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	Partheraphysonaphyson	DENIE TO SERVICE DE LE CONTROL	c. ID Number
Committee to E	led Mark	HOP	704855
b. Mailing Address (include City, State and	Zip Code)		d. Date Filed
2736 Westeld	este Prive		12/20/12
Dur lingt	er, NC 27	217	e. Phone Number
			336-792-1795
2. Report Year 3. Period Start Date	e (mm/dd/yy) 4. Period F		rer Full Name
2017 0201/201	7 10/7	0/12 Mark	Brader HORP
6. Type of Committee (Check One)	9. Type of Rep	ort (check only one type of re	port from one category)
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendu			☐ Organizational
Independent Expenditure I Joint Fund			Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable, check	HOUSEAN HORSES	Third	Annual
Booster Fund	Semi-annual	Fourth	☐ Special
Building Fund	Mid Yea		
C Outro	Year End		10. Special Report Name
Other:	Final	Year End	
8. Number of Fundraisers this Repo	ort Special	Final	
		☐ Special	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Carter Bank and	Trust		
b. Purpose c. Ac	ccount Code	b. Purpose	c. Account Code
Expenses/check	1		8
d. Pe	eriod Begin Balance		d. Period Begin Balance
\$	1110,70		\$
CERTIFICATION	111-11-		Ψ
I certify that the Committee or Fund is i	n compliance with all appli	cable provisions of Article 22A, 2	2B & 22D-22M of Chapter 163
of the NC General Statutes and that no treport is complete, true and correct and	that I have been trained by	the NC State Board of Elections.	funds. I further certify that this
10 11 40	m	i (1	12/2/11
Mark Hopp	- Ton	2 Hayer	17/20/12
Printed Name of Signer	Sign	nature of Appointed Treasurer	Date
FOR OFFICE USE ONLY	- /		
Date Received: 12-3	28-12 Employ	ree: <u>JG D</u>	elivery Method Normal Mail
Date Postmarked:	Employ	/ee:	Registered Mail Hand Delivered
Date Scanned:	Employ	vee:	Electronically Filed
Date Data Entered:	Employ		Signer has not received mandatory training
Please Note: This form cannot	be used to amend commi	ittee information such as the co	mmittee address, treasurer,
		information, or account inform	
You must amend the S	tatement of Organization	(CRO-2100A-E) to make com	mittee changes.

Amendment **Detailed Summary** ✓ 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 Quarte Connittee o Elect Mark HOPP 704 Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 1110,70 \$ -0-RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 119.50 0,74 6) Contributions from Individuals DO (CRO-1210) \$ 1490,00 7) Contributions from Political Party Committees (CRO-1220) \$ 1485.42 8) Contributions from Other Political Committees 50,00 (CRO-1230) 50,00 9) Loan Proceeds 147,89 1431,61 (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,11d and 11e) 77 **EXPENDITURES** 13) Disbursements 4628,30 13a) Operating Expenditures (CRO-1310) \$ 3046,02 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) 1050,00 1050,00 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) \$ 20.70 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 452.90 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 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)

Amendment

Cont	ributions fi	rom Individua	ıls	Pg) of 6		Amendment Yes No
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used							
1. Com	mittee Full Nan	ne (and Fund if app	licable)			2. I	D Number
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	/	Check			07/31/20	12	\$ 10.00
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	0 1	. [1	11-0111		e. Election Sum to Date
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	ı	Cash			07/21/201	12 \$ 40.00
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		of Detailed Summary Page	ge CRO-1100)			\$	1490,00

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number annitee to Elect Mark Holl 104855 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field Yolanda Robeson 1330 Wiley Lewis Road unemployed e. Election Sum to Date Greensbero, NG 27406 95,00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description 05/06/20/2 \$ 50.00 X On line K. online 3. Contributor Information Add ■ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field Wald Micola 204 Windiff Dr Se (f Emplo year e. Election Sum to Date 6.6500 ville, NC 27249 60.0) k. Amount g. Account Code h. Form of Payment f. Prior i. In-Kind Description j. Date (mm/dd/yyyy) 07/31/2012 \$ 60.00 check \$ 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Xelly Mellins 2226 Alpine Rd c. Employer's Name/Specific Field e. Election Sum to Date Durham Mc 27707 J.00 i. In-Kind Description . Prior g. Account Code j. Date (mm/dd/yyyy) k. Amount 75.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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1490,00

		om Individual		Pg	5 of 6		Amendment Ves No
100	No. of Concession, Name of Street, or other party of the last	ndividual contribution	White the best of the second state of the second	ontributions und	er \$50 if form C	- Constant	
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Cont	ributions fr	om Individua	ls	Pa	6 of6	Amendment Yes No
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1. Com	mittee Full Nam	ne (and Fund if appl	icable)			2. ID Number
(.	ommittee	e to Ela	ect Ne	re Ho	ap .	704855
3. Cont	tributor Informa	ation		Add Rei	move	
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	le city, state, & zip)			Gura	-	
Je	e A.Ti	crle		c. Employer's Nar	me/Specific Field	
9	11 Hart	form Mill &	ed			
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	Bur 1525	ten, MC 2	7215			\$ 700_00
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

400,00

1490,00

\$

\$

310

Amendment

Contributions from Political Party Committees Yes □ No Use this form to report contributions from a political party 1. Committee Full Name (and Fund if applicable) 2. ID Number DMM. Hee 3. Contributor Information ☐ Remove ☐ Add b. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Alamance County GOD PO Box 69 Alarance, LX 27201 c. Election Sum to Date 1:000.00 g. Date (mm/dd/yyyy) d. Account Code f. In-Kind Description e. Form of Payment h. Amount 3. Contributor Information Add □ Remove b. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Alanance County Republican Women's Club P1) BOX 1540 c. Election Sum to Date Blon. UC 27244 100-a) d. Account Code | e. Form of Payment g. Date (mm/dd/yyyy) f. In-Kind Description chack 100 A \$ Remove 3. Contributor Information Add a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) suance Cainty GOR c. Election Sum to Date g. Date (mm/dd/yyyy) d. Account Code e. Form of Payment f. In-Kind Description 10/10/12 4. Total only this Page \$ 5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)

Outstanding Loans

311

1		Amendmen	t
Pg	of _	Yes	☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 1 1 81	Section 1911 Section (1919) Section 1911 (1919) Section 1911 (1919)
1. Committee Full Name (and Fund if applicable	2)	2. ID Number
Committee to Elect Ma	-KHOPP	704855
3. Lender Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	NT IN STATE	
MA HOP	PT Utssistat	
MarkHepp	Frank and Niew (Consider Field	e. Start Date (mm/dd/yyyy)
2736 Westchester Dr	c. Employer's Name/Specific Field	66/27/2012
Burlingten, NC27217	Care South	f. End Date (mm/dd/yyyy)
Aurlingten, NC + 1+17		
		12/27/2012
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 % N (A	\$1226.74	\$ 381.61
k. Full Name of Lending Institution	1.000.77	l. Loan Number
)
3. Lender Information	Add Remove	d Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	PT Assistant	
Mark Hopp 2736 Westehester Dr	111100000	e. Start Date (mm/dd/yyyy)
2736 Westerester DY	c. Employer's Name/Specific Field	7/21/2010
Burling bn. NC 27217	Oare South	7/31/2012
9.10.10.1	GS.	f. End Date (mm/dd/yyyy)
		12/27/2012
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
% N/A	\$ 71-29	\$ 71.29
k. Full Name of Lending Institution		I. Loan Number
	*	2-
		7
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(means eng) sinte, et aip)		
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
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		f. End Date (mm/dd/yyyy)
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	Ψ	
k. Full Name of Lending Institution		l. Loan Number
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4. Total only this Page		1 3131-101 431
5. Total of ALL CRO-1430 Pages	PO 1100)	\$ 381-6-452
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