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								
1. Committee Information								
a. Full Name							c. ID Number	
CAMPRIEN to Elect Mille Hall								
b. Mailing Address (include City, State and Zip Code)							d. Date Filed	
17401D JURY ROAD							2-14-14	
mount us	1						e. Phone Number	
17401D JURYROAD MOYOCK NC 27958 252232071								
2. Report Year 3. Pe	eriod Start Date (mm/d	ld/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer Full	Name	
2014 03-1	014 03-01-14 4-10			-14		Michael	D. Hall	
6. Type of Committee (C	heck One)	9. Type	of Report	(c	heck of	nly one type of report j	from one category)	
Candidate Campaign	Party	Municipal		State/County		County	Referendum	
Joint Fundraiser	PAC		Organizational	I Organ		Organizational	Organizational	
Referendum	Legal Expense Fund		Thirty-five day	y	~	Quarterly	Pre-referendum	
	pplicable, check one)		Pre-primary		\mathbb{X}	First	∐ Final	
"Booster Fund"			Pre-election	Second			Supplemental Final	
Building Fund Presidential Election Ye	ar Candidates Fund		Pre-runoff Semi-annual		H	Third	Annual Special	
		l	Mid Year		Ш	Fourth Semi-annual	Special	
NC Public Campaign Financing Fund Other:			Year End			Mid Year	10. Special Report Name	
Onler.		ı il	Final	Year End			10. Special Report Name	
8. Number of Fundraisers this Report Special					Ħ	Final	•	
5. Number of Pundraisers this Report						Special		
11. Account Information 11. Account Information								
a. Financial Institution Full Name					a. Financial Institution Full Name			
TOWNE BANK								
b. Purpose c. Account Code				b. Purp	ose		c. Account Code	
EC Operation 01								
d. Period Begin Balance							d. Period Begin Balance	
s 100.00							\$	
CERTIFICATION								

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 Roard of Elections according to N.C.G.S. 163-278.7(f).

complete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f).

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received mandatory training 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.

Amendment

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

1. Committee Full Name (and Fund if applicable) 2. Ty		3. ID Number				
CAMPAIGN to Elect Mille Hall First Quarter Total this Total this						
Start of Election Cycle: January 1,	214	Reporting Period				
4) Cash on Hand at Start		\$ 100.00	\$ 0			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 2323.2-	1 \$ 2567.27			
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)	\$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11	ld)	\$ 2323.2	7 \$ 2567.27			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 2398.2	7 \$ 2542.27			
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)	\$	\$			
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	d 17)	\$ 2398.2	7 \$ 2542.27			
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line	e 18)	\$ 25,00	\$ 25,00			
ADDITIONAL INFORMATION	(CDO 1330)	e.				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	XXXXIII XXXIII XXXII			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$				
22) Debts and Obligations owed By the Committee	(CRO-1610) (CRO-1620)	\$				
23) Debts and Obligations owed To the Committee	\$					
24) Account Transfers Within the Committee	\$	0				
25) Administrative Support	\$	\$				
26) Forgiven Loans	(CRO-1440)	\$	\$			
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$			
27) Contributions to be refunded	(CRO-1215)	\$	\$			

		n Individuals			Pg	of		Yes No	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CR									
1. Committee Full Name (and Fund if applicable)						2. ID Num	ber		
CAMPAIGN to Elect Mike ItAII									
DESCRIPTION OF PERSONS ASSESSMENT OF	ibutor Informatio			CONTRACTOR OF THE PARTY OF THE					
	ne, Mailing Address &	& Phone		b. Job Title/Profession	on		d. Comments	3	
Micha	city, state, & zip) Ae L D H	n/!		c. Employer's Name Specific Field					
1740	1D JURY /	Posd		Postrolio Resevenus			FI di C	1.7.1	
mnyo	KNC 27	958		Postrolio Reveny ASSOCIATES			e. Election Sum to Date		
11107 4	252	2320711					\$1549.02		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
	01	Check				03-01-11	1	\$ 24.26	
	l oì	condit CARI				03-13-14	1	\$ 1524.76	
								\$	
3. Contr	ibutor Informatio	on		Add R	Rem	ove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession			d. Comments	3	
(include	city, state, & zip)			Securit 5	00	inlist			
Mich	D Hall	,		c. Employer's Name/Specific Field			1		
1740	HALD HALL	ad		Partin Dannager					
Movi	OCK,NC. 27	959		PORTFOLIO RELOVERS ASSOCIATES			e. Election Sum to Date		
' ' '	257	2320711		HSSOCIATES			\$ 774.25		
f. Prior	f. Prior g. Account Code h. Form of Payment i. In-F		Gind Description j. Date (mm/dd/yy		уу)	k. Amount			
	0	Credit card				0329-14		\$ [38.53	
	01	Check				03-29-14	1	\$ 70.72	
	01	Check				04-14-14	/	\$56500	
3. Contributor Information									
	ne, Mailing Address &	& Phone		b. Job Title/Profession			d. Comments	3	
(include	city, state, & zip)			-					
			c. Employer's Name/Specific Field						
						e. Election Sum to Date			
						\$			
f. Prior	g. Account Code	h. Form of Payment	i In-l	Kind Description	2.00	j. Date (mm/dd/yy		k. Amount	
	g. Account Code	m rorm or rayment		and Description		J. 2410 (41111 441)	337	\$	
					-			\$	
					-			\$	
4 Tota	l only this Pag	P					\$ '		
							-	474764	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2	1313,17 1313,17		

Amendment

Disbursem	ents		Pg	i of	Amendment Yes No
	report expenditures coordinated party ex		ee for; operating expenses,	contributions to	andidate/political
. Committee F	2. ID Number				
	N to Elect			(D) I	
Operating E		the state of the s	RO-1310 forms for each ty didates/Political Committees		ordinated Party Expenditures
. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
include city, state,	& zip)				
John (lowled 25	2-267 220.	c. Level Registered (Specify)		-
Dan Z	Towner	7,7,7,7,7	Federal	County:	
POBOX -	152		State	Municipality:	e. Election Sum to Date
maple No	- 2795L				s 99.94
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	В	3-1-14	\$ 75.00	Business CARAS Dominies NAMES
01	Check	0	3-1-14	\$ 74.26	Danish dans
. Payee Inform			Add \square	Remove	
Part of the State of the State of the State of	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
include city, state,					
SUPER CL	reas Siens		c. Level Registered (Specify)		
90011 0	219/03		Federal X	County:	
Super Chap Signs 9804 Gray BIVD			State	Municipality:	e. Election Sum to Date
Austin Texas 866-270-7446					\$ 1524.76
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check it CARd	A	03-13-14	\$ 1139.76	LgSigNS
01	chedit cand	A	03-13-14	\$ 325,00	Son Should
. Payee Inform			Add 🔲	Remove	311, 2.9/
Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
nclude city, state,					
Home Do	ant		c. Level Registered (Specify)		
150 1111	PATAL DULL		Federal 🗸	County:	
CL	14st Plewy		State	Municipality:	e. Election Sum to Date
Home Depot 157 Hill CREST PHUY Chesape Ke VA 23322					\$ 138.53
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Ø)	Ca livered		03-29-14	\$ 138.53	0 1111 1 1 1
V 1	Gredilipped	<u> </u>	02 411		2 X4 Wood, Screws
				\$	
. Total only this Page					\$ 1762.55
	CRO-1310 Pages	, -			
	line 13a of Detailed Sun line 13b of Detailed Sun) if Operating Expenses)) if Contrib to Candidates/Politic	cal Comm)	\$ 2200
	-	-	if Coordinated Party Expenditu		2348,27
	es (List detailed exp				
* - Media	B* - Printing	C* - Fun			her Candidate
- Salaries - Postage	F* - Equipmen J - Penalties		cal Party	O* - Other	g Public Office Expenses
* Codes require detailed explanation in required remarks field (k)					

Disbursem	ents		Ρσ	1 of 1	Amendment ☐ Yes ☒ No		
		from the committee	e for; operating expenses,	contributions to	1		
	coordinated party ex				2 ID N		
	ull Name (and Fun	2. ID Number					
. Type of Disb	ursement (Plea		O-1310 forms for each ty	one of Dishursem	ent.)		
Operating E	Part of the last o	and the second s	idates/Political Committees	The same of the sa	ordinated Party Expenditures		
. Payee Inform			Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
nclude city, state,	& zip)						
Double :	D'S T-SLIRA	1	c. Level Registered (Specify)				
101 676:1	Heron Dr.	,	Federal Z	County:			
120011	LAND DIT.		State	Municipality:	e. Election Sum to Date		
-VI4HADCE	NO 27929				s 5071		
Account Code g. Form of Payment h. Purpose Code			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	,	0	La Date (minida 3333)	\$17	P + /)		
01	Check	U	3-29-14	3/10012	1-2 hints		
				\$	e		
. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
nclude city, state,							
Tol (1						
7044 2WG	noder 152	2/17 2	c. Level Registered (Specify)	Country			
John SNO POBOXT	152	-267.3332	Federal State	County: Municipality:	e. Election Sum to Date		
		-		Municipality.	a diction sum to but		
maple in a	- 21956				\$ 565.00		
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	check	D	4 14 111	\$565,00	1 6001		
		- A	1-1-1-	265.00	Lg UtRas		
				\$			
. Payee Inform	ation		Add	Remove			
Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments		
nclude city, state,	& zip)						
		10	- I I Decistered (Secretary				
		-	c. Level Registered (Specify)	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 0		
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
Treesunt Cour	g. r or an or r ay an one						
				\$			
				\$			
. Total only thi	is Page				s 635.72 s 2398.27		
. Total of ALL	CRO-1310 Pages						
	line 13a of Detailed Sun	\$ 0000					
	line 13b of Detailed Sun line 13c of Detailed Sum	2348,27					
				100)			
. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
- Salaries	F* - Equipmen				g Public Office Expenses		
- Postage	J - Penalties	A CONTRACTOR OF THE PROPERTY O	e Expenses	O* - Other			
Codes requir	e detailed explanati	on in required ren	narks field (k)				