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									
	·····			 	· <u> </u>				
1. Committee Information a. Full Name c. ID Number						ID Number			
	1 ; ; -							ID NUMBER	
Committee to Elect Franklin O. Homes							······································		
	ude City, State and Zip Code)		 				d.	Date Filed	
460 South Driven struct							01/31/2014		
Borthau,	1)(27763						e.]	Phone Number	
(114) 598 1968									
2. Report Year	3. Period Start Date (mm/c	ld/yy)	4. Period 1 (mm/dd/yy)	End Da	nd Date 5. Trea		ll Nan	ie	
2013	19/29/2013		01/3	12014		Ronau L	Ronau L. NEwton		
6. Type of Committ	ee (Check One)	9. Typ	e of Report	(check on		nly one type of report fr			
Candidate Campa		Munici			State/C	· · · · · · · · · · · · · · · · · · ·		Referendum	
PAC	Referendum		Organizational			Organizational		Organizational	
Independent Expenditure	Joint Fundraiser		Thirty-five day	,	4	Quarterly		Pre-referendum	
Legal Expense Fu	end								
7. Type of Fund	(if applicable, check one)] 🗆	Pre-primary			First		Final	
Booster Fund"			Pre-election			Second		Supplemental Final	
Building Fund		lП	Pre-runoff			Third		Annual	
/			Semi-annual			Fourth	_	Special	
Other CAME	raign Committee	ᄖ	Mid Year Year End		l- '	Semi-annual Mid Year	10	CN	
	Myn Concorning	出	Final			Year End	10	. Special Report Name	
8. Number of Fund	111	Special		片 ,	Final				
		1	- F			Special			
11. Account Inform									
	11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name								
YADKIN 1	BANK								
b. Purpose	c. Account Code		b. Purpose					. Account Code	
CAMPATIGN ELECTIONSEEDING									
, ,, ,	d. Period Begin Balance					d	l. Period Begin Balance		
\$ 158.17								3	
CERTIFICATION	•	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
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 Signer Signature of Arbointed Treasurer Date									
Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY									
l			n 1	' (Dog	Noll	Deliv	very Method	
Date Received:	Normal Mail							Normal Mail	
Date Postmarked			Employee:			···	H	Registered Mail Hand Delivered	
JAN 3 1 /Ul4							Electronically Filed		
Date Scanned:	Signer has not receive						Signer has not received		
Date Data Entered: DURHAM BOE Emplo								mandatory training	
Please Note: Thi	s form cannot be used to an	end con	nmittee infor	mation	such as	the committee add	lress, ti	reasurer, assistant treasurer,	

Amendment

CRO-1000

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

NC State Board of Elections

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 3. ID Number					
Consider to Clear Franklin D. Hones Close OUT - Final Regard					
	Total this Total this				
Start of Election Cycle: January 1, 2614	Reporting Period Election Cyc				
4) Cash on Hand at Start	\$ 158.17 \$ -				
5) Assessed Contribution Contribution					
5) Aggregated Contributions from Individuals (CRO-1) 6) Contributions from Individuals (CRO-1)					
1 · ·	103.	71			
7) Contributions from Political Party Committees (CRO-1)					
8) Contributions from Other Political Committees (CRO-1.					
9) Loan Proceeds (CRO-1-					
10) Refunds/Reimbursements To the Committee (CRO-1.	\$ \$				
11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1.	250) \$				
, , , , , , , , , , , , , , , , , , , ,					
44.)					
440 7 10 0 0 0					
11d) Legal Expense Fund – Other Sources (CRO-1.					
11 e) Exempt Purchase Price Sales (CRO-1)					
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 135. w \$ 2524.	21			
13) Disbursements					
13a) Operating Expenditures (CRO-1.	10) \$ 213.17 \$ 13.18.8				
13b) Contributions to Candidates/Political Committees (CRO-13	77701	7			
42 \ 6 \ 11 \ 12 \ 12					
40.					
15) Loan Repayments (CRO-14					
16) Refunds/Reimbursements From the Committee (CRO-13	120,17	-			
17) In-Kind Contributions (CRO-15)	1003.	21			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		91			
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ D \$ D				
20) Non-Monetary Gifts Given to Other Committees (CRO-13	20)				
AA) T O L C C C C C C C C C C					
(
23) Debts and Obligations owed To the Committee (CRO-16					
24) Account Transfers Within the Committee (CRO-17					
25) Administrative Support (CRO-17	10) \$ \$				
26) Forgiven Loans (CRO-14	10) \$				
27) 48-Hour Notice Reports Sum (CRO-226)	8 \$				
28) Contributions to be Refunded (CRO-12.	(5) \$ D				

		m Individuals ividual contributions	over \$50	0 or contri	Pg butions unde	of or \$50 if form CR) 1205 is no	Amendment Yes t used	No.
1. Committee Full Name (and Fund if applicable)						2. ID Number			
Comm	ite to ele	of Franklin	0.	HANE	S				
3. Contributor Information									
	ne, Mailing Address	& Phone			tle/Profession		d. Comments		
(include	city, state, & zip)	1.00		CAN	MONTE				
111.	THE STATE OF THE	mes		c. Emplo	yer's Name/Spe	ecific Field			
740	S. DIGVER	- STULL							
OVE	ndin D. H. s. Driver HAM, NO	27703		4605	. DRIVE	182.	e. Election Sum to Date		
	,			DURA	thu, Il.	27703	\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	otion	j. Date (mm/dd/yy	yy)	k. Amount	
		CARH	Con	Thibe	ti'on	12/10/20		\$ 135	ī. <i>p</i> o
						1 1	<u> </u>	\$	
								\$	
3. Contri	ibutor Informatio)n		Add	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profession		d. Comments		
(include	city, state, & zip)			-					
				c. Employer's Name/Specific Field					
							e. Election S	um to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Lind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	
								\$	
								\$	
								\$	
3. Contri	butor Informatio	on .		Add	Rem	ove			
	ne, Mailing Address é	& Phone		b. Job Tit	le/Profession		d. Comments	3	
(include	city, state, & zip)			-					
				c. Employ	er's Name/Spe	cific Field			
					от от минелоре				
							e. Election Sum to Date		
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount	
								\$	
								\$	
								\$	
	only this Page			· · · · · · · · · · · · · · · · · · ·			\$	135.no	
5. Total	of ALL CRO	-1210 Pages					\$	135.00	7
(This line must be on line 6 of Detailed Summary Page CRO-1100)							Ψ	135,00	ı

Disbursem	ents			ī	Pø) of	Amendment Yes V No	
	report expenditures	from the committ	ee fo		9	contributions to c		
Contract Con	coordinated party ex	·					-	
1. Committee Full Name (and Fund if applicable)							2. ID Number	
Com m'il		Franklin		THINES	•			
3. Type of Dish				1310 forms for ea	_			
4. Payee Inform	<u> </u>	Contributions to Ca	Ac	tes/Political Committee	s T	Remove	ordinated Party Expenditures	
· · · · · · · · · · · · · · · · · · ·	ling Address & Phone	<u> </u>		Coordinated Committ	ee Na		d. Comments	
(include city, state	-		<u></u>	OM WITE TO ELL				
			1 u	HANG	4	TETTICITY O	OVERDRAFT FEES	
YADKIA			c. I	Level Registered (Spec	ify)	75.00		
WESTGATE			Federal County:					
BURHAM,	N.1. 27767] State [Y	Municipality:	e. Election Sum to Date	
,							\$ 75.00	
	T	1.5	<u> </u>			Τ.	/=:08	
f. Account Code	g. Form of Payment	h. Purpose Code	+	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
	Diney Defis	T (0)		DISTAR		\$75.00	overdrast fect charge	
	20,20,0		\dashv	14 0/20/3		2-100	by the BANK.	
						\$		
4. Payee Inform	nation	П	Ac	dd [1	Remove		
	ling Address & Phone		1	Coordinated Committ	ee Na		d. Comments	
(include city, state	9		7	muitter To	CIA	Franklis	0	
FGD EX K			[HANF	√	er intologie	1 .	
MAC NO	1/4/~0)		c. I	Level Registered (Spec	ify)			
7700 NC	15 shway 55			Federal [County:		
OVERHAM	AC 2713			State [1/	Municipality:	e. Election Sum to Date	
	1117						\$ 672,61	
	T	h. Purpose Code	1_			T		
f. Account Code	g. Form of Payment	n. rurpose Code	-	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
	check	(B)		10/07/2013		\$ 38117	flyers / Literature	
			$\neg +$	- 			17/018 / 17/01/05/05	
						\$		
4. Payee Inform	nation		Ad	dd []	Remove		
a. Full Name, Mailing Address & Phone				Coordinated Committ	ee Na	d. Comments		
(include city, state, & zip)				neville to E/E	4	Hanes		
Pust's 5	Parks Our	ma'CL			9 1	7711101110.	7411/63	
2011/8-1	PEAKE ENTG idius@gma	11000	c. Level Registered (Specify)					
C3 Webst	edius@gma	1). com	Federal County:					
		,		State [Municipality:		e. Election Sum to Date	
							\$ 249.95	
f. Account Code	g. Form of Payment	h. Purpose Code	\perp	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
	6. I OTHE OF I ASSESSED	-	-	. Date (mm/du/jyyy)				
	BANK DYNST.	(6)		12/16/2013		\$ 180.00	Web & to MAnagerunt	
		,	\dashv	1.4.		6		
						\$		
5. Total only this Page							\$ 293,17	
· ·	L CRO-1310 Pages		-					
	00 if Operating Expenses)				\$			
(This line goes in line 13b of Detailed Summary Page CRO-110 (This line goes in line 13c of Detailed Summary Page CRO-110						293.17		
					nditu	res)		
/. Purpose Coo A* - Media	les (List detailed ex B* - Printing					D To 4=04L	or Candidata	
E - Salaries	o e				D - To Another Candidate H* - Holding Public Office Expenses			
I - Postage		xpenses			n to Legal Expense Fund			

O* - Other

* Codes require detailed explanation in required remarks field (k)



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603 JAN 3 1 2014

IN-PERSON

DURHAM BOE

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:	<u>.</u>
Committee Name:	Committee to elect Fearklin O. HANES
Treasurer Name:	ROYALO L. NEWTON.
Freasurer Address:	SZOI YORKTOWN AVE. SUITE 119
(include city, state, & zip)	EVRHAM N (27713
Treasurer Phone:	(919)4251274

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

61 31 2014 Date signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.