Amendment	

 Disclosure Report Cover
 Image: Amendment image: Sector Sector

1. Committee Information				
a. Full Name			c. ID Number	
	c. to runnoci			
Hagur for Ha				
b. maning Address (merade city, state	d. Date Filed			
225 Hudsen D	5 7.27.23			
	0		e. Phone Number	
			D. U.N.	
2. Report Year 3. Period Start I			Treasurer Full Name	
2023 7.20.9	23 7.7	27.23	Tim Hapler	
6. Type of Committee (Check On	ne) 9. Type of Rep	ort (check only one type	e of report from one category)	
Candidate Campaign 🔲 Party	Municipal	State/County	Referendum	
	rendum Organizationa			
Independent Expenditure Joint			Pre-referendum	
Legal Expense Fund	Pre-primary Pre-election	First Second	Final Supplemental Final	
7. Type of Fund (if applicable, c		Third	Annual	
Booster Fund	Semi-annual	Fourth		
Building Fund	Mid Yea	ur Semi-annual		
	Year En	d 🔲 Mid Year	10. Special Report Name	
Other:	Final	Year End		
8. Number of Fundraisers this H	Report Special	Final		
		Special		
11. Account Information		11. Account Information		
a. Financial Institution Full Name a. Financial Institution Full Name				
		a. Financial Institution Full	Name	
bells Fargo	c. Account Code	R	ECEIVED -PERSON. Account Code	
bells Fargo		b. Purpose IN	-PERSON. Account Code	
bells Fargo b. Purpose	011911	b. Purpose IN	ECEIVED -PERSON. Account Code 2 7 2023	
bells Fargo b. Purpose	O     9     d. Period Begin Balance	b. Purpose IN	ECEIVED -PERSON. Account Code 2 7 2023	
bells Fargo b. Purpose	011911	b. Purpose IN JUL CABAF	-PERSON. Account Code	
bells Fargo b. Purpose	O     9     d. Period Begin Balance	b. Purpose IN JUL CABAF	ECEIVED -PERSON. Account Code 272023 RUS COUNTY	
bells Fargo b. Purpose (amprism CERTIFICATION	01191 d. Period Begin Balance \$ 0, 00	b. Purpose IN JUL CABAF BOARD	ECEIVED -PERSON. Account Code 272023 RUS COUNTY	
bell 5 Farge b. Purpose Campaign CERTIFICATION I certify that the Committee or Fund of the NC General Statutes and that	d. Period Begin Balance Compliance with all appli- no funds are commingled with	b. Purpose IN JUL CABAF BOARD icable provisions of Article	ECEIVED -PERSON. Account Code 272023 RUS COUNTY OF ELECTIONS 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this	
bells Farge b. Purpose (amprism CERTIFICATION I certify that the Committee or Fund	d. Period Begin Balance Compliance with all appli- no funds are commingled with	b. Purpose IN JUL CABAF BOARD icable provisions of Article	ECEIVED -PERSON. Account Code 272023 RUS COUNTY OF ELECTIONS 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this	
bell 5 Farge b. Purpose Campaign CERTIFICATION I certify that the Committee or Fund of the NC General Statutes and that	d. Period Begin Balance Compliance with all appli- no funds are commingled with	b. Purpose IN JUL CABAF BOARD icable provisions of Article	ECEIVED -PERSO & Account Code 272023 RUS COUNTY OF ELECTIONS 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions.	
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bells Farge b. Purpose Campaign CERTIFICATION I certify that the Committee or Fund of the NC General Statutes and that report is complete, true and correct <u>Justin B. F</u> Printed Name of Signe FOR OFFICE USE ONLY Date Received: Date Postmarked:	$\begin{array}{c} 0 \\ 1 \\ \hline 0 \\ \hline 0$	b. Purpose	ECEIVED PERSON. Account Code 272023 RUS COUNTY OF ELECTSONS 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions. 7.27.23 Date Delivery Method Normal Mail Registered Mail Mand Delivered	
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bell 5 Fargo b. Purpose Campaign CERTIFICATION I certify that the Committee or Fund of the NC General Statutes and that report is complete, true and correct Just M. B. F Printed Name of Signe FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: 7-2	$\begin{array}{c} 0   191 \\ \hline d. Period Begin Balance \\ \$ & 0 & \infty \\ \hline d  is in compliance with all apply no funds are commingled with and that I have been trained by the formula of the second s$	b. Purpose	ECEIVED PERSON. Account Code 272023 RUS COUNTY OF ELECTSONS 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions. <u>7.27.23</u> Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed	
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bell 5       Farge         b. Purpose       Campaign         Campaign       Campaign         CERTIFICATION       Certify that the Committee or Functoriation of the NC General Statutes and that report is complete, true and correct         Justice       Justice         Printed Name of Signe         FOR OFFICE USE ONLY         Date Received:         Date Scanned:         Date Data Entered:	$\begin{array}{c} 0   191 \\ \hline d. Period Begin Balance \\ \$ & 0 & \infty \\ \hline d  is in compliance with all apply the common set of the set$	b. Purpose	ECEIVED PERSON. Account Code 272023 RUS COUNTY OF ELECTRONS 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this etions. <u>7.27.23</u> Date Delivery Method Normal Mail Registered Mail Mail Hand Delivered Electronically Filed Signer has not received	
bell 5       Farge         b. Purpose       Campaign         Campaign       Campaign         CERTIFICATION       Certify that the Committee or Function of the NC General Statutes and that report is complete, true and correct         Justice       Justice         Printed Name of Signe         FOR OFFICE USE ONLY         Date Received:         Date Postmarked:         Date Scanned:         Please Note: This form can	$\begin{array}{c} 0   191 \\ \hline d. Period Begin Balance \\ \$ & 0 & \infty \\ \hline d  is in compliance with all apply the common set of the set$	b. Purpose	ECEIVED PERSON. Account Code 272)23 RUS COUNTY OF ELECTIONS 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions. 7.27.23 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training the committee address, treasurer,	
bell 5       Farge         b. Purpose       Campaign         Campaign       Campaign         Certification       Certify that the Committee or Fundor of the NC General Statutes and that report is complete, true and correct         Justin B       Printed Name of Signe         FOR OFFICE USE ONLY       Printed Name of Signe         FOR OFFICE USE ONLY       Printed Name of Signe         Date Received:       Printed Name of Signe         Date Postmarked:       Printed Name of Signe         Date Data Entered:       Printed Name of Signe	$\begin{array}{c} 0   191 \\ \hline d. Period Begin Balance \\ \$ \\ 0 \\ \cdots \\ & \\ \end{array}$ $\begin{array}{c} d  is in compliance with all apply and that I have been trained by the sent trained by the sen$	b. Purpose	ECEIVED PERSON. Account Code 272023 RUS COUNTY OF ELECTIONS 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions. <u>7.27.23</u> Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training the committee address, treasurer, information.	

## **Detailed Summary**

Amendment	
Yes	No

Use this form to summarize all disclosure reporting forms and <b>1. Committee Full Name (and Fund if applicable)</b>	to total mor		12 10	Number	
	•				
114yler tor Harrisbury Council	rs.		~		
Itagler For Harrisburg Council C Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Peri	iod	Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0.~~	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 30.00	C	\$ 30.00	
6) Contributions from Individuals	(CRO-1210)	\$		\$	
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			120		
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)	\$ 70.	w	\$ 30.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$		\$	
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)	\$ 70.0	5	\$ 30.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 70.00	>	\$ 70.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$ C-	~	s 0.~~	
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)	\$		\$	

L of

Amendment Yes

No No

Aggregated Contributions from Individuals Page \_\_\_\_\_ Optional form used to report NC Contributions From Individuals of \$50 or less

				2. ID Number		
Hagler for Harrisburg Council						
3. (	ontribu	tor Information	1			
a. Ai	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	r) <b>f. Amount</b>
	Add Remove	01191	Cash	filing fee	7.20.2	3 \$ 30.00
R	Add Remove			0		\$
Ĕ	Add					\$
Ĕ	Remove Add					\$
片	Remove Add					¢
무	Remove Add					\$
Ē	Remove					\$
Н	Add Remove					\$
	Add Remove					\$
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Н	Add Remove					\$
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and the second s	Remove					
_		nly this Page				s 30.00 s 30.00
		f ALL CRO-		RO-1100)		s 30.00
111	(This line must be on line 5 of Detailed Summary Page CRO-1100)					

## **In-Kind Contributions**

Pg \_\_\_\_\_ of \_\_\_\_

Amendment Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Hagler for Harnsburg Co.	uncil			
		move		
a. Full Name, Mailing Address & Phone	b. Type of Contri	ibutor	c. Comments	
(include city, state, & zip)	Individual			
Justin B. Hagler 225 Hudson Orive Harrisburg NL 25075	Candidate			
225 Hudson Drive	PAC Referendum Other Receipt Source		d. Election Sum to Date	
Harrisburg NL 25075			\$ 70.w	
e. Description		f. Date (mm/dd/yy)	yy) g. Fair Market Amount	
filing fer		7.20.	23 s 30.00	
			\$	
			\$	
3. Contributor Information		move		
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Comments	
(include city, state, & zip)	Individual			
	Candidate			
	Party			
	PAC Referendum		d. Election Sum to Date	
	Other Receip	t Source	d. Election Sum to Date	
		r Source	\$	
e. Description		f. Date (mm/dd/yy	yy) g. Fair Market Amount	
			S	
			9	
			\$	
			\$	
3. Contributor Information	Add 🗌 Re	move		
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Comments	
(include city, state, & zip)	Individual Candidate Party PAC			
Referendum			d. Election Sum to Date	
	Other Receipt Source		\$	
e. Description		f. Date (mm/dd/yy	yy) g. Fair Market Amount	
			\$	
			\$	
			\$	
4. Total only this Page			\$ 90.W	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			s 70.00 s 30.00	
,			1	