Disclosure Report Cover

Do not use this form to update information.

COPY n. must be signed and submitt

Amendment

Yes

X

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Information c. ID Number a. Fuli Name COMMITTEE TO ELECT MIKE HUNGER d. Date Filed b. Mailing Address (include City, State and Zip Code) 6221 HICKORY CREEK RD 08/01/2013 WINSTON-SALEM, NC 27107 e. Phone Number (336) 782-2244 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) SARA J. BLACKBURN 07/30/2013 07/22/2013 2013 (check only one type of report from one category) 9. Type of Report 6. Type of Committee (Check One) Referendum State/County X Candidate Campaign Party Municipal Organizational Organizational Organizational Joint Fundraiser PAC Pre-referendum Legal Expense Fund Quarterly X Thirty-five day Referendum ☐ Final First Pre-primary (if applicable, check one) 7. Type of Fund Supplemental Final Second Pre-election "Booster Fund" Annual Third Pre-runoff Building Fund О Fourth Semi-annual Presidential Election Year Candidates Fund Mid Year Semi-annual ☐ NC Public Campaign Financing Fund Mid Year Year End Year End Final Other: ☐ Final П Special 8. Number of Fundraisers this Report Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name FIDELITY BANK c. Account Code b. Purpose c. Account Code b. Purpose CAMPAIGN EXPENSES d. Period Begin Balance d. Period Begin Balance 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 08/01/2013 Sara J. Blackhi Date Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: ☐ Normal Mail Registered Mail Employee: Date Postmarked: Hand Delivered ☐ Electronically Filed Employee: Date Scanned: ☐ Signer has not received Employee: Date Data Entered: mandatory training 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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes

Amendment ☐ Yes X No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

	port	3. ID	Number
2013 Thirty-	five-day		
	Total this Reporting Perio	d	Total this Dection Cycle
	\$ 50.0	00 \$	0.00
(CRO-1205)	\$ 0.0	00 \$	7.46
(CRO-1210)	\$ 0.0	00 \$	55.00
(CRO-1220)	\$ 0.0	00 \$	0.00
(CRO-1230)	\$ 0.0	00 \$	0.00
(CRO-1410)	\$ 0.0	00 \$	0.00
(CRO-1240)	\$ 0.0	00 \$	0.00
,			
(CRO-1250)	\$ 0.0	00 \$	0.00
(CRO-1250)	\$ 0.0	00 \$	0.00
(CRO-1250)	\$ 0.0	00 \$	0.00
(CRO-1270)	\$ 0.0	00 \$	0.00
(CRO-1265)	\$ 0.0	00 \$	0.00
Ild and lle)	\$ 0.0	00 \$	62.46
			· · · · · · · · · · · · · · · · · · ·
(CRO-1310)	\$ 0.0	0 \$	0.00
(CRO-1310)	\$ 0.0	0 \$	0.00
(CRO-1310)	\$ 0.0	00 \$	0.00
(CRO-1315)	\$ 0.0	0 \$	0.00
(CRO-1420)	\$ 0.0	0 \$	0.00
(CRO-1320)	\$ 0.0	0 \$	0.00
(CRO-1510)	\$ 0.0	0 \$	12.46
, 16 and 17)	\$ 0.0	0 \$	12.46
tract line 18)	\$ 50.0	0 \$	50.00
r			
(CRO-1330)	\$ 0.0	0	
(CRO-1430)	\$ 0.0	0	
(CRO-1610)	\$ 0.0	0	·
(CRO-1620)	\$ 0.0	0	
(CRO-1720)	\$ 0.0	0	
(CRO-1710)	\$ 0.0	0 \$	0.00
(CRO-1440)	\$ 0.0	0 \$	0.00
(CRO-2220)	\$ 0.0	0 \$	0.00
	2. Type of Re 2013 Thirty- (CRO-1205) (CRO-1210) (CRO-1230) (CRO-1230) (CRO-1240) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1270) (CRO-1265) Ild and Ile) (CRO-1310)	Total this Report	CRO-1250 S