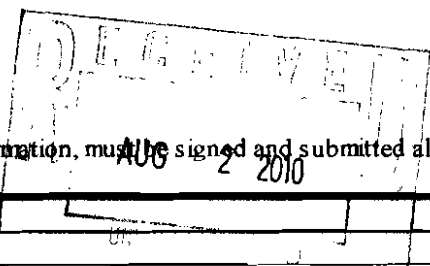


Disclosure Report Cover

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 ELECT TRACY K	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1229 FARM CREEK RD WAXHAW, NC 28173	d. Date Filed 07/29/2010
	e. Phone Number

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 01/01/2010	4. Period End Date (mm/dd/yy) 06/30/2010	5. Treasurer Full Name MARK DIBIASIO
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	10. Special Report Name
0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name WACHOVIA BANK		a. Financial Institution Full Name	
b. Purpose TO DISPENSE CAMPAIGN FUNDS	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 203.72		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

MARK D. DIBIASIO *[Signature]* 07/29/2010
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 8-2-2010	Employee: Vickie Owen	Delivery Method
Date Postmarked: 7-30-2010	Employee: Vickie Owen	<input checked="" type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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

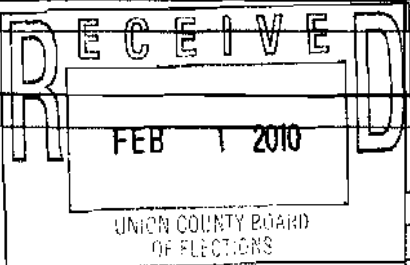
1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
ELECT TRACY K	2010 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2010</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 203.72	\$ 203.72
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 0.00
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)	\$ 0.00	\$ 0.00
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)		\$ 0.00	\$ 0.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
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)		\$ 0.00	\$ 0.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 203.72	\$ 203.72
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
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

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 ELECT TRACY K	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1229 FARM CREEK RD WAXHAW, NC 28173	d. Date Filed 01/29/2010
e. Phone Number	



2. Report Year 2009	3. Period Start Date (mm/dd/yy) 07/01/2009	4. Period End Date (mm/dd/yy) 12/31/2009	5. Treasurer Full Name MARK DIBIASIO
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	10. Special Report Name
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name WACHOVIA BANK	b. Purpose TO DISPENSE CAMPAIGN FUNDS	a. Financial Institution Full Name	b. Purpose
c. Account Code 01	d. Period Begin Balance \$ 203.72	c. Account Code	d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

MARK DIBIASIO
 Printed Name of Signer

Signature of Appointed Treasurer

01/29/2010
 Date

FOR OFFICE USE ONLY

Date Received: 2-1-2010 Employee: Vicki Owen Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: 1-29-2010 Employee: Vicki Owen

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

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	
ELECT TRACY K	2009 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2009</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 203.72	\$ 203.72
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 0.00
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)	\$ 0.00	\$ 0.00
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)		\$ 0.00	\$ 0.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
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)		\$ 0.00	\$ 0.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 203.72	\$ 203.72
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
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

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.

a. Full Name		c. ID Number	
ELECT TRACY K			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
1229 FARM CREEK RD WAXHAW, NC 28173		07/29/2009	
		e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Filing Official Name
2009	01/01/2009	06/30/2009	MARK "MDB" DIBIASIO
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	
		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
Number of Contributors This Report			
Financial Institution Full Name		Financial Institution Full Name	
WACHOVIA BANK		WACHOVIA BANK	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
TO DISPENSE CAMPAIGN FUNDS	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Inion County JUL 31 2009 Board of Elections </div>			
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	
FOR OFFICE USE ONLY			
Date Received:	<u>7-31-09</u>	Employee:	<u>Vickie Owen</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> 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, eustodian 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	
ELECT TRACY K	2009 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2009</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 203.72	\$ 203.72
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 0.00	\$ 0.00
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)		\$ 0.00	\$ 0.00
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)		\$ 0.00	\$ 0.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
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)		\$ 0.00	\$ 0.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 203.72	\$ 203.72
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
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

Disclosure Report Cover

Amendment
 Yes No

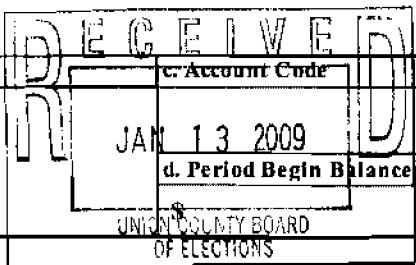
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name ELECT TRACY K	c. ID Number
h. Mailing Address (Include City, State and Zip Code) 1229 FARM CREEK RD WAXHAW, NC 28173	d. Date Filed 01/10/2009
	c. Phone Number

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 10/19/2008	4. Period End Date (mm/dd/yy) 12/31/2008	5. Treasurer Full Name MARK DIBIASIO
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6. Type of Committee (Check One):		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/Country	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name WACHOVIA BANK		a. Financial Institution Full Name	
b. Purpose TO DISPENSE CAMPAIGN FUNDS	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 478.82		d. Period Begin Balance



CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

MARK DIBIASIO [Signature] 01/10/2009
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: Jan 13-09 Employee: Udine Ouse **Delivery Method**

Date Postmarked: 1-12-09 Employee: Udine Ouse 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	
ELECT TRACY K	2008 Fourth Quarter		
Start of Election Cycle: January 1, 2008		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 453.72	\$ 0.00
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 670.00
6) Contributions from Individuals (CRO-1210)		\$ 0.00	\$ 6,035.00
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)		\$ 0.00	\$ 4,050.00
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 0.00	\$ 10,755.00
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 0.00	\$ 6,501.28
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)		\$ 250.00	\$ 4,050.00
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)		\$ 250.00	\$ 10,551.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 203.72	\$ 203.72
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
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

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
ELECT TRACY K					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
TRACY KUEHLER 1229 FARM CREEK RD WAXHAW, NC 28173				c. Original Loan Date	
				02/12/2008	
				d. Original Loan Amount	
\$ 4,050.00					
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 0.00	01	Debit Card	12/08/2008	\$ 250.00	
\$				\$	
4. Total only this Page				\$ 250.00	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 250.00	

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 ELECT TRACY K	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1229 FARM CREEK RD WAXHAW, NC 28173	d. Date Filed 10/27/2008
	e. Phone Number 704-843-7487

2: Report Year 2008	3: Period Start Date (mm/dd/yy) 07/01/2008	4: Period End Date (mm/dd/yy) 10/18/2008	5: Treasurer Full Name MARK DIBIASIO
-------------------------------	--	--	--

6: Type of Committee (Check One)		9: Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<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	
7: Type of Fund (if applicable, check one)		10: Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8: Number of Fundraisers this Report				
0				

11: Account Information		11: Account Information	
a. Financial Institution Full Name WACIOVA BANK		a. Financial Institution Full Name	
b. Purpose TO DISPENSE CAMPAIGN FUNDS	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 4,253.72		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

MARK DIBASIO [Signature] 10/27/2008
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10-27-08 Employee: Vicki Duce **Delivery Method**

Date Postmarked: _____ Employee: _____ Nonnal 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	
ELECT TRACY K	2008 Third Quarter		
Start of Election Cycle: January 1, <u>2008</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4,253.72	\$ 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 670.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 6,035.00
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)	\$ 0.00	\$ 4,050.00
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 0.00	\$ 10,755.00
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 6,501.28
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)	\$ 3,800.00	\$ 3,800.00
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)		\$ 3,800.00	\$ 10,301.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 453.72	\$ 453.72
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 250.00	
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

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 ELECT TRACY K	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1229 FARM CREEK RD WAXHAW, NC 28173	d. Date Filed 07/10/2008
	e. Phone Number 704 843-7487

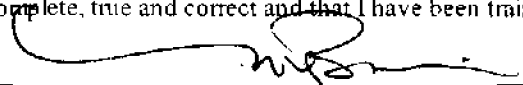
2. Report Year 2008	3. Period Start Date (mm/dd/yy) 04/20/2008	4. Period End Date (mm/dd/yy) 06/30/2008	5. Treasurer Full Name MARK DIBIASIO
------------------------	---	---	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing 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	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

3: Account Information		3: Account Information	
a. Financial Institution Full Name WACHOVIA BANK	a. Financial Institution Full Name	b. Purpose TO DISPENSE CAMPAIGN FUNDS	c. Account Code 01
b. Purpose	c. Account Code	d. Period Begin Balance \$ 5,482.78	d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

MARK DIBIASIO  07/10/2008
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Date Postmarked: _____ Date Scanned: _____ Date Data Entered: _____

Employee: Susan Price Employee: _____ Employee: _____ Employee: _____

RECEIVED
 JUL 10 2008
 UNION COUNTY BOARD OF ELECTIONS

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-F) 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
ELECT TRACY K	2008 Second Quarter	
Start of Election Cycle: January 1, 2008		
	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 5,482.78	\$ 0.00
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 150.00	\$ 620.00
6) Contributions from Individuals (CRO-1210)	\$ 300.00	\$ 5,585.00
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)	\$ 0.00	\$ 4,050.00
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 450.00	\$ 10,255.00
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2,183.06	\$ 6,505.28
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)	\$ 2,183.06	\$ 6,505.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 3,749.72	\$ 3,749.72
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 4,050.00	
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

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
ELECT TRACY K						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	01	Check		04/23/2008	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		04/23/2008	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		05/02/2008	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$150.00
5. Total of ALL CRO-1205 Pages					\$	\$150.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
ELECT TRACY K						
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	
AMY GOUGH 9426 BLEMONT LANE WAXHAW, NC 28173			HOMEMAKER			
			c. Employer's Name/Specific Field			
			HOMEMAKER		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"/>	01	Check		04/23/2008	\$ 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	
JOHN WILLIAMS 8313 PINEVILLE MATTHEWS RD SUITE 708-290 CHARLOTTE, NC 28226			SALES			
			c. Employer's Name/Specific Field			
			DAVIS WILLAMS		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"/>	01	Check		04/28/2008	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 300.00	

Disbursements

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
ELECT TRACY K	

3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
BP PRINTING 3756 PLEASANT PLAINS ROAD MATTHEWS, NC 28104		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 1,990.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	B	04/28/2008	\$ 250.86	FLYERS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
CHARLOTTE/UNION WEEKLY 1421-C ORCHARD LAKE DRIVE CHARLOTTE, NC 28270		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 591.05

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	A	05/02/2008	\$ 591.05	NEWSPAPER ADVERTISEMENT
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>	b. Coordinated Committee Name	d. Comments
DAILING SERVICES, LLC 5149 COTTON ROAD ROSWELL, NM 88201		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 1,269.93

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	05/04/2008	\$ 727.66	GOTV - AUTOMATED
01	Debit Card	O	05/05/2008	\$ 108.96	GOTV - AUTOMATED

5. Total only this Page \$ 1,678.53

6. Total of ALL CRO-1310 Pages \$ 2,183.06

(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)

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

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	
ELECT TRACY K							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DAILING SERVICES, LLC 5149 COTTON ROAD ROSWELL, NM 88201							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,269.93	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	05/05/2008	\$ 433.31	GOTV - AUTOMATED		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HARRIS TEETER 5920 WEDDINGTON-MONROE ROAD WAXHAW, NC 28173							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 71.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	05/06/2008	\$ 71.22	POLL WORKER REFRESHMENTS		
				\$			
5. Total, only this Page						\$ 504.53	
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>						\$ 2,183.06	
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)							

Outstanding Loans

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	
ELECT TRACY K			
3. Lender 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
TRACY KUEHLER 1229 FARM CREEK RD WAXHAW, NC 28173		LEGAL RESEARCHER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Justice, Public Order, and Safety Activities	02/12/2008
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	NONE	\$ 4,050.00	\$ 4,050.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 4,050.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 4,050.00

Received
4-28-08
from SB06

Disclosure Report Cover

Amendment
 Yes No

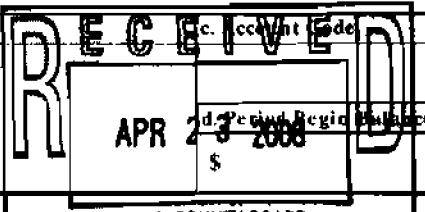
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information	
a. Full Name ELECT TRACY K	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1229 FARM CREEK RD WAXHAW, NC 28173	d. Date Filed 04/28/2008
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2008	02/23/2008	04/19/2008	MARK DIBIASIO

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from this category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing 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	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

3. Account Information		4. Account Information	
a. Financial Institution Full Name WACHOVIA BANK	a. Financial Institution Full Name	b. Purpose TO DISPENSE CAMPAIGN FUNDS	b. Purpose
c. Account Code 01	c. Account Code	d. Period Begin Balance \$ 0.00	d. Period Begin Balance



CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 10-100 & 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

Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date _____

FOR OFFICE USE ONLY

Date Received: 4-28-08 Employee: Vicki Deu

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

Amendment
 Yes No

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

1. Committee Full Name (and Fund/Agency/Office)		2. Type of Report		3. ID Number	
ELECT TRACY K		2008 First Quarter			
Start of Election Cycle: January 1, 2008				Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 3,594.04	\$	0.00
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 300.00	\$	470.00
6) Contributions from Individuals (CRO-1210)			\$ 3,350.00	\$	5,285.00
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)			\$ 0.00	\$	4,050.00
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)			\$ 3,650.00	\$	9,805.00
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 1,761.26	\$	4,322.22
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)			\$ 1,761.26	\$	4,322.22
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 5,482.78	\$	5,482.78
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)			\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)			\$ 4,050.00		
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

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

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

1. Committee, PMA Name (and Fund if applicable)					2. ID Number	
ELECT TRACY K						
3. Contribution Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/05/2008	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/06/2008	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/06/2008	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/06/2008	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/06/2008	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/06/2008	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		04/06/2008	\$	50.00
4. Total only this Page					\$	\$300.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$300.00

Contributions from Individuals

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

Committee, Ballot Title, and Fund (if applicable)						D. Number
ELECT TRACY K						
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		
MARY ANNE FERRIGAN 7000 THAMES CT. MATTHEWS, NC 28104			TEACHER			
			c. Employer's Name/Specific Field			
			CM SCHOOL SYSTEM	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	
<input type="checkbox"/>	01	Check		04/05/2008	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
BRYAN S RAUGHLEY 1112 APPLIGATE PARKWAY WAXHAW, NC 28173			CONSULTANT			
			c. Employer's Name/Specific Field			
			CONSULTING SAFETY MANAGERS, INC	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"/>	01	Check		04/03/2008	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
DUDLEY C WASS II 9001 YELLOW PINE COURT WAXHAW, NC 28173			CONSULTANT			
			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	
<input type="checkbox"/>	01	Check		02/25/2008	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,350.00	

Contributions from Individuals

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 Board/Party Affiliation)						2. ID Number
ELECT TRACY K						
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	
MICHAEL JOHNSON 8310 TINTINHUL LANE WAXHAW, NC 28173			Optometrist			
			c. Employer's Name/Specific Field			
			PEIDMONT BY CARE ASSOC.		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"/>	01	Check		04/06/2008	\$ 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	
BYRON NESBIT 9024 TINTINHUL DR WAXHAW, NC 28173			TELECOMMUNICATIONS			
			c. Employer's Name/Specific Field			
			SIEMENS		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"/>	01	Check		04/06/2008	\$ 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	
RICHARD TAYLOR 3121 OAK BROOK DR. MARVIN, NC 28173			RETIRED			
			c. Employer's Name/Specific Field			
					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	
<input type="checkbox"/>	01	Check		02/26/2008	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages					\$ 3,350.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 3 of 4

Amendment

Yes No

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

ELECT TRACY K	
---------------	--

<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
I. LAWRENCE AMODEO 2808 TUSCARORA LANE WAXHAW, NC 28173	RETIRED	
	c. Employer's Name/Specific Field NYPD	
		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"/>	01	Check		04/10/2008	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MICHELLE KLINGENBERG 8027 STONEHAVEN DRIVE WAXHAW, NC 28173	HOMEMAKER	
	c. Employer's Name/Specific Field	
		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"/>	01	Check		04/06/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JOHN P WILLIAMS 329 KINDLING WOOD LN MARVIN, NC 28173	SALES	
	c. Employer's Name/Specific Field DAVIS WILLIAMS	
		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"/>	01	Check		04/06/2008	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 700.00

5. Total of ALL CRO-1210 Pages \$ 3,350.00
(This line must be on line 5 of Detailed Summary Page CRO-1200)

Contributions from Individuals

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

Committee/Bill Name (include district, if applicable)						CRO Number	
ELECTRACY K							
Contributor Information <input type="checkbox"/> <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KENT HAYES 4309 HORSESHOE BEND MATTHEWS, NC 28104				RETIREED			
				c. Employer's Name/Specific Field			
				c. 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"/>	01	Check		04/10/2008	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total of ALL CRO-1210s						\$ 100.00	
5. Total of ALL CRO-1210s						\$ 3,350.00	
<i>(This line must be on line 6 of Detailed Summary Page of CRO-1210)</i>							

Disbursements

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures

3. Committee Full Name (CRO-1100 Page 11) ELECT TRACY K	CD Number
---	------------------

4. Disbursement (Please see CRO-1100 Page 12 for instructions)
 Operating Expenses
 Contributions to Candidates/Political Committees
 Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip) BP PRINTING 3756 PLEASANT PLAINS ROAD MATTHEWS, NC 28104	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">b. Coordinated Committee Name</td> <td style="width: 50%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ 1,740.02</td> </tr> </table>	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date		\$ 1,740.02	
b. Coordinated Committee Name	d. Comments												
c. Level Registered (Specify)													
<input type="checkbox"/> Federal	<input type="checkbox"/> County:												
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:												
e. Election Sum to Date													
\$ 1,740.02													

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	B	04/14/2008	\$ 1,361.06	DOORHANGERS
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip) COOPER ADVERTISING 118 EAST COUNCIL STREET SUITE 2 SALISBURY, NC 28144	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">b. Coordinated Committee Name</td> <td style="width: 50%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ 256.20</td> </tr> </table>	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date		\$ 256.20	
b. Coordinated Committee Name	d. Comments												
c. Level Registered (Specify)													
<input type="checkbox"/> Federal	<input type="checkbox"/> County:												
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:												
e. Election Sum to Date													
\$ 256.20													

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	04/17/2008	\$ 256.20	LABELS
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove													
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE SHIRT SHOP 203 MCDONALD STREET PO BOX 516 WAXHAW, NC 28173	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">b. Coordinated Committee Name</td> <td style="width: 50%;">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> <tr> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="text-align: right;">\$ 144.00</td> </tr> </table>	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date		\$ 144.00	
b. Coordinated Committee Name	d. Comments												
c. Level Registered (Specify)													
<input type="checkbox"/> Federal	<input type="checkbox"/> County:												
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:												
e. Election Sum to Date													
\$ 144.00													

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	B	04/09/2008	\$ 144.00	TEE SHIRTS
				\$	

5. Total only this Page \$ 1,761.26

6. Total of ALL CRO-1310 Pages \$ 1,761.26
(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)

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)*

Outstanding Loans

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- Name (Last, First, and Last Initial) (Applicant)		2- ID Number	
ELECT TRACY K			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
TRACY KUEHLER 1229 FARM CREEK RD WAXHAW, NC 28173		LEGAL RESEARCHER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Justice, Public Order, and Safety Activities	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%	NONE	\$ 4,050.00	\$ 4,050.00
k. Full Name of Lending Institution			l. Loan Number
Total \$4,050.00			\$ 4,050.00
Total of 11 CRO-1430 Pages (See the number on the 1st of Detailed Summary Page CRO-1430)			\$ 4,050.00

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 Info	
a. Full Name ELECT TRACY K	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1229 FARM CREEK RD WAXHAW, NC 28173	d. Date Filed 02/22/2008
	c. Phone Number

2. Report Year 2008	3. Period Start Date (mm/dd/yy) 02/12/2008	4. Period End Date (mm/dd/yy) 02/22/2008	5. Treasurer Full Name MARK DIBIASIO
-------------------------------	--	--	--

6. Type of Committee (check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly
		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	Semi-annual
		<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
7. Type of Fund (check all that apply)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund"			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Presidential Election Year Candidates Fund			
<input type="checkbox"/> NC Public Campaign Financing Fund			
<input type="checkbox"/> Other:			

3. Account Information		3. Account Information	
a. Financial Institution Full Name WACHOVIA BANK		a. Financial Institution Full Name	
b. Purpose TO DISPENSE CAMPAIGN FUNDS	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.		d. Period Begin Balance \$

CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

MARK DIBIASIO [Signature] 02/22/2008
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>2-26-08</u>	Employee: <u>Vicki Que</u>	Delivery Method <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

Start of Election Cycle: January 1, <u>2008</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 170.00	\$ 170.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,700.00	\$ 1,700.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 235.00	\$ 235.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 2,105.00	\$ 2,105.00
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,560.96	\$ 2,560.96
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)		\$ 2,560.96	\$ 2,560.96
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (455.96)	\$ (455.96)
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 4,050.00	
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

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

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

1. Candidate Full Name (Do not include title)					2. ID Number	
ELECT TRACY K						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	01	Cash		02/21/2008	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		02/21/2008	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		02/21/2008	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Check		02/21/2008	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$170.00
5. Total of ALL CRO-1205 Pages					\$	\$170.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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
ELECT TRACY K						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						4. Election Sum to Date
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FREDERICK BECKER III 6603 SADLER ROAD WAXHAW, NC 28173			CRAFTSMAN			
			c. Employer's Name/Specific Field			
			SELFEMPLOYED		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"/>	01	Check		02/21/2008	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						4. Election Sum to Date
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TOM CLINTON 1505 GOLDEN RAIN DR. MATTHEWS, NC 28104			PHYSICAL THERAPIST			
			c. Employer's Name/Specific Field			
			ORTHOCAROLINA		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"/>	01	Check		02/20/2008	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						4. Election Sum to Date
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RICK DENTON 1600 WALDEN POND LN WAXHAW, NC 28173			CONSULTANT			
			c. Employer's Name/Specific Field			
			NEW CENTURY SYSTEMS		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"/>	01	Check		02/21/2008	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page						\$ 800.00
5. Total on ALL CRO-1200 Pages						\$ 1,700.00

Contributions from Individuals

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

1. Committee Name: ELECT TRACY K						2. ID Number:
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	
NICHOLAS DISPENZIERS 104 ORCHARD HILL COURT MARVIN, NC 28173			RETIRED			
			c. Employer's Name/Specific Field			
					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"/>	01	Check		02/21/2008	\$ 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	
BRIAN HAUG 7912 ANTIQUE CIR WAXHAW, NC 28173			PLANNING MANAGER			
			c. Employer's Name/Specific Field			
			FAMILY DOLLAR		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"/>	01	Check		02/21/2008	\$ 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	
GEORGE HENDRY 201 BELVEDERE LN WAXHAW, NC 28173			RETIRED			
			c. Employer's Name/Specific Field			
					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"/>	01	Check		02/21/2008	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page:					\$ 300.00	
5. Total of ALL CRO-1210 Pages:					\$ 1,700.00	
(This line must be filled in on Detailed Summary Page CRO-1100)						

Contributions from Individuals

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
ELECT TRACY K						
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	
JEFF KRAVIS 1208 GLYNWATER WAXHAW, NC 28173			BANKER			
			c. Employer's Name/Specific Field			
			WACHOVIA			
					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"/>	01	Check		02/21/2008	\$ 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	
ROGER LANE 4910 PAGES HWY MONROE, NC 28112			RETIRED			
			c. Employer's Name/Specific Field			
					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"/>	01	Check		02/21/2008	\$ 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	
FRANCIS MORAN 1227 HIGH BROOK DR WAXHAW, NC 28173			EDUCATOR			
			c. Employer's Name/Specific Field			
			IBM			
					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"/>	01	Check		02/21/2008	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of All CRO 1210 Pages (This number is printed on the back of this page, CRO 1100)					\$ 1,700.00	

Contributions from Individuals

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
ELECT TRACY K						
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	
DANIEL SCHALLENKAMP 408 RAIN TREE DR MATTHEWS, NC 28104			TECHNICAL SOFTWARE SALES			
			c. Employer's Name/Specific Field IBM			
					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"/>	01	Check		02/20/2008	\$ 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	
CRAIG WINSLOW 6121 LOSTGATE LN WAXHAW, NC 28173			DJ			
			c. Employer's Name/Specific Field TIKI HUT ENTERTAINMENT			
					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"/>	01	Check		02/21/2008	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only (this page)					\$ 300.00	
5. Total of All CRO 1205 (All Pages) <i>(This line must appear on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,700.00	

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	
ELECT TRACY K			
3. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
LIZA KRAVIS FOR SCHOOL BOARD 1208 GLYWATER LANE WAXHAW, NC 28173		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality	
		Union	
		e. Election Sum to Date	
		\$ 235.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)
01	Check		02/21/2008
			\$
			\$
4. Total only this Page			\$ 235.00
5. Total of ALL CRO-1230 Pages (This line must be an link of Detailed Summary Page CRO-1100)			\$ 235.00

Disbursements

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
ELECT TRACY K	

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)		
<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BP PRINTING NC		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
		\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	B	02/21/2008	\$ 378.96	CAMPAIGN MATERIALS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
UNION COUNTY BOARD OF ELECTIONS NC		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
		\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	H	02/12/2008	\$ 87.00	FILING FEES
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VICTORY STORE NC		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date
		\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	02/15/2008	\$ 2,095.00	SIGNS/MAGNETS
				\$	

5. Total only this page	\$ 2,560.96
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6. Total of ALL CRO-1310 Pages	\$ 2,560.96
<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>	

7. Purpose Code (If applicable, expenditure code in (k) 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)

Debts and Obligations Owed By the Committee

Pg 1 of 1 Yes No

Amendment

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

1. Committee Full Name (and individual name)		ID Number	
ELECT TRACY K			
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
TRACY KUEHLER 1229 FARM CREEK RD WAXHAW, NC 28173		b. Description of Creditor CAMPAIGN STARTUP LOAN	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 0.00	\$ 4,050.00	\$ 4,050.00
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
02/12/2008	\$ 4,050.00		\$
g3. Item Description		g3. Item Description	
LAON TO COMMITTEE			
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
TRACY KUEHLER 1229 FARM CREEK RD WAXHAW, NC 28173			
4. Total only this Page (This should be the sum of all g2's from this page)		\$ 4,050.00	
5. Total on ALL CRO-1610 Pages (This line must be identical to Detailed Summary Page CRO-1100)		\$ 4,050.00	