

RECEIVED

Amendment
 Yes No

Disclosure Report Cover

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

111 09 2010

| | | | | |
|--|---------------------------------|---|---|------|
| 1. Committee Information | | | | |
| a. Full Name <i>Lizzy Smith Parton</i> | | | c. ID Number | |
| b. Mailing Address (include City, State and Zip Code) <i>1104 W.V. Thompson Rd. Rutherfordton, NC 28139</i> | | | d. Date Filed | |
| | | | e. Phone Number <i>245-7915</i> | |
| 2. Report Year <i>2010</i> | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name <i>Lizzy Smith Parton</i> | |
| 6. Type of Committee (Check One) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | 9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |
| 11. Account Information | | | | |
| a. Financial Institution Full Name <i>Rutherford County Bank</i> | | | | |
| b. Purpose <i>Campaign</i> | | c. Account Code | | |
| | | d. Period Begin Balance \$ | | |
| CERTIFICATION | | | | |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed 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 | | | | |
| <i>Lizzy Smith Parton</i> Printed Name of Signer | | <i>Lizzy Smith Parton</i> Signature of Appointed Treasurer | | Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: <i>7-9-10</i> | Employee: <i>DL</i> | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | | |
| Date Postmarked: _____ | Employee: _____ | <input type="checkbox"/> Signer has not received mandatory training | | |
| Date Scanned: _____ | Employee: _____ | | | |
| Date Data Entered: _____ | Employee: _____ | | | |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. | | | | |

Detailed Summary

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|--|-----------------------------|---------------------------|
| Libby Smith Parton | Final | |
| Start of Election Cycle: January 1, <u>2010</u> | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ <u>349.59</u> | \$ |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals (CRO-1210) | \$ <u>✓ 165.00</u> | \$ <u>790.00</u> |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds (CRO-1410) | \$ <u>✓ 300.00</u> | \$ <u>1741.82</u> |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ | \$ |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ <u>✓ .03</u> | \$ <u>.03</u> |
| 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) | \$ <u>465.03</u> | \$ <u>2531.85</u> |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ <u>✓ 485.96</u> | \$ <u>2203.19</u> |
| 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) | \$ <u>✓ 328.66</u> | \$ <u>328.66</u> |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ <u>814.62</u> | \$ <u>2531.85</u> |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ <u>0 ✓</u> | \$ <u>0</u> |
| ADDITIONAL INFORMATION | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ | |
| 25) Administrative Support (CRO-1710) | \$ | \$ |
| 26) Forgiven Loans (CRO-1440) | \$ | \$ |
| 27) 48-Hour Notice Reports Sum (CRO-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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Judy Patterson 287-4466 127 Helipart Dr. Rutherfordton, NC 28139 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 4/27/10 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Pamela Blice 246-3955 439 New Jerusalem Church Rd. Forest City, NC 28043 | | | | SECRETARY | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 4/27/10 | \$ 40.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Margaret Quiggins 287-9837 232 Crestview St. Rutherfordton, NC 28139 | | | | investment broker | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 4/27/10 | \$ 25.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 165.00 | |

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

| | | | | | |
|--|---------------------|-----------------------------------|--------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| <i>Selley Smith Parton</i> | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| <i>Selley S. Parton 1104 W. Thompson Rd. Rutherfordton, NC. 28139</i> | | | | e. Start Date (mm/dd/yyyy) | |
| | | | | | |
| | | c. Employer's Name/Specific Field | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate % | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | |
| | | <i>1</i> | <i>Check</i> | <i>\$ 300.00</i> | |
| l. Full Name of Lending Institution | | | | m. Loan Number | |
| | | | | | |
| 4. Endorsers/Makers <i>(The people who guarantee the loan.)</i> | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | e. Amount | |
| | | | | % \$ | |
| d. Percentage | | e. Amount | | | |
| | | | | % \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | e. Amount | |
| | | | | % \$ | |
| d. Percentage | | e. Amount | | | |
| | | | | % \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | e. Amount | |
| | | | | % \$ | |
| d. Percentage | | e. Amount | | | |
| | | | | % \$ | |
| 5. Total of ALL CRO-1410 Pages | | | | <i>\$ 300.00</i> | |
| <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:

Likely Smith Pastor

- Person lending money to committee (Lender):

Likely Smith Pastor

- Date of loan to committee: 4/20/10

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

- Amount of loan: 300.00

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

- Period of loan: 12 mo.

- Rate of interest of loan: _____

- Security pledged for loan: _____

I, Likely Smith Pastor, 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.

Likely Smith Pastor
Signature of Lender

Likely Smith Pastor
Signature of Treasurer of Committee

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

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| | | | | | |
|--|---------------------------|---------------------------------------|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| <i>Rickey Smith Parton</i> | | | | | |
| 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) | | | | | |
| <input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income | | | | | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | | d. Comments | |
| <i>Rickey S. Parton 1104 W. Thompson Rd. Rutherfordton, NC 28139</i> | | | | | |
| | | c. Outside Source Explanation | | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | <i>deposit</i> | | | \$ 00.03 | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | | d. Comments | |
| | | | | | |
| | | c. Outside Source Explanation | | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | | d. Comments | |
| | | | | | |
| | | c. Outside Source Explanation | | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ | |
| 6. Total of ALL CRO-1250 Pages | | | | \$ 03¢ | |
| (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income) | | | | | |

Disbursements

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

| | | | | | | |
|---|--|---|-----------------|--|-----------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | | b. Coordinated Committee Name | | d. Comments |
| Community First Media 245-1408 Rutherford Weekly 369 Butler Rd. Forest City, NC 28043 | | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| f. Account Code | | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | | Check | B | 4/27/10 | \$ 110.00 | Ads |
| | | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | | b. Coordinated Committee Name | | d. Comments |
| Staples 129 Plaza Dr. Forest City, NC 28043 | | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| f. Account Code | | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | | Check | B | 4/28/10 | \$ 75.96 | Ads |
| | | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | | b. Coordinated Committee Name | | d. Comments |
| The Daily Courier 245-6438 601 Oak Street Forest City, NC 28043 | | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| f. Account Code | | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | | Check | B | 4/20/10 | \$ 300.00 | Ads |
| | | | | | \$ | |
| 5. Total only this Page | | | | | | \$ |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | 485.96 |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

Loan Repayments

Use this form to report payments on an existing loan.

| | | | | | |
|--|------------------------|---------------------------|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| <i>Jimmy Smith Parton</i> | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| <i>Jimmy S. Parton 1104 W.V. Thompson Rd. Rutherfordton, NC 28139</i> | | | | | |
| | | | | c. Original Loan Date | |
| | | | | d. Original Loan Amount | |
| | | | | \$ | |
| e. Remaining Loan Balance | f. Account Code | g. Form of Payment | h. Date (mm/dd/yyyy) | i. Repayment Amount | |
| \$ | | <i>Cash</i> | <i>7/9/10</i> | \$ <i>328.66</i> | |
| \$ | | | | \$ | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| | | | | | |
| | | | | c. Original Loan Date | |
| | | | | d. Original Loan Amount | |
| | | | | \$ | |
| e. Remaining Loan Balance | f. Account Code | g. Form of Payment | h. Date (mm/dd/yyyy) | i. Repayment Amount | |
| \$ | | | | \$ | |
| \$ | | | | \$ | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| | | | | | |
| | | | | c. Original Loan Date | |
| | | | | d. Original Loan Amount | |
| | | | | \$ | |
| e. Remaining Loan Balance | f. Account Code | g. Form of Payment | h. Date (mm/dd/yyyy) | i. Repayment Amount | |
| \$ | | | | \$ | |
| \$ | | | | \$ | |
| 4. Total only this Page | | | | \$ | |
| 5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i> | | | | \$ <i>328.66</i> | |



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: Libby Smith Parton
 Treasurer Name: Self
 Treasurer Address: 1104 W.V. Thompson Rd
 (include city, state, & zip) Rutherfordton NC 28139

 Treasurer Phone: 245-7915

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

7/9/10
 Date Signed

Libby Parton
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.