IN-PERSON

Date Data Entered:

CRO-1000

Amendment

mandatory training

August 2008

Disclosure Report Cover JUL **2 7** 2012 ☐ Yes 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. DURHAM DOE 1. Committee Information . Full Name c. ID Number 45-4707779 Mailing Address (include City, State and Zip Code) /2012 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 9. Type of Report (check only one type of report from one category, . Type of Committee (Check One) Candidate Campaign Party Municipal State/County Referendum Organizational Organizational Referendum Organizational Pre-referendum ☐ Independent Expenditure ☐ Joint Fundraiser Thirty-five day Quarterly Pre-primary Final Legal Expense Fund Pre-election Supplemental Final Second 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Mid Year Semi-annual Building Fund 10. Special Report Name Mid Year Year End Other. Final Year End 8. Number of Fundraisers this Report Special Final Special Special 11. Account Information 11. Account Information Financial Institution Full Name a. Financial Institution Full Name c. Account Code Account Code b. Purpose d. Period Begin Balance d. Period Begin Balance I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of 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 Board of Elections. Printed Name of Signe Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Date Received: ■ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received

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.

Employee:

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. NC State Board of Elections

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Committee to Elect Elaine Hymn	2 Nd 1	Gumber	45-4707779
Start of Election Cycle: January 1, <u>2012</u>	>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 168.14	\$
RECEIPTS			,
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
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)	\$ 2,0 55,54	\$ 2,055.54
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	lld and lle)	\$2,223.6	\$ \$ 2,223.48
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$2,223.6	8 \$ 2, 22368
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)	\$ 65,00	\$ 65.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 2,146.5	4 \$
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 12.1	4 \$
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$5,521.4	5
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)	\$ 5,5 21,4	5 \$

	•		EE IOI U	peramig exp	enses, contituud	ons to candidate/political
	coordinated party ex- ull Name (and Fund					2. ID Number
	ritlee to		F	Mino.	Hyman	
		use separate CR				
3. Type of Disb		tributions to Candida				dinated Party Expenditures
Operating Exp		Indudons to Candida	tesyr on it.		Remove	uniated Party Experientures
4. Payee Inform			<u> </u>			d Comments
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Controents
(include city, state,			1	-		
	, Durhan		-h	c. Level Regis	stered (Specify) County:	
4011	lenivers			State	Municipal	lity: e. Election Sum to Date
Durh	m, NC	27707				s 20 -
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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			061	21/12	\$ 10 -	Se change
4. Payee Inform	estion			Add	Remove	
	ing Address & Phone				ed Committee Name	d. Comments
(include city, sta						
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320	3 Rock	fund R	ď	Federal	County:	_
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1 DW	ham, WC	2 2771	3			\$ 65.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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	ing Address & Phone			b. Coordinate	d Committee Name	d. Comments
(include city, sta	•					
Apple	seed Co	wsultin	C)	c. Level Regis	stered (Specify)	_
150 1	2-11.		J	☐ Federal	County:	
107	BAIGWIN	127		☐ State	Municipa	lity: e. Election Sum to Date
10urh	Baldwin Am, DC	27712	<u> </u>			\$ 225-
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amount	k. Required Remarks
		A	03/	21/2012	\$ 225-	Wed mantino
		-		•	\$	
5. Total only th	is Page					\$
	CRO-1310 Pages				_	-
(This line goes in	line 13a of Detailed Sun	mary Page CRO-11	00 if Ope	rating Expense	es)	•
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in	line 13c of Detailed Sun	mary Page CRO-11	00 if Coo	rdinated Party	Expenditures)	
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)		
A* - Media	B* - Printis			undraising	D - To A	Another Candidate
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses
I - Postage	J - Penalti			ffice Expen		onation to Legal Expense Fund
O* Other				-	-	

Disbursements

Amendment

Yes

□ No

	report expenditures (ee for o	perating exp	enses, co	ntributi	ons to	candidate/political	
	coordinated party ex						Ta	Th Manhon	
1. Committee Full Name (and Fund if applicable) Committee to Elect Elaive C. Hyman					-	2. ID Number 45 - 47077	•~ 4		
No.								11	
3. Type of Disb									
Operating Expe		tributions to Candida	tes/Ponus	Add Add	Remove		rdinaica	d Party Expenditures	
4. Payee Inform	nation Iailing Address & Pho			b. Coordinate			- Id	1. Comments	
a. Full Name, M (include city, state,	2	one		В. Соогишен	ed Comme	tee Name	<u>,</u>	1. Comments	
	Perry, esp. Sun Valle	graphx		c. Level Regis	etered (Spi	eifv)	\dashv		
4512		☐ Federal		County:	\dashv				
	m, NC 2			☐ State		Municipal	<u> </u>	e. Election Sum to Date	
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f. Account Code	· · · · · · · · · · · · · · · · · · ·		 	, , ,	j. Amoun		_	quired Remarks	
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					\$			<u> </u>	
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	ling Address & Phone			b. Coordinate	ed Commit	tee Name	d	l. Comments	
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Courta	vey Jorda our, NC	an)		c. Level Regis	stered (Spe	cify)		Adm. Asst	•
7. 1.	4)6			Federal		County:	- 1	duties	
DWn	tur, nc			☐ State		Мипісіра		Election Sum to Date	
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				l				* 170 30	
f. Account Code	g. Form of Payment	h. Purpose Code	1	num/dd/yyyy)				quired Remarks	
f. Account Code	Check	h. Purpose Code	04/3	23/2012	\$350	>	k. Req	<u> </u>	rken
f. Account Code	· · · · · · · · · · · · · · · · · · ·	h. Purpose Code	04/3	23/2012	\$350	>	k. Req	quired Remarks	rken
f. Account Code 4. Payce Inform	Check Cash	h. Purpose Code	04/3	23/2012	\$350	o –	k. Req	quired Remarks	rken
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4. Payce Information of All Children of All Ch	Check Check Check Check Check Check Check Ing Address & Phone te, & zip) Check Chec	Dommon 27707 h. Purpose Code B B amary Page CRO-116 amary Page CRO-116	05/3 05/3 i. Date (n 5/	Add b. Coordinate c. Level Regis Federal State mm/dd/yyyy) 23/12 21/12 rating Expense trib to Candida	\$ 350 \$ 700 Remove ed Commit stered (Spe	tee Name cify) County: Municipal	k. Req	i. Comments Election Sum to Date \$ 440, 54 quired Remarks \(\text{Printle Permarks} \)	
4. Payce Information of All Carlos in Carlos i	Check	Dominary Page CRO-116	i. Date (n 5/	Add b. Coordinate c. Level Regis Federal State mm/dd/yyyy) 23/12 21/12 rating Expense trib to Candidardinated Party	\$ 350 \$ 700 Remove ed Commit stered (Spe	tee Name cify) County: Municipal	k. Req	i. Comments Election Sum to Date \$ 440, 54 quired Remarks \(\text{Printle Permarks} \)	
4. Payce Information a. Full Name, Maili (Include city, state of Expansion of All Christine goes in (This line goes in (This line goes in 7. Purpose Communication of All Christine goes in This line goes in This	Check	D. Purpose Code B. B	i. Date (r 5/ 00 if Open 00 if Coor in (h.)	Add b. Coordinate c. Level Regis Federal State mm/dd/yyyy) 23/12 21/12 rating Expense trib to Candida dinated Party above)	\$ 350 \$ 700 Remove ed Commit stered (Spe	titee Name cify) County: Municipal 1, 07 , 47	k. Req	L. Comments Election Sum to Date \$ 440, 54 quired Remarks \(\text{N} \) \(\text{N} \) \(\text{N} \) \(\text{N} \)	
4. Payce Informa. Full Name, Maili (Include city, state 53 19 19 19 19 19 19 19 19 19 19 19 19 19	Check Check Check Check Check Check Check Ing Address & Phone te, & zip) Coffice New Hope Many Bearing CRO-1310 Pages Time 13a of Detailed Sum Time 13b of Detailed Sum Time 13c of Detailed Sum	Demonsor Code Demonsor Code Benery Page CRO-116 Benery Page CRO-116	i. Date (n 5/ 00 if Open 00 if Cont 00 if Cort in (h.) if C* - Ft	Add b. Coordinate c. Level Regis Federal State mm/dd/yyyy) 23/12 21/12 rating Expense trib to Candida adinated Party above) Indraising	\$ 350 \$ 700 Remove ed Commit stered (Spe	titee Name cify) County: Municipal 1.07 .97 .97	k. Req	L. Comments Election Sum to Date \$ 440, 54 quired Remarks \(\text{N} \tau \tau \tau \tau \tau \tau \tau \tau	
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4. Payce Informa. Full Name, Maili (Include city, state 53 19 19 19 19 19 19 19 19 19 19 19 19 19	Check Check Check Check Check Check Check Ing Address & Phone te, & zip) Coffice New Hope Many Bearing CRO-1310 Pages Time 13a of Detailed Sum Time 13b of Detailed Sum Time 13c of Detailed Sum	D. Purpose Code B. B	i. Date (n 5/ 00 if Open in (h.): C* - Fi G - Pol	Add b. Coordinate c. Level Regis Federal State mm/dd/yyyy) 23/12 21/12 rating Expense trib to Candida adinated Party above) Indraising	\$ 350 \$ 700 Remove ed Commit stered (Spe	tee Name cify) County: Municipal 1. 07 . 47 D - To A H* - Ho	k. Req	L. Comments Election Sum to Date \$ 440, 54 quired Remarks \(\text{N} \tau \tau \tau \tau \tau \tau \tau \tau	enses

Disbursements

Amendment

□ No

☐ Yes

Loan Pi	roceeds			Pg of		Amendment Yes No
	m to report proceeds from a loan and loan	endorse	er's informati			
A loan proc	eeds statement must accompany each loan					
1. Committ	tee Full Name (and Fund if applicable)					2. ID Number
	mitlee to elect E	<u> </u>		YMAN		45- 470 7779
	nformation		Add 🔲	Remove		***
	Mailing Address & Phone		b. Job Title/P	rofession	- 1	d. Comments
	y, state, & zip)		Roten	ed HRD	: .	
EA	ine C. Hyman					e. Start Date (nm/dd/yyyy)
32	03 Kockford Ka		c. Employer's	s Name/Specific Fie	ld	
12	ine C. Hyman 03 Rockford Rd wham, NC 2771	3			-	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Accou	nt Code	j. Form of Paymen	11	k. Amount
%				Cash		\$2,055.54
l. Full Name o	f Lending Institution				1	m. Loan Number
4. Endorser	s/Makers (The people who guarantee the loan	и.): *****	4^ →. ^			*
· ·	Mailing Address & Phone		b. Job Title/P	rofession	c. Em	ployer's Name/Specific Field
			d. Percentage	e %	e. Am	ount
-	Mailing Address & Phone		b. Job Title/P	rofession	c. Em	ployer's Name/Specific Field
(include city	, state, & zip)					
			d. Percentage	;	e. Am	ount
				%	\$	
	Mailing Address & Phone		b. Job Title/P	rofession	c. Em	ployer's Name/Specific Field
(include city	, state, & zip)					
			d. Percentage		e. Am	ount
				%	\$	
	Mailing Address & Phone		b. Job Title/Pi	rofession	c. Em	ployer's Name/Specific Field
(include city	, state, & zip)					
			d. Percentage		e. Am	ount
				%	\$	
	FALL CRO-1410 Pages	100)				\$

Use this form to report paym	ents on an existir	ng loan	Pg of .	LJ Yes LJ No
1. Committee Full Name (a				2. ID Number
Committee	to elect	Elaine Hy	м н л	45-470 7779
3. Lender Information		☐ Add	☐ Remove	
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)	//			
Elaine L.	17mm~	s 1		c. Original Loan Date
Elaine C. F 3203 Rock				03/16/2012
Duham, N) ~ 277	13		d. Original Loan Amount
				\$ 5,586,45
e. Remaining Loan Balance	f. Account Code	T .	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 5,521.45		Cook	05/14/2012	\$ 65.00
\$				\$
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)				-
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
4. Total only this Page				\$
5. Total of ALL CRO-	_	Bran (200 1100)		\$

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

•	Name of committee to receive loan: Committee to elect Flaine Hyman
•	Person lending money to committee (Lender):
•	Date of loan to committee:
•	Name of lending institution and account number (source):
•	Amount of loan: 152,055,54
•	Names of all parties responsible for payment of loan (guarantors):
•	Period of loan:
pro	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
4	Slowing C. Lymon
	gnature of Lender
Sie	gnature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.