

# 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.

OCT 28 2011

| 1. Committee Information  |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|---|---|--|-------------------------|---|-----------|--------------|------------|---|---|---|--|------------------------------------|---|--------------------------------------|--------------------------------|--------------------------------|--|---------------------------------|---|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|--|--------------------------------|-----------------------------------|--|----------------------------------|--------------------------------|--|--|----------------------------------|--|
| a. Full Name  |   |  | c. ID Number            |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Henry C. Giles Campaign Fund  |   |  | RJ6430                  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Mailing Address (include City, State and Zip Code)   |   |  | d. Date Filed           |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 243 West Mountain St.<br>Rutherfordton NC 28139   |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  | c. Phone Number         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2. Report Year  | 3. Period Start Date (mm/dd/yy)         | 4. Period End Date (mm/dd/yy)  | 5. Treasurer Full Name  |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2011  | 9-28-11                                 | 10-24-11   |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 6. Type of Committee (Check One)  |   | 9. Type of Report (check only one type of report from one category)  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund   |   | <table border="0" style="width:100%;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input checked="" type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |                         |   | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input checked="" 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 |  |
| Municipal   | State/County                            | Referendum   |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day  | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary  | <input type="checkbox"/> First          | <input type="checkbox"/> Final   |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input checked="" 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<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:  |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 8. Number of Fundraisers this Report  |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 11. Account Information   |   | 11. Account Information  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| a. Financial Institution Full Name  |   | a. Financial Institution Full Name   |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| b. Purpose  | c. Account Code                         | b. Purpose   | c. Account Code         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | d. Period Begin Balance                 |  | d. Period Begin Balance |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | \$                                      |  | \$                      |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>CERTIFICATION</b>  |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 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. |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <u>Henry C Giles</u><br>Printed Name of Signer  |   | <u>Henry C Giles</u><br>Signature of Appointed Treasurer   |                         | <u>10/25/11</u><br>Date   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| FOR OFFICE USE ONLY   |   |  |                         |   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received:  | <u>10/28/11</u>                         | Employee:  | <u>DL</u>               | Delivery Method   |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked:  | _____                                   | Employee:  | _____                   | <input type="checkbox"/> Normal Mail                                |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned:   | _____                                   | Employee:  | _____                   | <input type="checkbox"/> Registered Mail                            |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered:  | _____                                   | Employee:  | _____                   | <input checked="" type="checkbox"/> Hand Delivered                  |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |                         | <input type="checkbox"/> Electronically Filed                       |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |                         | <input type="checkbox"/> Signer has not received mandatory training |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |  |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>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              |
|--|-----------------------------|---------------------------|
| Henry C. Giles   | Pre Election                | RJ6430                    |
| Start of Election Cycle: January 1, <u>2011</u>                              | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   | \$ 849.03                   | \$ -0-                    |
| <b>RECEIPTS</b>  |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      | \$ 100.00                   | \$ 150.00                 |
| 6) Contributions from Individuals (CRO-1210)                                 | \$ 191.09                   | \$ 428.29                 |
| 7) Contributions from Political Party Committees (CRO-1220)                  | \$                          | \$                        |
| 8) Contributions from Other Political Committees (CRO-1230)                  | \$                          | \$                        |
| 9) Loan Proceeds (CRO-1410)  | \$ 750 -                    | \$ 2455.00                |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       | \$                          | \$                        |
| 11) Other Receipt Sources  |                             |                           |
| 11a) Interest on Bank Accounts (CRO-1250)                                    | \$                          | \$                        |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              | \$                          | \$                        |
| 11c) Outside Sources of Income (CRO-1250)                                    | \$                          | \$                        |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           | \$                          | \$                        |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  | \$                          | \$                        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 1041.09                  | \$ 3033.29                |
| <b>EXPENDITURES</b>  |                             |                           |
| 13) Disbursements  |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       | \$ 1495.38                  | \$ 2179.15                |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             | \$                          | \$                        |
| 13c) Coordinated Party Expenditures (CRO-1310)                               | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             | \$                          | \$                        |
| 15) Loan Repayments (CRO-1420)   | \$                          | \$ 5.00                   |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     | \$                          | \$ 217.20                 |
| 17) In-Kind Contributions (CRO-1510)   | \$ 191.09                   | \$ 428.29                 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          | \$ 1686.47                  | \$ 2829.64                |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 203.65                   | \$ 203.65                 |
| <b>ADDITIONAL INFORMATION</b>  |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  | \$                          |                           |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           | \$ <del>1950</del> 170.     |                           |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   | \$                          |                           |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   | \$                          |                           |
| 24) Account Transfers Within the Committee (CRO-1720)                        | \$                          |                           |
| 25) Administrative Support (CRO-1710)  | \$                          | \$                        |
| 26) Forgiven Loans (CRO-1440)  | \$                          | \$                        |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    | \$                          | \$                        |
| 28) Contributions to be Refunded (CRO-1215)                                  | \$                          | \$                        |

# 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                |                           |
|--|-------------------|-----------------------------|---------------------------|
| Henry C. Giles Jr  | Pre-Election      | RJ6430                      |                           |
| Start of Election Cycle: January 1, 2011                                     |                   | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                   | \$ 844.03                   | \$ -0-                    |
| <b>RECEIPTS</b>  |                   |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |                   | \$ 100.00                   | \$ 150.00                 |
| 6) Contributions from Individuals (CRO-1210)                                 |                   | \$ 191.09                   | \$ 428.29                 |
| 7) Contributions from Political Party Committees (CRO-1220)                  |                   | \$                          | \$                        |
| 8) Contributions from Other Political Committees (CRO-1230)                  |                   | \$                          | \$                        |
| 9) Loan Proceeds (CRO-1410)  |                   | \$ 750.-                    | \$ 2455.00                |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |                   | \$                          | \$                        |
| 11) Other Receipt Sources  |                   |                             |                           |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |                   | \$                          | \$                        |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |                   | \$                          | \$                        |
| 11c) Outside Sources of Income (CRO-1250)                                    |                   | \$                          | \$                        |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |                   | \$                          | \$                        |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |                   | \$                          | \$                        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |                   | \$ 1041.09                  | \$ 3053.29                |
| <b>EXPENDITURES</b>  |                   |                             |                           |
| 13) Disbursements  |                   |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       |                   | \$ 1495.38                  | \$ 2184.15                |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |                   | \$                          | \$                        |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |                   | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |                   | \$                          | \$                        |
| 15) Loan Repayments (CRO-1420)   |                   | \$                          | \$ 5.00                   |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |                   | \$                          | \$ 217.20                 |
| 17) In-Kind Contributions (CRO-1510)   |                   | \$ 191.09                   | \$ 428.29                 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                   | \$ 1681.47                  | \$ 2834.64                |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                   | \$ 198.65                   | \$ 198.65                 |
| <b>ADDITIONAL INFORMATION</b>  |                   |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |                   | \$                          | \$                        |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |                   | \$ 1700.-                   | \$                        |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |                   | \$                          | \$                        |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |                   | \$                          | \$                        |
| 24) Account Transfers Within the Committee (CRO-1720)                        |                   | \$                          | \$                        |
| 25) Administrative Support (CRO-1710)  |                   | \$                          | \$                        |
| 26) Forgiven Loans (CRO-1440)  |                   | \$                          | \$                        |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |                   | \$                          | \$                        |
| 28) Contributions to be Refunded (CRO-1215)                                  |                   | \$                          | \$                        |



# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment

Yes  No

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

|   |                        |                           |                                       |  |                  |                                |  |
|---|------------------------|---------------------------|---------------------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                                       |  |                  | <b>2. ID Number</b>            |  |
| Henry C Biles Jr Campaign Fund  |                        |                           |                                       |  |                  |                                |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                                       |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                                       | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Henry C Biles<br>243 W. Mountain St<br>Rutherfordton, NC 28159  |                        |                           |                                       | Col. Administration                      |                  |                                |  |
|   |                        |                           |                                       | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                                       | Spotsylvania Community College           |                  | \$                             |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>         | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  |                        | Cash                      | In general - Robins Brook             | 10/07/11                                 | \$ 21.50         |                                |  |
| <input type="checkbox"/>  |                        | credit card               | Call - mm - all phone message payment | 10/25/11                                 | \$ 169.29        |                                |  |
| <input type="checkbox"/>  |                        |                           |                                       |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                        |                           |                                       |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                                       | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
|   |                        |                           |                                       |  |                  |                                |  |
|   |                        |                           |                                       | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                                       |  |                  | \$                             |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>         | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  |                        |                           |                                       |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                                       |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                                       |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                        |                           |                                       |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                                       | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
|   |                        |                           |                                       |  |                  |                                |  |
|   |                        |                           |                                       | <b>c. Employer's Name/Specific Field</b> |                  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                                       |  |                  | \$                             |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>         | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>  |                        |                           |                                       |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                                       |  | \$               |                                |  |
| <input type="checkbox"/>  |                        |                           |                                       |  | \$               |                                |  |
| <b>4. Total only this Page</b>  |                        |                           |                                       |  |                  | \$ 191.09                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                                       |  |                  | \$ 191.09                      |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                            |                        |                           |                                       |  |                  |                                |  |

# Loan Proceeds

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

|  |                            |  |                           |  |  |
|--|----------------------------|--|---------------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                            |  |                           | <b>2. ID Number</b>                      |  |
| Henry C Biles for Campaign fund  |                            |  |                           |  |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove     |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                            | <b>b. Job Title/Profession</b>           |                           | <b>d. Comments</b>                       |  |
| Henry Biles<br>243 W. Mountain St<br>Rutherfordton, NC 28139   |                            | Ed. Admin                                |                           |  |  |
|  |                            | <b>c. Employer's Name/Specific Field</b> |                           | <b>e. Start Date (mm/dd/yyyy)</b>        |  |
|  |                            | Spartanburg Community College            |                           | 10/07/11                                 |  |
|  |                            |  |                           | <b>f. End Date (mm/dd/yyyy)</b>          |  |
|  |                            |  |                           | Dec. 31, 2011                            |  |
| <b>g. Rate</b>   | <b>h. Security Pledged</b> | <b>i. Account Code</b>                   | <b>j. Form of Payment</b> | <b>k. Amount</b>                         |  |
| 0 %  |                            | 1  | check                     | \$ 500.00                                |  |
| <b>l. Full Name of Lending Institution</b>   |                            |  |                           | <b>m. Loan Number</b>                    |  |
|  |                            |  |                           |  |  |
| <b>4. Endorsers/Makers</b> (The people who guarantee the loan.)  |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
| Henry C Biles<br>243 W. Mountain St<br>Rutherfordton, NC 28139   |                            | Ed. Admin                                |                           | Spartanburg Community College            |  |
|  |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|  |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|  |                            |  |                           |  |  |
|  |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|  |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|  |                            |  |                           |  |  |
|  |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|  |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|  |                            |  |                           |  |  |
|  |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|  |                            |  |                           | % \$                                     |  |
| <b>5. Total of ALL CRO-1410 Pages</b><br>(This line must be on line 9 of Detailed Summary Page CRO-1100) |                            |  |                           | \$ 500.00                                |  |

# Loan Proceeds

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

|   |                            |  |                           |  |  |
|---|----------------------------|--|---------------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                    |                            |  |                           | <b>2. ID Number</b>                      |  |
| Henry C Giles Jr Campaign Fund  |                            |  |                           |  |  |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>d. Comments</b>                       |  |
| Henry Giles<br>243 W. Mountain St<br>Rutherfordton, NC 28134                              |                            | Ed, Administrator                        |                           |  |  |
|   |                            | <b>c. Employer's Name/Specific Field</b> |                           | <b>e. Start Date (mm/dd/yyyy)</b>        |  |
|   |                            | Spartanburg Community College            |                           | 10/26/11                                 |  |
|   |                            |  |                           | <b>f. End Date (mm/dd/yyyy)</b>          |  |
|   |                            |  |                           | 12/31/11                                 |  |
| <b>g. Rate</b>  | <b>h. Security Pledged</b> | <b>i. Account Code</b>                   | <b>j. Form of Payment</b> | <b>k. Amount</b>                         |  |
| NA%   |                            |  | transfer                  | \$ 250.00                                |  |
| <b>l. Full Name of Lending Institution</b>  |                            |  |                           | <b>m. Loan Number</b>                    |  |
|   |                            |  |                           |  |  |
| <b>4. Endorsers/Makers</b> (The people who guarantee the loan.)                           |                            |  |                           |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|   |                            |  |                           |  |  |
|   |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|   |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|   |                            |  |                           |  |  |
|   |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|   |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|   |                            |  |                           |  |  |
|   |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|   |                            |  |                           | % \$                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)          |                            | <b>b. Job Title/Profession</b>           |                           | <b>c. Employer's Name/Specific Field</b> |  |
|   |                            |  |                           |  |  |
|   |                            | <b>d. Percentage</b>                     |                           | <b>e. Amount</b>                         |  |
|   |                            |  |                           | % \$                                     |  |
| <b>5. Total of ALL CRO-1410 Pages</b>   |                            |  |                           | <b>\$ 750.00</b>                         |  |
| <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>                    |                            |  |                           |  |  |

## Loan Proceeds Statement

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

- Name of committee to receive loan:

Henry C Giles Jr. Campaign Fund

- Person lending money to committee (Lender):

Henry Giles

- Date of loan to committee: 10/7/11 and 10/26/11

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

- Amount of loan: \$750.00 total

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

Self

- Period of loan: until Dec. 31, 2011

- Rate of interest of loan: 0%

- Security pledged for loan: NA

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

Henry Giles  
Signature of Lender

Henry Giles  
Signature of Treasurer of Committee

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

# Disbursements

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

|  |                           |                               |                             |                                      |                            |                                     |  |
|--|---------------------------|-------------------------------|-----------------------------|--------------------------------------|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                           |                               |                             |                                      |                            | <b>2. ID Number</b>                 |  |
| Henry C Giles Jr Campaign Fund   |                           |                               |                             |                                      |                            |                                     |  |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>   |                           |                               |                             |                                      |                            |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                               |                             |                                      |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                               |                             |                                      |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                               |                             | <b>b. Coordinated Committee Name</b> |                            | <b>d. Comments</b>                  |  |
| Desley Courier<br>Forest City, N.C   |                           |                               |                             |                                      |                            |                                     |  |
| <b>c. Level Registered (Specify)</b>   |                           |                               |                             |                                      |                            | <b>e. Election Sum to Date</b>      |  |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:   |                           |                               |                             |                                      |                            | \$                                  |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>        | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                     | <b>k. Required Remarks</b> |                                     |  |
|  | check                     | Ads                           | 10/7/11                     | \$ 522.00                            |                            |                                     |  |
|  |                           |                               |                             | \$                                   |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                               |                             |                                      |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                               |                             | <b>b. Coordinated Committee Name</b> |                            | <b>d. Comments</b>                  |  |
| US Post Master<br>Rutherfordton, NC 28139  |                           |                               |                             |                                      |                            |                                     |  |
| <b>c. Level Registered (Specify)</b>   |                           |                               |                             |                                      |                            | <b>e. Election Sum to Date</b>      |  |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:   |                           |                               |                             |                                      |                            | \$                                  |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>        | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                     | <b>k. Required Remarks</b> |                                     |  |
|  | check                     | Postage                       | 10/20/11                    | \$ 189.07                            |                            |                                     |  |
|  | check                     | postage                       | 10/25/11                    | \$ 189.07                            |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                               |                             |                                      |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                           |                               |                             | <b>b. Coordinated Committee Name</b> |                            | <b>d. Comments</b>                  |  |
| Associated Printing<br>Rutherfordton, NC 28139   |                           |                               |                             |                                      |                            |                                     |  |
| <b>c. Level Registered (Specify)</b>   |                           |                               |                             |                                      |                            | <b>e. Election Sum to Date</b>      |  |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:   |                           |                               |                             |                                      |                            | \$                                  |  |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>        | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                     | <b>k. Required Remarks</b> |                                     |  |
|  | check                     | printing<br>letter &<br>cards | 10/26/11                    | \$ 545.29                            |                            |                                     |  |
|  |                           |                               |                             | \$                                   |                            |                                     |  |
| <b>5. Total only this Page</b>   |                           |                               |                             |                                      |                            | \$ <del>378.17</del>                |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                           |                               |                             |                                      |                            | \$ 1,495.38                         |  |
| <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>  |                           |                               |                             |                                      |                            |                                     |  |
| <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>  |                           |                               |                             |                                      |                            |                                     |  |
| <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>  |                           |                               |                             |                                      |                            |                                     |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                           |                               |                             |                                      |                            |                                     |  |
| A* - Media   |                           | B* - Printing                 |                             | C* - Fundraising                     |                            | D - To Another Candidate            |  |
| E - Salaries   |                           | F* - Equipment                |                             | G - Political Party                  |                            | H* - Holding Public Office Expenses |  |
| I - Postage  |                           | J - Penalties                 |                             | K* - Office Expenses                 |                            | Q* - Donation to Legal Expense Fund |  |
| O* Other   |                           |                               |                             |                                      |                            |                                     |  |
| * Codes require detailed explanation in required remarks field (k)   |                           |                               |                             |                                      |                            |                                     |  |

# In-Kind Contributions

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 Yes  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|  |  |  |                              |
|--|--|--|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |  | <b>2. ID Number</b>  |                              |
| Henry C. Giles Campaign Fund   |  |  |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                           |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>b. Type of Contributor</b>  |                              |
| Henry C Giles<br>243 W. Mountain St<br>Rutherfordton, NC 28139   |  | <input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|  |  | <b>c. Comments</b>   |                              |
|  |  | <b>d. Election Sum to Date</b>   |                              |
|  |  | \$   |                              |
| <b>e. Description</b>  |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
| Dinner from Robins Briak   |  | 10/07/11   | \$ 21.80                     |
| Phone message - Call um - All  |  | 10/25/11   | \$ 169.29                    |
|  |  |  | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                           |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>b. Type of Contributor</b>  |                              |
|  |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |                              |
|  |  | <b>c. Comments</b>   |                              |
|  |  | <b>d. Election Sum to Date</b>   |                              |
|  |  | \$   |                              |
| <b>e. Description</b>  |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
|  |  |  | \$                           |
|  |  |  | \$                           |
|  |  |  | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                           |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |  | <b>b. Type of Contributor</b>  |                              |
|  |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |                              |
|  |  | <b>c. Comments</b>   |                              |
|  |  | <b>d. Election Sum to Date</b>   |                              |
|  |  | \$   |                              |
| <b>e. Description</b>  |  | <b>f. Date (mm/dd/yyyy)</b>  | <b>g. Fair Market Amount</b> |
|  |  |  | \$                           |
|  |  |  | \$                           |
|  |  |  | \$                           |
| <b>4. Total only this Page</b>   |  | \$ 191.09  |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br><small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small> |  | \$ 191.09  |                              |

# Outstanding Loans

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

|  |                            |  |                                   |
|--|----------------------------|--|-----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                            | <b>2. ID Number</b>                      |                                   |
| Henry C. Giles Campaign Fund   |                            |  |                                   |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                |                            |  |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                            | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>                |
| Henry C. Giles<br>243 W. mtn. St.<br>Rutherfordton NC 28139  |                            |  |                                   |
|  |                            | <b>c. Employer's Name/Specific Field</b> | <b>e. Start Date (mm/dd/yyyy)</b> |
|  |                            |  |                                   |
|  |                            | <b>f. End Date (mm/dd/yyyy)</b>          |                                   |
|  |                            |  |                                   |
| <b>g. Rate</b>   | <b>h. Security Pledged</b> | <b>i. Original Loan Amount</b>           | <b>j. Remaining Loan Balance</b>  |
| %  |                            | \$ 1205. <sup>00</sup>                   | \$ 1700. <sup>00</sup>            |
| <b>k. Full Name of Lending Institution</b>   |                            | <b>l. Loan Number</b>                    |                                   |
|  |                            | 500. <sup>00</sup>                       |                                   |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                |                            |  |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                            | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>                |
|  |                            |  |                                   |
|  |                            | <b>c. Employer's Name/Specific Field</b> | <b>e. Start Date (mm/dd/yyyy)</b> |
|  |                            |  |                                   |
|  |                            | <b>f. End Date (mm/dd/yyyy)</b>          |                                   |
|  |                            |  |                                   |
| <b>g. Rate</b>   | <b>h. Security Pledged</b> | <b>i. Original Loan Amount</b>           | <b>j. Remaining Loan Balance</b>  |
| %  |                            | \$                                       | \$                                |
| <b>k. Full Name of Lending Institution</b>   |                            | <b>l. Loan Number</b>                    |                                   |
|  |                            |  |                                   |
| <b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                |                            |  |                                   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)   |                            | <b>b. Job Title/Profession</b>           | <b>d. Comments</b>                |
|  |                            |  |                                   |
|  |                            | <b>c. Employer's Name/Specific Field</b> | <b>e. Start Date (mm/dd/yyyy)</b> |
|  |                            |  |                                   |
|  |                            | <b>f. End Date (mm/dd/yyyy)</b>          |                                   |
|  |                            |  |                                   |
| <b>g. Rate</b>   | <b>h. Security Pledged</b> | <b>i. Original Loan Amount</b>           | <b>j. Remaining Loan Balance</b>  |
| %  |                            | \$                                       | \$                                |
| <b>k. Full Name of Lending Institution</b>   |                            | <b>l. Loan Number</b>                    |                                   |
|  |                            |  |                                   |
| <b>4. Total only this Page</b>   |                            |  | \$                                |
| <b>5. Total of ALL CRO-1430 Pages</b><br><small>(This line must be on line 21 of Detailed Summary Page CRO-1100)</small> |                            |  | \$ 1700. -                        |