

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information	
a. Full Name PAMELA LOFLAND CAMPAIGN	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1460 LAKE COTTAGE RD. CLEMMONS, N.C. 27012	d. Date Filed 1-3-2020
	e. Phone Number 336-577-2989

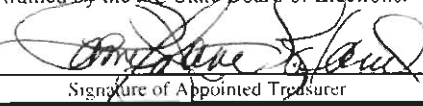
2. Report Year 2019	3. Period Start Date (mm/dd/yy) 10-22-19	4. Period End Date (mm/dd/yy) 12-31-19	5. Treasurer Full Name PAMELA JANE LOFLAND
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other: P.L.		<input type="checkbox"/> Mid Year	Semi-annual	
8. Number of Fundraisers this Report		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	


11. Account Information		11. Account Information	
a. Financial Institution Full Name CAPITAL/FIRST HORIZON	a. Financial Institution Full Name	b. Purpose	b. Purpose
b. Purpose	c. Account Code PJL2017	c. Account Code	c. Account Code
	d. Period Begin Balance \$ 1947.07	d. Period Begin Balance	d. Period Begin Balance

CERTIFICATION

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

PAMELA JANE LOFLAND  **1-3-20**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: **1/3/20** Employee: 

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

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

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
PAMELA LOFLAND CAMPAIGN	YE		
Start of Election Cycle: January 1, <u>2019</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ <u>1947.07</u>	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ <u>60.00</u>	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
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)	\$ <u>2,007.07</u>	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <u>40.54</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>791.80</u>	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ <u>74.94</u>	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <u>866.02</u>	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <u>1140.98</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	
PAMELA LOFLAND CAMPAIGN						
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	
GORDON HENDRIX 6350 CEPHUS DR. CLEMMONS, N.C. 27012			BUSINESS OWNER			
			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"/>	PJL2017	CASH		10-31-19	\$ 25.00	
<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	
KATHRYN GARNER 4630 CHERRYHILL LANE WINSTON-SALEM, N.C. 27106			HOUSEWIFE			
			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"/>	PJL2017	CHECK		11-06-19	\$ 35.00	
<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	
			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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 60.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 60.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable) PAMELA LOFLAND CAMPAIGN	2. ID Number PJL2017
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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) CARTRIDGE SUPERSTORE 1 KNOLL WOOD ST. WINSTON-SALEM 27103	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date 40.54

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PJL2017	CHECK	K	10-29-19	\$ 40.54	PRINTER INK
				\$	

4. Payee Information Add Remove

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

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	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$

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	\$ 40.54
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 40.54

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)**

Refunds/Reimbursements From the Committee Pg ____ of ____

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
PAMELA LOFLAND CAMPAIGN			PJL2017		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
PAMELA JANE LOFLAND 1460 LAKE COTTAGE RD. CLEMMONS, N.C. 27012		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		MULTIPLE	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		i. Original Receipt Amount	
		e. Level Registered		\$	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession			k. Account Code		
CANDIDATE			REIMBURSEMENT PJL2017		
c. Employer's Name/Specific Field		g. Comments			
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK	MISC. OFFICE SUPPLIES		10-30-19	\$ 74.94	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		i. Original Receipt Amount	
		e. Level Registered		\$	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession			k. Account Code		
c. Employer's Name/Specific Field		g. Comments			
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
				\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		i. Original Receipt Amount	
		e. Level Registered		\$	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession			k. Account Code		
c. Employer's Name/Specific Field		g. Comments			
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
				\$	
4. Total only this Page				\$ 74.94	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 74.94	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Loan Repayments

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
PAMELA LOFLAND CAMPAIGN					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
PAMELA JANE LOFLAND 1460 LAKE COTTAGE RD. CLEMMONS, N.C. 27012					
				c. Original Loan Date	
				9-16-19	
				d. Original Loan Amount	
				\$ 791.80	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 791.80	PJL2017	CHECK	10-30-19	\$ 791.80	
\$				\$	
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>				\$	