

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 D.J. Haire Election Campaign	c. ID Number E9Y038
b. Mailing Address (include City, State and Zip Code) 709-17-Filter Plant Drive Fayetteville, NC 28301	d. Date Filed 10-03-17
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	08-30-17	09-26-17	Albert M. Edwards, Jr.

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"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum		<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<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		11. Account Information	
a. Financial Institution Full Name First South Bank	a. Financial Institution Full Name	b. Purpose Campaign	c. Account Code 01
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 2718.57		d. Period Begin Balance \$

CERTIFICATION
 I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).
 Albert M. Edwards, Jr. Albert M. Edwards, Jr. 10-03-17
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: Allen

Date Postmarked: **OCT - 3 2017** 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.

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		2. ID Number	
D.J. Haire Election Campaign		Thirty five day		E9Y038	
Start of Election Cycle: January 1,			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2718.57		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 600.00		\$ 3025.00
6) Contributions from Individuals		(CRO-1210)	\$		\$
7) Contributions from Political Party Committees		(CRO-1220)	\$		\$
8) Contributions from Other Political Committees		(CRO-1230)	\$ 500.00		\$ 500.00
9) Loan Proceeds		(CRO-1410)	\$ 34.67		\$ 3916.13
10) Refunds/Reimbursements To the Committee		(CRO-1240)	\$ 200.00		\$ 200.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$.05		\$.07
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)	\$		\$
11c) Outside Sources of Income		(CRO-1250)	\$		\$
12) TOTAL RECEIPTS		(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 1334.72		\$ 7641.20
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 144.43		\$ 3732.34
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$		\$
13c) Coordinated Party Expenditures		(CRO-1310)	\$		\$
14) Loan Repayments		(CRO-1420)	\$		\$
15) Refunds/Reimbursements From the Committee		(CRO-1320)	\$		\$
16) In-Kind Contributions		(CRO-1510)	\$		\$
17) TOTAL EXPENDITURES		(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 144.43		\$ 3732.34
18) Cash on Hand at End		(Add lines 4 and 12 together, then subtract line 17)	\$ 3908.86		\$ 3908.86
ADDITIONAL INFORMATION					
19) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$		
20) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 3916.13		
21) Debts and Obligations owed By the Committee		(CRO-1610)	\$		
22) Debts and Obligations owed To the Committee		(CRO-1620)	\$		
23) Account Transfers Within the Committee		(CRO-1720)	\$		
24) Administrative Support		(CRO-1710)	\$		\$
25) Forgiven Loans		(CRO-1440)	\$		\$
26) 48-Hour Notice Reports Sum			\$		\$

Contributions from Individuals

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	
D.J. Haire Election Campaign					E9Y038	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Katrina Farmer 707-8 Filter Plant Rd. Fayetteville, NC 28301			b. Job Title/Profession Real estate		d. Comments	
			c. Employer's Name/Specific Field Self-employed			
			e. Election Sum to Date \$50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		09-01-17	\$ 50.00	
<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) Amos Farmer 707-8 Filter Plant Rd. Fayetteville, NC 28301			b. Job Title/Profession Sales		d. Comments	
			c. Employer's Name/Specific Field Frito Lay, Inc.			
			e. Election Sum to Date \$50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09-01-17	\$ 50.00	
<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) Dr. Khalid Aziz 545 Darroch Rd. Bunn Level, NC 28323			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			e. Election Sum to Date \$500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09-25-17	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages					\$ 600.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
D.J. Election Campaign				E9Y038	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
N.C. Realtors PAC 4511 Waybridge Lane Greensboro, N.C. 27407		X Candidate PAC			
		Referendum			
		c. Level Registered (Specify)			
		Federal County:		e. Election Sum to Date	
		X State Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	Check		09-25-17	\$ 500.00	
				\$	
				\$	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		Candidate X PAC			
		Referendum			
		c. Level Registered (Specify)			
		Federal County:		e. Election Sum to Date	
		X State Municipality:		\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	check			\$	
				\$	
				\$	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments	
		Candidate PAC			
		Referendum			
		c. Level Registered (Specify)			
		Federal County:		e. Election Sum to Date	
		State Municipality:		\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1230 Pages				\$ 500.00	
<i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>					

Loan Proceeds

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> 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	
D.J. Haire Election Campaign				E9Y038	
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	
D.J. Haire 709-17 Filter Plant Dr. Fayetteville, N.C. 28301		Self-employed			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				08-30-17	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
0.00 %	Unsecured		paid expenses	\$ 34.67	
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	
		Self-employed			
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages				\$ 34.67	
<i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					

Refunds/Reimbursements To the Committee

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
D.J. Haire Election Campaign				E9Y038	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Westover Rec 267 Bonanza Dr. Fayetteville, N.C. 28303			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		08-01-17
					i. Original Expenditure Amt
					\$ 265.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				Meeting room	
				j. Election Sum to Date	
				\$ 200.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	
01	Check			09-25-17	
				o. Amount	
				\$ 200.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	
				o. Amount	
				\$	
4. Total only this Page					\$ 200.00
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$ 200.00

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	
DJ Haire Election Campaign					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" 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	
First South Bank 705 Executive Place Fayetteville, NC 28305					
			c. Outside Source Explanation		
			bank interest		
			e. Election Sum to Date		
			\$ 0.07		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	Cash		08/31/17	\$ 0.05	
				\$	
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				\$ 0.05	
6. Total of ALL CRO-1250 Pages				\$ 0.05	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

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
D.J. Haire Election Campaign					E9Y038
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input checked="" 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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Short Stop 1907 Ramsey St. Fayetteville, N.C. 28301			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
					\$ 109.76
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	09-18-17	\$ 59.76	
01	Check	O	09-24-17	\$ 50.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Lowe's 3909 Ramsey St. Fayetteville, N.C. 28311			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
					\$ 123.23
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Loan	O	08-30-17	\$34.67	Post for signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			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
01	Check			\$	
				\$	
5. Total only this Page					\$ 144.43
6. Total of ALL CRO-1310 Pages					\$ 144.43
<i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c 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	O* - Other		

Outstanding Loans

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

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		
D.J. Haire Election Campaign			E9Y038		
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	
D.J. Haire 709-17 Filter Plant Dr. Fayetteville, N.C. 28301		Self-employed			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				07-20-17	
				f. End Date (mm/dd/yyyy)	
g. Rate		h. Security Pledged		i. Original Loan Amount	
0% %		n/a		\$ 1000.00	
k. Full Name of Lending Institution				l. Loan Number	
n/a				n/a	
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	
D.J. Haire 709-17 Filter Plant Dr. Fayetteville, N.C. 28301		Self employed			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				08-29-17	
				f. End Date (mm/dd/yyyy)	
g. Rate		h. Security Pledged		i. Original Loan Amount	
0 %		n/a		\$ 2881.46	
k. Full Name of Lending Institution				l. Loan Number	
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	
D.J. Haire 709-17 Filter Plant Dr. Fayetteville, N.C. 28301		Self-employed			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				08-30-17	
				f. End Date (mm/dd/yyyy)	
g. Rate		h. Security Pledged		i. Original Loan Amount	
% %				\$ 34.67	
k. Full Name of Lending Institution				l. Loan Number	
4. Total only this Page			\$ 3916.13		
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 3916.13		