## CABARRUS COUNTY BOARD OF ELECTIONS

## MAR 0 7 2018

Amendment

**Disclosure Report Cover** 

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.								s.	
1. Committee Information									
a. Full Name 3.D.12							c. ID Number	-	
Dan Mer	1	7	+1		cla	1 mc	(100 1		
b. Mailing Address (include City State and Zip Code)							d. Date Filed		
1413 Cooper Aue									
KANNAPOLIS NC 28081							e. Phone Number		
·								704-560-187	7
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasur							r Full Name		
2018 0	12-21	- de	018	V 3-7	1-18		Judy	J. Hamilton	
6. Type of Commit					ort (ch		type of repo	rt from one category)	
Candidate Campaign Party Municipal  PAC Referendum Organization			nicipal Organizationa	1	State/County Organizat	tional	Referendum Organizational		
Independent Expen		t Fundr	- Lance	Thirty-five da		Quarterly	-111 -1-	Pre-referendum	
Legal Expense Fund				Pre-primary	,	First	1	Final	STATISTICS.
				Pre-election		☐ Seco	ond B	Supplemental Final	
7. Type of Fund	(if applicable,	check o	one)	Pre-runoff		Thir	d	Annual	
Booster Fund				Semi-annual		Four		Special Special	
☐ Building Fund			旧	Mid Yea		Semi-ann		10 0 110 11	
Other:			H	Year End Final	1	December 1	Year r End	10. Special Report Name	e
8. Number of Fund	Iraisers this	Reno	et 🗀	Special		Final	rend		
o. I uniber of I une	ruisers tins	repo.		Брести		=			
Special 11 A Special								- 8	
11 Aggount Inform	notion				11 40	THE NAME OF THE PARTY.			
11. Account Information	TO STUDY OF STREET					count Inform	A TOTAL OF THE PARTY OF THE PAR		
a. Financial Institution	Full Name		)			THE NAME OF THE PARTY.	A TOTAL OF THE PARTY OF THE PAR		
a. Financial Institution Sun +RU	Full Name				a. Finan	count Information	A TOTAL OF THE PARTY OF THE PAR		
a. Financial Institution Sun +RU b. Purpose	Full Name St Bo	c. Acc	count Code			count Information	A TOTAL OF THE PARTY OF THE PAR	c. Account Code	
a. Financial Institution Sun +RU b. Purpose	Full Name St Bo	c. Acc	ount Code		a. Finan	count Information	A TOTAL OF THE PARTY OF THE PAR	5050	
a. Financial Institution Sun +RU b. Purpose	Full Name St Bo	c. Acc	ount Code iod Begin Ba	alance	a. Finan	count Information	A TOTAL OF THE PARTY OF THE PAR	50 50 d. Period Begin Balance	
a. Financial Institution Sun +RU b. Purpose  CAMPAI  TRANS A	Full Name St Bo  SN  SN  CHIONS	c. Acc	ount Code	alance	a. Finan	count Information	A TOTAL OF THE PARTY OF THE PAR	5050	
a. Financial Institution  Suntru  b. Purpose  CAMPAI  TRANSA  CERTIFICATION	Full Name St Bo	d. Per	iod Begin Ba	e ta d	a. Finan	count Information Institution	Full Name	50 50 d. Period Begin Balance	
a. Financial Institution  Suntru b. Purpose  CAMPAI  TRANSA  CERTIFICATION  I certify that the Con	Full Name  StBO  SHOW  CHICKS  Manual Control	d. Per	iod Begin Ba	e with all appl	a. Finan b. Purpo	count Information Institution use	Full Name	50 50 d. Period Begin Balance \$ \( \tilde{\chi} \)  8 & 22D-22M of Chapter 16:	
a. Financial Institution  Sun +Ru  b. Purpose  CAMPAI  TRANS  CERTIFICATION  I certify that the Coof the NC General S	Full Name  St Bo  St Bo  Chicks  Immittee or Fur  Statutes and that	d. Per \$	iod Begin Ba	e with all appl	a. Finan b. Purpo icable pro	count Information Institution  see  ovisions of August 21 of August 22	Full Name  rticle 22A, 22I on-disclosed fu	50 50 d. Period Begin Balance	
a. Financial Institution  Suntru b. Purpose  CAMPAI  TRANSA  CERTIFICATION  I certify that the Con	Full Name  St Bo  St Bo  Chicks  Immittee or Fur  Statutes and that	d. Per \$	iod Begin Ba	e with all appl	a. Finan b. Purpo icable pro	count Information Institution  see  ovisions of August 21 of August 22	Full Name  rticle 22A, 22I on-disclosed fu	50 50 d. Period Begin Balance \$ \( \tilde{\chi} \)  8 & 22D-22M of Chapter 16:	
a. Financial Institution  Sun + Ru  b. Purpose  CAMPAI  TRANS  CERTIFICATION  I certify that the Coo of the NC General S report is complete, t	Full Name  St Bo  St Bo  Chicks  Immittee or Fur  Statutes and that	d. Per \$	iod Begin Ba	e with all appl nmingled with een trained by	b. Purpo	ovisions of Ared or other no	rticle 22A, 22I on-disclosed for f Elections.	50 50  d. Period Begin Balance  \$ \( \tilde{O} \)  3 & 22D-22M of Chapter 160  ands. I further certify that thi  \( \frac{3}{4} - \lefta - \frac{3}{4} \)  \( \frac{1}{8} \)	
a. Financial Institution  Suntru b. Purpose  CAMPAI  TRANSA  CERTIFICATION  I certify that the Coof the NC General Serport is complete, to the complete of the	Full Name  St Bo  SH BO  CHUNS  Inmittee or Fur Statutes and that true and correct  HAM- ed Name of Sign	d. Per \$	iod Begin Ba	e with all appl nmingled with een trained by	b. Purpo	count Information Institution  see  ovisions of August 21 of August 22	rticle 22A, 22I on-disclosed for f Elections.	50 50 d. Period Begin Balance \$ \( \tilde{\chi} \)  8 & 22D-22M of Chapter 16:	
a. Financial Institution  Sun + Ru  b. Purpose  CAMPAI  TRANS  CERTIFICATION  I certify that the Coo of the NC General S report is complete, t	Full Name  StBO  Show the state of Fur Statutes and that the and correct the state of Sign E ONLY	d. Per \$	iod Begin Ba	e with all appl nmingled with een trained by	b. Purpo	ovisions of Ared or other no	rticle 22A, 22I on-disclosed fu f Elections.	50 50  d. Period Begin Balance  \$ \( \tilde{O} \)  3 & 22D-22M of Chapter 160  ands. I further certify that thi  \( \frac{3}{4} - \lefta - \frac{3}{4} \)  \( \frac{1}{8} \)	
a. Financial Institution  Suntal  b. Purpose  CAMPAI  TRANSA  CERTIFICATION  I certify that the Corof the NC General Sereport is complete, to the printer of the Corof	Full Name  St Bo  Sh Bo  Chions  In the statutes and that true and correct the statute of Sign E ONLY  3/	d. Per \$	iod Begin Ba	e with all appl nmingled with een trained by Sig	icable proprobable to the NC	ovisions of Ared or other no	rticle 22A, 22I on-disclosed full felections.	50 50  d. Period Begin Balance  \$ \( \int \)  B & 22D-22M of Chapter 163  ands. I further certify that thi  \( \frac{3-\left(-20)\text{8}}{\text{Date}} \)  Date	
a. Financial Institution  Suntal  b. Purpose  CAMPAI  TRANSA  CERTIFICATION  I certify that the Corof the NC General Sereport is complete, to the Complete of the Corof the Coro	Full Name  St Bo  Sh Bo  Chions  In the statutes and that true and correct the statute of Sign E ONLY  3/	d. Per \$	iod Begin Ba	e with all apple normingled with een trained by Sig	icable proprobable to the NC	ovisions of Ared or other no	rticle 22A, 22I on-disclosed full felections.	d. Period Begin Balance  \$ \( \cdot \)  B & 22D-22M of Chapter 16.  ands. I further certify that thi  \( \frac{3-\left(-20)8}{\text{Date}} \)  Date  ivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed	
a. Financial Institution  Suntan  b. Purpose  CAMPAI  TRANSA  CERTIFICATION  I certify that the Coron of the NC General Streport is complete, to Printe  FOR OFFICE USI  Date Received:  Date Postmarket  Date Scanned:  Date Data Enter	Full Name  St Bo  St Bo  Chions  In mmittee or Fur Statutes and that true and correct and the statute and the statute and the statute and correct and	d. Per \$ and is in at no fuet and the	iod Begin Ba  Compliance ands are con that I have be	e with all applemningled with een trained by Sig Employ Employ Employ	icable proposition in prohibit the NC yee:  yee:  yee:  yee:	ovisions of Ared or other no State Board o Appointed Trea	rticle 22A, 22I on-disclosed for f Elections.	d. Period Begin Balance  \$ \( \int \) \( \text{O} \)  B & 22D-22M of Chapter 16. ands. I further certify that this \( \frac{3}{2} - \frac{1}{2} \text{O} \)  Date  ivery Method  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received mandatory training	
a. Financial Institution  Suntan  b. Purpose  CAMPAI  TRANSA  CERTIFICATION  I certify that the Coron of the NC General Streport is complete, to Printe  FOR OFFICE USI  Date Received:  Date Postmarket  Date Scanned:  Date Data Enter	Full Name  St Bo  St Bo  CHISTS  In mmittee or Fur Statutes and that true and correct and correct and the statutes are statutes and the statutes and the statutes are statutes and the statutes and the statutes are statutes are statutes and the statutes are statutes and the statutes are statutes are statutes and the statutes are sta	d. Per \$ and is in at no fue t and the transfer to the transfe	iod Begin Ba  Compliance ands are con that I have be	e with all appleminingled with een trained by Sig Employ Employ Employ Employ	icable proproduce in prohibit the NC yee:  yee:  yee:  yee:  nittee inf	ovisions of Aired or other no State Board o Appointed Treat	rticle 22A, 22I on-disclosed for f Elections.	d. Period Begin Balance  \$ \( \int \) \( \text{O} \)  B & 22D-22M of Chapter 162 ands. I further certify that this \( \frac{3-l_2-2}{Date} \)  B & Date    \( \text{ivery Method} \)  Normal Mail  Registered Mail  Hand Delivered  Electronically Filed  Signer has not received mandatory training  mittee address, treasurer,	

## **Detailed Summary**Use this form to summarize all disclosure reporting forms and to total

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of 1	THE RESIDENCE OF THE PARTY OF T	ID Number
0 1 1 1 1 1 221	~	` \	
	Orga	Total this	Total this
Start of Election Cycle: January 1, 2015		Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 0-	\$ - 0
<u>RECEIPTS</u>			<b>,</b>
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 120,00	\$ 120,
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)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 120.	\$ 120,
<u>EXPENDITURES</u>			
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)	\$	\$
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 10	\$ 10.0
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 120.	\$ 120,
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)	\$ /	\$ 0

August 2008

		rom Individua		Pg	10 -	Yes No
SEA CONTRACTOR OF SERVICE		ndividual contribution	A COUNTY OF THE PARTY OF THE PA	ontributions und	der \$50 if form CR	
1. Com	mittee Full Nan	ne (and Fund if app	licable)			2. ID Number
Opi	nmitke	e to elec	ct mc	Cloren		
	ributor Inform			Add 🔲 Re	emove	
	ame, Mailing Addr			b. Job Title/Prof	ession	d. Comments
	le city, state, & zip)			Retire		
An	105 mc	Cloren			me/Specific Field	
141	3 Coope	R HUE		Philip	MORROS	e. Election Sum to Date
Kan	mapol.	clored R Ave s NC a	8081		USA	\$ (30-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	y) k. Amount
	5050	money		*	2-26-11	8 \$ 120-
						\$
						\$
3. Con	tributor Inform	ation		Add Re	emove	
	ame, Mailing Addr			b. Job Title/Prof	ession	d. Comments
(includ	le city, state, & zip)					
				c. Employer's Na	ame/Specific Field	
				JP.0,0 - 0 - 1		
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yyy	yy) k. Amount
						\$
						\$
						\$
3. Con	tributor Inform	ation		Add Re	emove	
	ame, Mailing Addr			b. Job Title/Prof	ession	d. Comments
(includ	le city, state, & zip)					
~				c. Employer's Na	ame/Specific Field	
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yyy	yy) k. Amount
						\$
		*	3	7.437,-11-11-11-11-11-11-11-11-11-11-11-11-11	Tail	\$
						\$
4. Tot	al only this P	age				\$ 120,
		RO-1210 Pages				\$ 120,
(This l	ine must be on line	6 of Detailed Summary F	Page CRO-1100)			180

Amendment