Disclosure Report Cover

COPY

Amendment
[XX] Yes [ ] No

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

1. Committee Information

a. Full Name: Kaplan for Commissioner

c. ID Number: N1YXIE

b. Mailing Address (include City, State and Zip Code): P.O. Box 10, Bethania, NC 27010

d. Date Filed: ~~7-30-2009~~ 8-14-09

e. Phone Number: 336 922-4000

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	01-01-2009	06-30-2009	James W. Armentrout

6. Type of Committee (Check One)

- [XX] Candidate Campaign
- [ ] Party
- [ ] Joint Fundraiser
- [ ] PAC
- [ ] Referendum
- [ ] Legal Expense Fund

7. Type of Fund (if applicable, check one)

- [ ] "Booster Fund"
- [ ] Building Fund
- [ ] NC Political Party Financing Fund
- [ ] Presidential Election Year Candidates Fund
- [ ] NC Public Campaign Financing Fund
- [ ] Other:

8. Number of Fundraisers This Report

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
[ ] Organizational	[ ] Organizational	[ ] Organizational
[ ] Thirty-five day	Quarterly	[ ] Pre-referendum
[ ] Pre-primary	[ ] First	[ ] Final
[ ] Pre-election	[ ] Second	[ ] Supplemental Final
[ ] Pre-runoff	[ ] Third	[ ] Annual
Semi-annual	[ ] Fourth	[ ] Special
[ ] Mid Year	Semi-annual	
[ ] Year End	[XX] Mid Year	
[ ] Final	[ ] Year End	
[ ] Special	[ ] Final	
	[ ] Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: Branch Banking and Trust Company

b. Purpose: candidate receipts/expenditures

c. Account Code: 1001

d. Period Begin Balance: $ 2,061.27

RECEIVED AUG 14 PM 2:56

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

James W. Armentrout (Printed Name of Signer) — Signature of Appointed Treasurer — 7-30-2009 (Date)

FOR OFFICE USE ONLY

Date Received: 8-14-09 — Employee: Judy Speas

Date Postmarked: — Employee:

Date Scanned: — Employee:

Date Data Entered: — Employee:

Delivery Method:
- [ ] Normal Mail
- [ ] Registered Mail
- [X] Hand Delivered
- [ ] Electronically Filed

[ ] Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Kaplan for Commissioner	Semi annual	N1TXIE

Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 2,061.27	$ 985.94
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$	$
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 0.00	$ 2,000.00
9) Loan Proceeds	(CRO-1410)	$ 1,600.00	$ 19,600.00
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)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		$ 1,600.00	$ 21,600.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 0.00	$ 18,924.67
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$ 3,600.00	$ 3,600.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	$	$
15) Loan Repayments	(CRO-1420)	$	$
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)		$ 3,600.00	$ 22,524.67
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 61.27	$ 61.27
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 18,000.00	
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)	$	$

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Kaplan for Commissioner	N1YXIE

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☒ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Forsyth County Democratic Party 4th Street, Winston-Salem, NC 27101	For. Co. Dem Party	☐ Federal ☒ County: ☐ State ☐ Municipality:	coordianted media buy	$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1001	check	media buy A*	03-17-2009	$ 3,600.00	campaign share
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total Only this Page $ 1,600.

6. Total of ALL CRO-1310 Pages $ 1,600.00

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other

Loan Proceeds

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Kaplan for Commissioner	N1YXIE

3. Lender Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
Ted Kaplan 11695 Double Spring Rd. Lewisville, NC 27023	Self employed entrepreneur	n/a		02-10-2009	unknown

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %	none	1001	check	$1,600.00

l. Full Name of Lending Institution	m. Loan Number
n/a	

4. Endorser's Makeup (List the people who endorsed the loan)

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage	e. Amount
NONE			%	$
			%	$
			%	$
			%	$

5. Total of ALL CRO-1410 Pages (This line must be on the 1st Detailed Summary Page, CRO-1400) $ 1,600.00

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Kaplan for Commissioner	N1YXIE

3. Lender Information ☒ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
Ted Kaplan 1117 Glousman Road W-S, NC 27104	Candidate/investor/ Kaplan School Supply	Kaplan School Supply childrens play equip.	loaned to his comm.	09-13-2007	

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
0 %	none	$ 18,000.00	$18,000.00	n/a	n/a

4. Lender Information ☒ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
%		$	$		

5. Lender Information ☒ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
%		$	$		

4. Total for this Page	$ 18,000.00
5. Total for ALL CRO-1430 Pages (This line must tie on line 2 of Detailed Summary Page CRO-1400)	$ 18,000.00

Loan Proceeds Statement

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

- **Name of committee to receive loan:**
  Kaplan for Commissioner
- **Person lending money to committee (Lender):**
  Ian (Ted) Kaplan
- **Date of loan to committee:** 2-10-2009
- **Name of lending institution and account number (source):**
  Wachovia Bank and Trust 1087345263126
- **Amount of loan:** $1,600.00
- **Names of all parties responsible for payment of loan (guarantors):**
  NONE
- **Period of loan:** 2 years
- **Rate of interest of loan:** 0%
- **Security pledged for loan:** NONE

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

Signature of Lender Ian Ted Kaplan

Signature of Treasurer of Committee James W. Armentrout

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