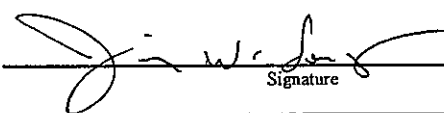


COPY

Independent Expenditure Report Cover

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

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

| | | | |
|--|--|--|--|
| 1. Reporting Entity Information | | | |
| a. Full Name of Entity Making Disbursement Timmy W. Long | | d. Entity Type (Check One) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization | e. Federal ID Number (if applicable) |
| b. Mailing Address (include City, State and Zip Code) and Phone Number 115 Hendrix Drive Kernersville NC 27284 | | f. Date Filed 10-31-13 | |
| | | g. Employer's Name or Principal Place of Business Bois Cascade - Gboro | h. Occupation Operations mgr |
| c. Report Type <input checked="" type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____ | | | |
| 2. Report Year 2013 | 3. Period Start Date (mm/dd/yyyy) 10-29-13 | 4. Period End Date (mm/dd/yyyy) 10-29-13 | |
| 5. Custodian of Books | | | |
| a. Full Name of Entity's Custodian of Books and Accounts | | c. Employer's Name or Principal Place of Business | |
| b. Mailing Address (include City, State and Zip Code) and Phone Number | | d. Occupation | |
| | | | |
| 6. Total Donations ALL Pages | | \$ | |
| 7. Total Expenditures ALL Pages | | \$ 503.00 | |
| CERTIFICATION | | | |
| I certify that this statement is complete, true and correct. | | | |
| Timmy W. Long Printed Name of Signer | |  Signature | 10-31-13 Date |

CRO-2210A

NC State Board of Elections

March 2012

RECEIVED

2013 OCT 31 AM 11:49

FORSYTH COUNTY
BOARD OF ELECTIONS

Donations for Independent Expenditures

Page 2 of 5

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

| 1. Donation Information | | | | |
|--|--|----------------------------------|----------------------|-------------|
| a. Item Num | b. Full Name, Mailing Address & Phone Number (include city, state, and zip) | c. Principal Occupation of Donor | d. Date (mm/dd/yyyy) | e. Amount |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 2. Total Donations THIS Page (sum all the '1e' entries on this page) | | | | \$ |
| 3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages) | | | | \$ <u>4</u> |

Incurred Costs for Independent Expenditures

Page 3 of 3

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also

be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

| 1. Expenditure Information | | | | | |
|---|-------------------------------|-----------------------------|---|--|-----------|
| a. Item Number | b. Incurred Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | | |
| | 10-29-13 | 10-29-13 | Express of opinion | | |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | | | f. Amount |
| Jimmy W. Long 115 Hendrix Drive Kernersville NC 27284 336-601-1948 | | | | | \$ 503.00 |
| Candidate Full Name | | Amount | Office Sought | | |
| NEAL, CROWNS, SWARTZ, Hooker | | \$ | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>Alclchan</u> Co. <u>Kernersville NC.</u> <input type="checkbox"/> Other Office: | | |
| Candidate Full Name | | Amount | Office Sought | | |
| Tabor, Johnson, Travis | | \$ | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co./Municipal Office <u>Alclchan</u> Co. <u>Kernersville NC.</u> <input type="checkbox"/> Other Office: | | |
| Referendum Name | | | Date | Level | |
| | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality | |
| a. Item Number | b. Incurred Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | | |
| | | | | | |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | | | f. Amount |
| | | | | | \$ |
| Candidate Full Name | | Amount | Office Sought | | |
| | | \$ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District: | | |
| Candidate Full Name | | Amount | Office Sought | | |
| | | \$ | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office: County/District: | | |
| Referendum Name | | | Date | Level | |
| | | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality | |
| 2. Total Expenditures THIS Page (sum all the 'If' entries on this page) | | | | | \$ 503.00 |
| 3. Total Expenditures ALL Pages (sum all the 'If' entries on all expenditure pages) | | | | | \$ 503.00 |