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.

1. Committee Information					
a. Full Name					c. ID Number
David Michael Sprill				1	
b. Mailing Address (include City, State and Zip Code)				d. Date Filed	
1809 Hilton Rd				6-11-12	
Burlington, NC 2727				e. Phone Number	
2 Poport Voor 2 Post of Start	D-4- c	· .   ( T)		le m	120000 SV 11
2. Report Year 3. Period Start	Date (mm/dd/	yy) 4. Period I	End Date (mm	/dd/yy) 5. Treas	urer Full Name
HIX 104122-	12	[0-1	1-12	<u>LL)AVi</u>	1 Michael Sprull
6. Type of Committee (Check O					eport from one category)
	rendum	Municipal  Organizationa		County Organizational	Referendum
	t Fundraiser	Thirty-five da	I —	Organizationai Quarterly	Organizational Pre-referendum
Legal Expense Fund	i i unutatsej	Pre-primary	'lo`	First	Final
		Pre-election		Second	Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	吊	Third	Annual
Booster Fund		Semi-annual	吊	Fourth	Special
Building Fund		Mid Yea	, <b> </b>	Semi-annual	openii
		Year End	· I ·	Mid Year	10. Special Report Name
Other:		Final	一一一	Year End	201 Special Report Pallie
8. Number of Fundraisers this l	Report	Special Special	. Zī ⊦	inal	13
			$\Box$ s	Special	
11. Account Information			11. Account	Information	
a. Financial Institution Full Name			a. Financial In	stitution Full Name	
Carter Dan					
b. Purpose	c. Account Coc	le	b. Purpose		c. Account Code
Candidton !					
	d. Period Begir	n Balance			d. Period Begin Balance
	\$24:	ろ1			\$
CERTIFICATION	10-11				
I certify that the Committee or Fund	d is in complia	nce with all appli	icable provision	ns of Article 22A,	22B & 22D-22M of Chapter 163
of the NC General Statutes and that	t no funds are	commingled with	prohibited or o	other non-disclosed	I funds. I further certify that this
report is complete, true and correct	and that I hav	e been trained by	the NC State E	Board of Elections.	ľ
Daridat Land	111	11 h 'd	100		)
TADI CHAICDULL	DVIII!	MULL A	MINIST	MUU I	
Printed Name of Signe	т	Sign	nature of Appoin	ted Treasurer	Date
FOR OFFICE USE ONLY			1		
Date Received:	,-11-12	Employ	ree:(	) <u>G</u> [	Delivery Method ☐ Normal Mail
Date Postmarked:		Employ	ee:		Registered Mail  Hand Delivered
Date Scanned:		Employ	ee:	ř	Electronically Filed
Date Data Entered:		Employ	ee:		☐ Signer has not received mandatory training
Please Note: This form can	not be used t	o amend commi	ittee informati	ion such as the co	ommittee address, treasurer
assistant t	treasurer, cus	todian of books	information,	or account inform	nation.
You must amend th	ne Statement	of Organization	(CRO-21004	A-E) to make con	unittaa chancac

Amendment

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

1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
1) A-) of AA' lo of Control	2. Type of	Keport	5. 1D Number
DATUIC MICHARD PMILL	TIM	<u> </u>	m ( ) (I)
Start of Election Cycle: January 1,	]	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	_	\$ 2431	\$ ()
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$283.00
6) Contributions from Individuals	(CRO-1210)	\$	\$ 899.00
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 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)	\$	\$ 1 88 (7)
<u>EXPENDITURES</u>			. ,
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$1058,69
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 24.31	\$2431
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)	\$	\$ 99.CX)
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$24.31	\$1182.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	\$
ADDITIONAL INFORMATION	г		COMMUNICATION CONTRACTOR
•	(CRO-1330)	\$	No. 12 Sept.
, , ,	(CRO-1430)	\$	
<u>-</u>	(CRO-1610)	\$	
, ,	(CRO-1620)	\$	A Second
	(CRO-1720)	\$	
••	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
	CRO-2220)	\$	\$
28) Contributions to be Refunded	CRO-1215)	\$	\$

Disbursements Use this form to report expenditures from the committee for operating committees and coordinated party expenditures	Pg of expenses, contributio	
1. Committee Full Name (and Fund if applicable)	-	2. ID Number
1 00' Ja-011		1

	Full Name (and Fun					_		2. ID Number
David	Michael	POPULI						
3. Type of Disl		e use separate Cl	R <i>Ö-131</i> (	) forms for a	each ty	<u>e of Disl</u>	bursei	ment.)
Operating Exp	penses Cor	ntributions to Candid	ates/Politi	cal Committee:	s	Сос	ordinate	ed Party Expenditures
4. Payee Infor				Add 🔲	Remo	ve		
a. Full Name, N	Mailing Address & Ph	ione	-	b. Coordinat	ed Com	nittee Nam	e	d. Comments
(include city, state				_				
12001 19059	d Micha	USPWI	1)	c. Level Regi	stered (S	pecify) County:		
				State		Municipa	ality:	e. Election Sum to Date
4000	NC 272	- \						\$2431
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amou	nt	k. Re	quired Remarks
	(ASI)		0	1-13	\$24	31	pc	sck to Condida
4	<u> </u>		<u></u>		<b>3</b>			
4. Payee Inform		<u> </u>		Add 🔲	Remov			
a. Full Name, Mai (include city, sta	ling Address & Phone nte, & zip)	<del>_</del>	v	b. Coordinate	ed Comn	iittee Name	e (	d. Comments
				c. Level Regis	stered (S	County:		
				State	<u>L</u>	Municipa	lity: e	e. Election Sum to Date
						<u>-</u>		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amou	nt	k. Rec	quired Remarks
					\$			
					\$			
4. Payee Inform	nation	<u> </u>	$\vdash_{\sqcap}$	Add $\square$	Remov	<u>e</u>	<u>L</u> .	
	ing Address & Phone			b. Coordinate		_	d	I. Comments
(include city, sta	te, & zip)							-
		,		c. Level Regis  Federal  State	itered (S	County:	Linu la	. Election Sum to Date
				state		Within Cipal		
								\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r		j. Amoui \$	ıt 	k. Req	uired Remarks
-					\$			
5. Total only th	is Page			<del></del>				\$ 211 - 31
6. Total of ALL CRO-1310 Pages								
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								
(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 Summary Page CRO-1100 if Coordinated Party Expenditures)								
7. Purpose Codes (List detailed expenditure code in (h.) above)								
I - Postage				Itical Party  H* - Holding Public Office Expenses  Q* - Donation to Legal Expense Fund				
O* Other	J 201141110			Zapens		₹ . D0:	. 14 t I U	ii to negai expense rund
* Codes require detailed explanation in required remarks field (k)								



# North Carolina

### State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting 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:	0 1 00 6 0 0 0
Committee Name:	David Michael Drug
Treasurer Name:	Same
Treasurer Address:	1809 Hilton Rd
(include city, state, & zip)	Burlington W
Treasurer Phone:	

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.

Date Signed

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

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