Amendment

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.

CALL THE STREET STREET	form to update	imornation.		- Marine Street			AND DIME			
1. Committee In	formation							c. ID Number		
a. Full Name D.J. HAIRE EL	ECTION CAM	1PAIGN						000-E9Y038-0-000		
L M.211 1.13	on finaluda Cita	v State and 7:	Code					d. Date Filed		
b. Mailing Addre	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	The second secon	(Coue)	enderson virtually interesting the second				07/14/2022		
FAYETTEVIL								e. Phone Number		
								e. Phone Number		
2. Report Year	3. Period Start	Date (mm/dd/	yy)	4. Period I	and Da	te (mm/dd/yy)				
2022	05	/03/2022			07/11/2022 ALBERT M. EDWARDS JR					
6. Type of Com				e of Report	(cl		type of rep	ort from one category) Referendum		
X Candidate Car		.*.	Munic			State/County Organization	nol	Organizational		
☐ Joint Fundrais	( C.			Organizatio			mai	Pre-referendum		
☐ Referendum		al Expense Fund		Thirty-five		Quarterly First		Final		
7. Type of Fund		e, check one)		Pre-primary Pre-election		☐ First ☐ Second		Supplemental Final		
Booster Fund				Pre-election	9	Third		Annual		
Building Fund	lection Year Cand	didates Fund	-	Semi-annual		Fourth		☐ Special		
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Other:			日	Final		Year E	nd			
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b. Purpose		c. Account Co	de		b. Pur	pose		c. Account Code		
CAMPAIGN			01	1/4						
		d. Period Begi	n Balai	nce				d. Period Begin Balance		
		\$		7,930.03				\$		
CERTIFICATION	ON									
Logitify that	the Committee o	or Fund is in co	ompliar	nce with all a	applica	ble provisions	of Article	22A, 22B & 22D-22M of		
Chanter 163	of the NC Gener	ral Statutes and	d that n	o funds are	comm	ingled with pro	ohibited or	other non-disclosed		
funds. I furt	ner certify that t	this report is co	omplete	e, true and c	orrect	and that I have	e been traig	ned by the NC State Board		
				111	. /	n 1.	20/			
ALBERT	M EDWARD	SUR		alle	int.	M. Edlan	and of	07/14/2022		
I	Printed Name of S	Signer		Sign	nature o	f Appointed Tre	asurer /	Date		
FOR OFFICE	USEONLY					1 40	-	- Unione Mathad		
Date Receiv	ved:	IL 1 8 2022		Emplo	yee:	LIM	- <u>E</u>	elivery Method Normal Mail		
Date Postmarked: Em					yee:		<u> </u>	Registered Mail Hand Delivered		
Date Scann	ed:			Emplo	yee:			Electronically Filed		
Date Data I	Entered: _			Emplo	yee:			Signer has not received mandatory training		
Please No	te: This form o	cannot be used	l to amo	end committen of books	tee info	ormation such	as the com	mittee address, treasurer, tion.		
	Vou must amen									

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				000-E9Y038-0-000			
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(CRO-1210)	\$	0.00	\$	2,250.00			
(CRO-1220)	\$	0.00	\$	0.00			
(CRO-1230)	\$	1,000.00	\$	1,000.00			
(CRO-1410)	\$	0.00	\$	118.00			
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a. Full Name, Ma (include city, s	illing Address & Phone tate, & zip)		b. Type of Com Candidate	M PAC	a. C	omments		
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407			Referendum c. Level Regist Federal State	ection Sum to Date				
					\$	1,000.00		
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						\$		
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CRO 1220	v v v v v v v v v v v v v v v v v v v		e Board of Electio	ns.		April 2007		

NC State Board of Elections

CRO-1230

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Pg	1	$\mathbf{of}$	3	☐ Yes	X	No

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

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D.J. HAIRE									
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(This line goes in	i line 13c of Detailed	Summary Page CRO	9-1100 ij	f Coordinated Pa	arty Expe	nditures)			
7. Purpose Co	des (List detailed	d expenditure cod	e in (h.)	above)			<u></u>		
A* - Media	B* - Printi		C* - I	Fundraising				her Candio	
E - Salaries	F* - Equip	•		olitical Party					ffice Expenses
I - Postage	J - Penalti		K* - (	Office Expense	es	Q* - D	onati	on to Lega	l Expense Fund
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$Pg = 2$ of $3$ $\square$ Yes $\square$ N					, 2 111 6 11 10111		
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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ll Name (and Fund		1907 PROPERTY.			<del> </del>		2. ID Nui	nber
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D.J. HAIRE EL	ECTION CAMI A								
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X Operating Exp		ributions to Candidat	es/Polit	cal Committees		Coo	rdinate	d Party Ex	rpenditures
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(include city, stat	te, & zip)								
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211 FAIRWAY	PACKER, INC. C	лио		c. Level Regis	tered (	Specify)			
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FAYETTEVILI	LE, NC 28305			☐ State		] Municip	ality:	e. Electio	n Sum to Date
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Disburseme	ents				Pg	_3_ 0	of	<u>3</u>	Yes	X No
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(include city, stat	e, & zip)	Water Control of the	e							
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I - Postage O\* Other \* Codes require detailed explanation in required remarks field (k) CRO-1310

A\* - Media

E - Salaries

NC State Board of Elections

C\* - Fundraising

G - Political Party K\* - Office Expenses

(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)

B\* - Printing

J - Penalties

F\* - Equipment

December 2009

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

<b>Debts and Obligati</b>								IX No
Use this form to report any u	npaid debts or obligations ov	wed by the	e comm	ittee, to in	clude c			
1. Committee Full Name (and		******					2. ID Number	***************************************
D.J. HAIRE ELECTION CA	AMPAIGN					j	000-E9Y0	138-0-000
3. Creditor Information		☐ Add		Remov	e		**************************************	
a. Full Name, Mailing Address	s & Phone						debts should	
(include city, state, & zip)						paye	e listed as this	ereditor.
D.J. HAIRE 709-17-FILTER PLANT DR				on of Cred	itor	***************************************	***************************************	TAC MANUAL PROPERTY AND THE PERSON OF THE PE
FAYETTEVILLE, NC 28301		1.0/3	N TO CA	IMI AIGIN				
c. Beginning Balance	d. Total Amount Paid	e. To	tal Am	ount Incur	red		f. Remaining	Balance
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(include city, state, & zip)	, manna, mando a more	,			\$	***************************************		
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g1. Purchase Place Full Name (include city, state, & zip)	, Mailing Address & Phone	gz. 1	vare (m	m/dd/yyyy	)   <u>8</u> 3	, Alli	/UII1	**************************************
THE PARTY OF THE P	error and the half of the least the second personal resources to the second the second transfer and transfer	-4 [	urpose	Cada			J.D subs	
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4. Total only this Page		gagagaga Anton ann				\$		3,633.83
(This should be the sum of a	ll items 'g3.' from this page)			· · · · · · · · · · · · · · · · · · ·		D.		5,055.05
5. Total of ALL CRO-1	1610 Pages					\$		3,633.83
	of Detailed Summary Page Cl					1		
	detailed expenditure co	de in (g	4.)	CANAL ASSESSED TO SERVICE STATE OF THE SERVICE STAT	<b>В</b> Т-	. A	other Candida	fe
A* - Media B* - Printing C* - Fo E - Salaries F* - Equipment G - Pol			_				otner Canaida ng Public Offi	
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	lanation in required remarks f							Marine Victoria de la Companya de la

Amendment

## **Outstanding Loans**

				Amenament					
Pg	1	of	2		Yes	X	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. HAII	RE ELECTION CAMPAIGN					000-E9Y03	38-0-000	
	Information		Add	☐ Remove		•		
	ne, Mailing Address & Phone	b	o. Job	Title/Profession	***************************************	d. Commen	ts	
	city, state, & zip)		REN	ΓALS				
D.J. HAIF						e. Start Date	e (mm/dd/yyyy)	
	ILTER PLANT DR EVILLE, NC 28301	e	. Մար	loyer's Name/Sp	ecific Field		/07/2017	
IAILII	EVILLE, NC 20001	}~~	(1000 + 87) NOVE (1	EMPLOYED	and the second resource and the second resource ( the second			
			_			f. End Date (	mm/dd/yyyy)	
		1						
g. Rate	h. Security Pledged	<u> </u>	i.	Original Loan Ai	nount	j. Remainin	g Loan Balance	
0.00%			\$		9,906.79	\$	7,156.79	
k. Full Nan	ne of Lending Institution			####		l. Loan Num	ber	
	TRANSPORT VARIANCE AND ADDRESS OF THE PROPERTY				TOTAL STREET			
3 Lander	Information	. 🗆 /	Add	☐ Remove				
	ne, Mailing Address & Phone			Title/Profession		d. Comments		
	city, state, & zip)	<b>J</b> •	<del></del>	ΓALS	, , , , , , , , , , , , , , , , , , , ,		e	
D.J. HAIF	<b>E</b>		_					
	ILTER PLANT DR	_	(0) 101 701 11				(mm/dd/yyyy)	
FAYETT	EVILLE, NC 28301	·	c. Employer's Name/Specific Field			. 12	/01/2017	
			SELF	EMPLOYED	f. End Date (	mm/dd/yyyy)		
g. Rate	h. Security Pledged		1:	Original Loan Ai		: Damainin	g Loan Balance	
72	n. Security rieagea			Original Loan Ai	- Mohitan Brandson Control of the second		ADDITION OF THE PARTY OF THE PA	
%			\$		601.65	\$	601.65	
k. Full Nan	ne of Lending Institution					l. Loan Num	ber	
3. Lender	Information		Add	☐ Remove		L		
a. Full Nam	ie, Mailing Address & Phone	b	. Job	Title/Profession		d. Commen	S	
(include	city, state, & zip)	1	RENTALS					
D.J. HAIF						- Stant Date	- Com on letellaracycy)	
	LTER PLANT DR	-	c. Employer's Name/Specific Field			e. Start Date (mm/dd/yyyy) 12/04/2017		
FAYEIII	EVILLE, NC 28301	1	SELF EMPLOYED			. (2/04/2017		
						f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. (	Original Loan Ai	nount	j. Remainin	g Loan Balance	
%			\$		250.00	\$	250.00	
k. Full Name of Lending Institution						I. Loan Number		
	THE PROPERTY OF THE PROPERTY O			N. M. S. W.	1771 W SPANIS			
4. Total	only this Page			and the second s		\$	8,008.44	
	of ALL CRO-1430 Pages					ф	0.524.20	
(This line must be on line 21 of Detailed Summary Page CRO-1100)					\$	9,534.20		

## **Outstanding Loans**

				Amendment				
Pg	2	of	2_	☐ Yes	X No			

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

1. Commit	ttee Full Name (and Fund if applica	ble)				2. ID Numbe	51.	
D.J. HAII	RE ELECTION CAMPAIGN					000-E9Y03	38-0-000	
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D.J. HAII						Ct and Dot	43 kt	
	ILTER PLANT DR	<u> </u>	Employer	's Name/Speci	es Bald		e (mm/dd/yyyy)	
FAYETT	EVILLE, NC 28301				HC Fieru	. 06	5/04/2018	
		10	SELF EMP	'LOYED		f. End Date	(mm/dd/yyyy)	
							, to the second	
g. Rate	h. Security Pledged	***************************************	i. Origii	nal Loan Amo	unt	j. Remainin	g Loan Balance	
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k. Full Nan	ne of Lending Institution					1. Loan Num	ber	
		-		THE CONTRACTOR OF THE CONTRACT	Market	The state of the s		
3. Lender	Information	□ A	dd □ R	Remove				
	ne, Mailing Address & Phone		. Job Title/I			d. Comment	ts	
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D.J. HAIF	RE							
	ILTER PLANT DR	<u> </u>		10 )	·· •u 11		e (mm/dd/yyyy)	
FAYETT)	EVILLE, NC 28301	in the same		's Name/Speci	fic Field	12	/13/2018	
		s	ELF EMP	LOYED		f End Date (	(mm/dd/yyyy)	
		İ				li Edu Dire	mm/uu/jjjj/	
g. Rate	h. Security Pledged		i. Origin	nal Loan Amo	unt	j. Remainin	g Loan Balance	
%	LOAN TO CAMPAIGN		\$		1,407.76	\$	407.76	
k. Full Nan	ne of Lending Institution					I. Loan Num	ber -	
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3. Lender I	Information	ΠА	dd 🔲 R	Remove		<u>i                                      </u>		
	ie, Mailing Address & Phone		Job Title/I	Profession		d. Comment	s	
**************************************	city, state, & zip)	R	RENTALS					
D.J. HAIR						Start Date	(mm/dd/yyyy)	
I	LTER PLANT DR EVILLE, NC 28301	c.	Employer'	s Name/Specif	fic Field	*****************	~11°3740.15 E-7202003/0033/E-777-00.05 00-000000000000000000000000000000	
PAIDI.	EVILLE, NC 20101		ELF EMP			. 01/07/2022		
			DD: D	DOTES		f. End Date (mm/dd/yyyy)		
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%			\$		118.00	\$	118.00	
	te of Lending Institution		ΙΨ	<del></del>	110.00	L Loan Num		
A. Puta and	te of Lending maticulion		**************************************	DT-0-2543-6-5007-9-10-17-12-11-11-11-11-11-11-11-11-11-11-11-11-	B. C. A. C. B. C.	I, LOMB HEAL	ber	
4. Total (	only this Page					\$	1,525.76	
5. Total of ALL CRO-1430 Pages					e	0.534.20		
(This line must be on line 21 of Detailed Summary Page CRO-1100)					\$	9,534.20		