Due this form to general report and committee information, must be signed and submitted along with other detailed forms.    Committee Information	Disclosure Report Cover								Amend	Yes No	
Committee Information   Info	Use this form for general report and committee information, must be signed and submitted along with other detailed forms.										
See   Second   Seco	Do not use this form to update information										
Distance   Citizens For Barber   ID4X20		mation									
Mailing Aidress (include City, State and Zip Code)											
Asset No. 27244   Second Start Date (mm/dd/yr)   Asset (mm/dd/yr)   Asset (mm/dd/yr)   Asset (mm/dd/yr)   Asset (mm/dd/yr)   Asset (mm/dd/yr)   Angela B. Qualls	CHIZCHS FOR DAFDER									1D4X20	
Elon, NC 27244    Elon, NC 27244										ate Filed	
Second   S										01/23/2012	
A. Period End Date (mm/dd/yy)									e. Ph	none Number	
2011   07/01/2011   12/31/2011   Angela B. Qualter   Angela B. Qualter   Pre-referendum   Pre-referendum   Organizational										336-260-6690	
6. Type of Committee (Check One)  9. Type of Report   Candidate Campaign   Party   Municipal   State/County   Referendum   Pre-Presentational   Organizational	2. Report Year 3. Period Start Date (mm/d		ld/yy)			te			•		
Candidate Campaign	2011		07/01/2011	12/31/201		1/2011	1 Angela B. Quall				
PAC		tee (Che	eck One)	9. Typ	e of Report	(c	heck on	ly one type of repor	t from e	one category)	
Independent   Joint Fundraiser   Pre-referendum   Pre-referendum   Pre-referendum   Pre-primary   First   Final   Supplemental Final   Annual   Supplemental Final   Pre-referendum   Pre-refer		aign [	=	Munici				A STATE OF THE PARTY OF THE PAR	Refe	Contraction Contraction	
Expenditure   Joint Fundraiser   Intry-live day   Quanterly   Pre-retreendum   Pre-retree		L	Referendum	$  \sqcup $	Organizational	l		Organizational		Organizational	
Pre-primary   Primary   Pr	Expenditure	. [	Joint Fundraiser		Thirty-five day	y	(	Quarterly		Pre-referendum	
Booster Fund"		UNIVERSAL PROPERTY.	1. 11 1 1		ъ :			F: .		P' 1	
Building Fund		(ij app	iicabie, cneck one)				H		$\parallel$		
Other:				lΗ			H		H		
Mid Year	Dunuing rund						H				
S. Number of Fundraisers this Report				Ιп		r				Броски	
S. Number of Fundraisers this Report	Other:				Year End	ı		Mid Year	10.	Special Report Name	
Special   Final   Fi					Final		$\boxtimes$	Year End			
11. Account Information   a. Financial Institution Full Name   a. Financial Institution Full Name   capital Bank   b. Purpose   c. Account Code   b. Purpose   c. Account Code   c. Account Co	8. Number of Fund	raisers	this Report		Special			Final			
a. Financial Institution Full Name  Capital Bank b. Purpose c. Account Code b. Purpose control  d. Period Begin Balance s 210.00  CERTIFICATION I 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-displosed 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.  Angela B. Qualls Printed Name of Signer Signature of Appointed Treasurer  FOR OFFICE USE ONLY Date Received: Date Postmarked:  Employee:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,								Special			
Campiagn Funds control  d. Period Begin Balance \$ 210.00  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 Stafe Board of Elections.  Angela B. Qualls Printed Name of Signer  FOR OFFICE USE ONLY Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Employee:  Date Scanned:  Employee:  Employee:  Date Scanned:  Employee:  Employee:  Date Scanned:  Date Date Entered:  Date Date This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	11. Account Inform	ation				11. Ac	count l	Information			
Campaign   Funds		Full Nam	e			a. Fina	ncial Inst	itution Full Name			
Campaign Funds control  d. Period Begin Balance \$ 210.00  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-displosed 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.  Angela B. Qualls Printed Name of Signer Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received: Date Postmarked: Date Postmarked: Date Postmarked: Date Scanned: Employee:  Date Scanned: Employee:  Employee:  Date Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,											
Funds control  d. Period Begin Balance \$ 210.00  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.  Angela B. Qualls Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Date Scanned:  Employee:  Date Scanned:  Employee:  Employee:  Date Scanned:  Employee:  Employee:  Date Scanned:  Date Scann			c. Account Code			b. Purp	ose		c. /	Account Code	
control  d. Period Begin Balance \$ 210.00  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 Stafe Board of Elections.  Angela B. Qualls Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Employee:  Date Scanned:  Employee:  Employee:  Employee:  Date Scanned:  Date Scanned:  Date Scanned:  Date Scanned:  Date Scanned:  Employee:  Date Scanned:  Date	2 7		1								
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Angela B. Qualls  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received: 1-23-12											
FOR OFFICE USE ONLY  Date Received: 1-23-12 Employee: UG Delivery Method Date Postmarked: Employee: Hand Delivered Date Scanned: Employee: Employee: Employee: Signer has not received mandatory training  Printed Name of Signer  Begister of Appointed Treasurer  Date Postmarked: Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,											
FOR OFFICE USE ONLY  Date Received:	Tingela D.		ed Name of Signer					ted Treasurer	01/23/		
Date Received: 1-23-12 Employee: UG Delivery Method Normal Mail  Date Postmarked: Employee: Hand Delivered  Date Scanned: Employee: Employee: Electronically Filed  Date Data Entered: Employee: mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,											
Date Scanned:  Date Scanned:  Employee:  Emp			1-23-12		Employee:		JG				
Date Scanned:  Date Data Entered:  Employee:	Date Postmarked	d:			Employee:					Registered Mail	
Date Data Entered: Employee: mandatory training  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Scanned:			Employee:							
	Date Data Entere	ed:			Employee:						
	Please Note: Thi	s form							ess, tre	asurer, assistant treasurer,	

Amendment Yes

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

 $\times$ 

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number							
Citizens for Barber	Semi-Annual Year	End	ID4X20							
Start of Election Cycle: January 1,	2011	Total this Reporting Period	Total this Election Cycle							
4) Cash on Hand at Start		\$ 210.00	\$ 200.00							
RECEIPTS										
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$							
6) Contributions from Individuals	(CRO-1210)	\$	\$ 300.00							
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 Organizati	ions <i>(CRO-1250)</i>	\$	\$							
11c) Outside Sources of Income	(CRO-1250)	\$	\$							
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$							
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$							
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1.	lc, 11d and 11e)	\$ 0.00	\$ 300.00							
EXPENDITURES										
13) Disbursements										
13a) Operating Expenditures	(CRO-1310)	\$	\$ 290.00							
13b) Contributions to Candidates/Political Commi	ttees (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)	\$	\$							
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 0.00	\$ 290.00							
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 210.00	\$ 210.00							
ADDITIONAL INFORMATION	ı									
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$								
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$								
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-2200)	\$	\$							
28) Contributions to be Refunded	(CRO-1215)	\$	\$							