/Specific Field			
				INVESTOR			
						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	
☐	LML	Check		04/05/2010		\$ 100.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
POPE SHUFORD 715 8TH STREET NW HICKORY, NC 28601 (828) 324-7178				CHAIRMAN			
				c. Employer's Name/Specific Field			
				SHURTAPE TECHNOLOGIES			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	LML	Check		02/26/2010		\$ 250.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HARLEY SHUFORD JR 820 9TH AVENUE NW HICKORY, NC 28601				RETIRED			
				c. Employer's Name/Specific Field			
				CENTURY FURNITURE			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	LML	Check		03/22/2010		\$ 250.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00	

Contributions from IndividualsPg 13 of 15

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT SIMMONS 2425 NORTH CENTER STREET HICKORY, NC 28601				OWNER			
				c. Employer's Name/Specific Field			
				FREEDOM SHOPPING			
						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	
☐	LML	Check		03/05/2010		\$ 100.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
VERNON TARLTON 926 2ND STREET NE HICKORY, NC 28601				DEVELOPER			
				c. Employer's Name/Specific Field			
				HGM, INC.			
						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	
☐	LML	Check		04/05/2010		\$ 50.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMES V TARLTON JR 944 18TH AVENUE DRIVE NW HICKORY, NC 28601 (828) 324-9780				DEVELOPER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						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	
☐	LML	Check		02/26/2010		\$ 500.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 13,885.00	

Contributions from Individuals

Pg 14 of 15

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
JIM TEMPLETON PO BOX 92 NEWTON, NC 28658 (828) 464-3179			RETIRED				
			c. Employer's Name/Specific Field				
			WESTERN STEER/MOM N POPS				
					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		
☐	LML	Check		03/22/2010	\$ 100.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
MARTHA WEBB 720 2ND AVENUE DRIVE NE CONOVER, NC 28613 (828) 464-8706			HOMEMAKER				
			c. Employer's Name/Specific Field				
			HOMEMAKER				
					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		
☐	LML	Check		03/22/2010	\$ 200.00		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
LOUIS WETMORE 4152 1ST STREET PLACE NW HICKORY, NC 28601 (828) 624-4123			COURT MEDIATOR				
			c. Employer's Name/Specific Field				
			SELF				
					e. Election Sum to Date		
					\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	LML	Check		02/26/2010	\$ 250.00		
☐					\$		
☐					\$		
4. Total only this Page					\$ 550.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13,885.00		

Contributions from Individuals

Pg 15 of 15

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BENNY YOUNT PO BOX 3447 HICKORY, NC 28603 (828) 328-1050			b. Job Title/Profession AUTOMOTIVE EXECUTIVE		d. Comments	
			c. Employer's Name/Specific Field PARAMOUNT AUTO			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	LML	Check		03/22/2010	\$ 250.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 13,885.00	

CRO-1210

NC State Board of Elections

April 2007

Loan Proceeds

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CITIZENS TO ELECT LYNN LAIL				CAT-78W5DM-C-001	
3. Lender Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) LYNN LAIL 3619 LINKS DRIVE CONOVER, NC 28613		b. Job Title/Profession PRESIDENT		d. Comments	
		c. Employer's Name/Specific Field PIEDMONT DESIGNS		e. Start Date (mm/dd/yyyy) 03/22/2010	
				f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Account Code LML	j. Form of Payment Check	k. Amount \$ 5,000.00	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 5,000.00	

Disbursements

Pg 1 of 3

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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
ALLEGRA PRINT & IMAGING 337 MAIN AVENUE NE HICKORY, NC 28601 (828) 322-3981				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
						e. Election Sum to Date
						\$ 923.52
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LML	Check	B	02/26/2010	\$ 169.92	CONTRIBUTION CARD	
LML	Check	B	02/26/2010	\$ 455.95	STATIONARY & ENVELOPES	

4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
ALLEGRA PRINT & IMAGING 337 MAIN AVENUE NE HICKORY, NC 28601 (828) 322-3981				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
						e. Election Sum to Date
						\$ 923.52
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LML	Check	B	04/01/2010	\$ 297.65	CARDS	
				\$		

4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
CATAWBA COUNTY PO BOX 389 NEWTON, NC 28658 (828) 464-2424				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
						e. Election Sum to Date
						\$ 90.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LML	Check	H	02/22/2010	\$ 90.00	FILING FEE	
				\$		

5. Total only this Page					\$ 1,013.52	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 14,007.35	

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	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

Disbursements

Pg 2 of 3

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	
CITIZENS TO ELECT LYNN LAIL						CAT-78W5DM-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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	
FIRE HORSE FILMS, INC 10125 DARLING STREET RALEIGH, NC 27613 (919) 219-6028							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 3,260.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LML	Check	A	04/01/2010	\$ 3,260.00	TELEVISION		
				\$	PRODUCTION		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ROBERT VICK 307 DUSTY ROAD TAYLORSVILLE, NC 28681 (828) 632-8695							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 1,101.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LML	Check	B	02/25/2010	\$ 550.80	PRINT YARD SIGNS		
LML	Check	B	03/02/2010	\$ 550.80	PRINT YARD SIGNS		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SPECIALIZED MEDIA SERVICES, INC 741 KENILWORTH AVENUE #204 CHARLOTTE, NC 28204 (704) 333-3111							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 8,560.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LML	Check	A	03/23/2010	\$ 3,993.21	TELEVISION		
LML	Check	A	04/06/2010	\$ 4,567.77	TELEVISION		
5. Total only this Page						\$ 12,922.58	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 14,007.35	
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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 3 of 3

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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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) THE CLAREMONT COURIER 3282 WHITE OAK COURT CLAREMONT, NC 28610-8669				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
				e. Election Sum to Date		
				\$ 25.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LML	Check	A	04/06/2010	\$ 25.00	NEWSPAPER AD	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) VERIZON WIRELESS PO BOX 105378 ATLANTA, GA 30348				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
				e. Election Sum to Date		
				\$ 46.25		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LML	Check	O	03/01/2010	\$ 46.25	PHONE	
				\$		
5. Total only this Page					\$ 71.25	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 14,007.35	
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		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
CITIZENS TO ELECT LYNN LAIL			CAT-78W5DM-C-001	
3. Lender Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
LYNN LAIL 3619 LINKS DRIVE CONOVER, NC 28613 (828) 324-4546		PRESIDENT		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		PIEDMONT DESIGNS		01/11/2010
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 1,000.00		\$ 1,000.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
LYNN LAIL 3619 LINKS DRIVE CONOVER, NC 28613		PRESIDENT		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		PIEDMONT DESIGNS		01/15/2010
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 5,000.00		\$ 5,000.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
LYNN LAIL 3619 LINKS DRIVE CONOVER, NC 28613		PRESIDENT		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		PIEDMONT DESIGNS		03/22/2010
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 5,000.00		\$ 5,000.00
k. Full Name of Lending Institution				l. Loan Number
4. Total only this Page				\$ 11,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 11,000.00

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- Name of committee to receive loan:

Citizens to Elect Lynn Lail

- Person lending money to committee (Lender):

Lynn Lail

- Date of loan to committee: 03/22/10

- Name of lending institution and account number (source):

- Amount of loan: \$5,000.00

- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: _____

- Rate of interest of loan: _____

- Security pledged for loan: _____

I, Lynn Lail, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Lynn Lail
Signature of Lender

[Signature]
Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.