

COPY

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

Amendment
 Yes No

1. Committee Information	
a. Full Name Kaplan for Commissioner	c. ID Number NIYXIE
b. Mailing Address (include City, State and Zip Code) P.O. Box 10 Bethania, NC 27010	d. Date Filed 5-10-2010
	e. Phone Number 336 922-4000

2. Report Year 2010	3. Period Start Date (mm/dd/yyyy) 01-01-2010	4. Period End Date (mm/dd/yyyy) 04-17-2010	5. Treasurer Full Name James W. Armentrout
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First PLUS
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input 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 Branch Banking and Trust Company	b. Account Code 1001
c. Purpose candidate receipts/expenditures	d. Period Begin Balance \$ 61.27

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22C, 22M 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]
Signature of Appointed Treasurer

5-10-2010
Date

FOR OFFICE USE ONLY

Date Received: <u>5/10/10</u>	Employee: <u>Judy Spear</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 Filled
		<input type="checkbox"/> 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.

2010 MAY 10 PM 9:21
 RECEIVED
 FORSYTH COUNTY
 BOARD OF ELECTIONS

Detailed Summary

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

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

1 Committee Full Name (and Fund if applicable)	2 Type of Report	3 ID Number
Kaplan for Commissioner	1st Quarter	NITXIE
Start of Election Cycle: January 1, 2007		
	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 61.27	\$ 985.94
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$191.00	\$ 191.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 2,000.00
9) Loan Proceeds (CRO-1410)	\$	\$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)	\$ 191.00	\$ 21,791.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 5.00	\$ 18,929.67
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$ 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)	\$ 191.00	\$ 191.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 196.00	\$ 22,720.67
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 56.27	\$ 56.27
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 19,600.00	\$
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)	\$	\$

CRO-1100

Contributions from Individuals

1. Committee Full Name (and Fund if applicable) Kaplan for Commissioner					2. ID Number NLYXIE	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ted Kaplan 1117 Glousman Road W-S, NC 27104			b. Job Title/Profession Kaplan School Supply Candidate/investor		d. Comments filing fee from own funds	
			c. Employer's Name/Specific Field Kaplan School Supply children's play equip.		e. Election Cycle Sum to Date \$ 191.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1001	check	filing fee	2-17-2010	\$ 191.00	
<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 Cycle 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"/>					\$	
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 Cycle 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					\$ 191.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 191.00	

In-Kind Contributions

1. Committee Full Name (and Fund if applicable) Kaplan for Commissioner		2. ID Number N1YXIE	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ted Kaplan 1117 Glousman W-S, NC 27104		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Cycle Sum to Date \$ 191.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Paid filing fee with own money		02-17-2010	\$191.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Cycle Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Cycle Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 191.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 191.00	

Disbursements

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

Amendment
 Yes No

1. Committee Full Name (and fund if applicable)

Kaplan for Commissioner 2. ID Number
NIYXIE

3. Type of Disbursement *Please use separate CRO-1100 forms for each type of disbursement.*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payer Information Add Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip) Branch Banking and Trust Company Robinhood Road Winston-Salem, NC 27106	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments monthly fee e. Election Sum to Date \$ 0.00
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1001	deduct	"0" operating acct. deduct	03-31-2010	\$ 5.00	auto deduct

5. 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
				\$	
				\$	

6. Payer 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
				\$	
				\$	

7. Total of all Payer

8. Total of all Coordinated Payer \$ 5.00

(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)

9. Purpose Codes (Use detailed expenditure codes in all items)

- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| 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 | | | |

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

Committee Full Name (and Fund if applicable)		ID Number	
Kaplan for Commissioner		NIYXIE	
Lender Information		Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Ted Kaplan 1117 Glousman Road W-S, NC 27104		Candidate/investor/ Kaplan School Supply	loaned to his comm.
		c. Employer's Name/Specific Field	
		Kaplan School Supply childrens play equip.	Start Date (mm/dd/yyyy) 09-13-2007 End Date (mm/dd/yyyy) unknown
e. Rate	f. Security/Pledged	g. Original Loan Amount	h. Remaining Loan Balance
0 %	none	\$ 18,000.00	\$ 18,000.00
i. Full Name of Lending Institution		j. Loan Number	
n/a		n/a	
Lender Information		Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Ted Kaplan 1117 Glousman Road W-S, NC 27104		Candidate/investor Kaplan School Supply	loaned to his comm.
		c. Employer's Name/Specific Field	
		Kaplan School Supply childrens play equip.	Start Date (mm/dd/yyyy) 02-10-2009 End Date (mm/dd/yyyy) unknown
e. Rate	f. Security/Pledged	g. Original Loan Amount	h. Remaining Loan Balance
0 %	none	\$ 1,600.00	\$ 1,600.00
i. Full Name of Lending Institution		j. Loan Number	
n/a		n/a	
Lender Information		Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	
			Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)
e. Rate	f. Security/Pledged	g. Original Loan Amount	h. Remaining Loan Balance
%		\$	\$
i. Full Name of Lending Institution		j. Loan Number	
Total Outstanding Balance		\$ XXXXXXXX 19,600	
Total Paid/Repaid/Retired		\$ XXXXXXXX 19,600	

CRO-1430