Amendment

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			<u> </u>	
a. Full Name				c. ID Number
Committee to Elect Hark	HOPP			704855
b. Mailing Address (include City, State and Zip Code)	1,			d. Data Filed
2736 Westehester Dr Burlington NC27217				7/3/12
Durlington, NCO721 T				e. Phone Number
				336-792-175
2. Report Year 3. Period Start Date (mm/dd/	yy) 4. Period E	nd Date (mm/dd/yy)	5. Treasure	r Full Name
2012 4/21/12	06130			Branfertoor
			type of repo	rt from one category) Referendum
Candidate Campaign Party PAC Referendum	Municipal Organizational	State/County Organizat	ional	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser	Thirty-five day	1		Pre-referendum
Legal Expense Fund	Pre-primary	First		Final
_ · ·	Pre-election	Seco	nd	Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-runoff	Thire	i	Annual
Booster Fund	Semi-annual	Four	th	Special
Building Fund	Mid Year	Semi-anni	uał	
	Year End	. Mid	Year	10. Special Report Name
Other:	Final	☐ Year	End	
8. Number of Fundraisers this Report	Special	Final		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		☐ Special		
11. Account Information		11. Account Inform	nation	
a. Financial Institution Full Name		a. Financial Institution	Full Name	
Carter bank and Trus-	}			
b. Purpose c. Account Cod	le	b. Purpose		e. Account Code
Expenses/Cheeking 1				
d. Period Begin	n Balance			d. Period Begin Balance
s ())	1.52			\$
CERTIFICATION	1 12 (
		aabla maanistasa af A	atala oo a loor	9 & 22D 22M of Chanter 152
I certify that the Committee or Fund is in compliant the NC Consent Statutes and that no funds are	ance with all appli	cable provisions of Ar	ucie ZZA, ZZb n disclosed fo	nds. I further certify that this
of the NC General Statutes and that no funds are report is complete, true and correct and that I hav				nus. Truther certify that tills
•	· \.	. 1	Licenons.	, ,
Mark HOPP	/* }	uh Haz	1	41/40/50
Printed Name of Signer	Sigi	nature of Appointed Treas	surer	Date
FOR OFFICE USE ONLY				
Date Received: 7/3/2012	Employ	vee: <u>16</u>	Del	ivery Method Normal Mail
Date Postmarked:	_ Employ	/ee:		Registered Mail Hand Delivered
	-		岩	Electronically Filed
Date Scanned:	_ Employ	/ee:		Signer has not received
Date Data Entered:	_ Employ	/ee:		mandatory training
Please Note: This form cannot be used				
assistant treasurer, cus				
You must amend the Statement	of Organization	n (CRO-2100A-E) to	make comm	nittee changes.

CRO-1000

NC State Board of Elections

August 2008

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

Amendment ☐ Yes

IJ No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Committe to Elect Mark Hap	b Qt	_ /	704865
Start of Election Cycle: January 1, 2000	_	Total this Reporting Perior	Total this d Election Cycle
4) Cash on Hand at Start		\$ 1111.50	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 236.00	\$
6) Contributions from Individuals	(CRO-1210)	\$ 425	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$ -	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ —	\$
9) Loan Proceeds	(CRO-1410)	\$ 56.98	\$
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 11e)	\$ 717 .98	\$
<u>EXPENDITURES</u>	-		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 666.8	2 \$
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)	\$ _	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ -	\$
17) In-Kind Contributions	(CRO-1510)	\$ 56.98	3 s
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 723.8	υ \$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ 1105,70	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1283,72	
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)	\$	\$
· · · · · · · · · · · · · · · · · · ·	CRO-2220)	\$	\$
	CRO-1215)	\$	\$
"RO_1100" NC State Board	0.771	· · · · · · · · · · · · · · · · · · ·	

		rom Individua individual contribution		Pg ontributions und	L ler \$50 if form Cl		mendment Yes S is not us	Ľ N₀ ed
		me (and Fund if app					Number	
C	mmitte	e to Elect	Mark	HOPP	_	Fi	X18E	55
	tributor Inforn				move			
	∛ame, Mailing Add de city, state, & zip			b. Job Title/Profe		d. Com	ments	
	alph Holt			Refor	e d			
16	500 E L	ake D_		c. Employer's Na	me/Specific Field			
R	ar lingt	ion, HC)	7211			e. Elect	tion Sum to l	Date
	-		<i>,,,,</i>			\$ (∞	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y) k.	Amount	
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						\$	\$	
3. Con	ributor Inform	ation		Add 🔲 Rei	nove .			
	ame, Mailing Addr		-	b. Job Title/Profe	ssion	d. Com	ments	
_	le city, state, & zip			Refu	-cd	Ì		
Chu	ithia Wa	1.1. / -	,	c. Employer's Nar	ne/Specific Field			
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R.	1-1-00 A	on, NC 2	71/-			e. Elect	ion Sum to I	Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k.	Amount	
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	ame, Mailing Addr e city, state, & zip)			b. Job Title/Profes		d. Com	ments	
· · ·		· <del></del> -		Analyst	1-6-74			
- 70	un born	ray		c. Employer's Nan	ne/Specific Field			
19	10 Glenn	dale have		UNCE		e Flecti	ion Sum to I	)ate
BU	·clington	dale Lane, NC 27:	715	0, 26		\$ 1	000	-
	g. Account Code	h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y) k.	Amount	
		mline			oblagha	\$	100	~
						\$	;	
						\$	<u> </u>	
4. Tota	al only this P	age				\$	300	,00
		RO-1210 Pages				ĸ	De	
	and the second s	of Detailed Summary Pa	ge CRO-1100)		-	\$ 4	接魯	DE COURT

CRO-1210

NC State Board of Elections

100

		from Individua		Pg	1 of 2	) !	Amendment  Yes No	:
Use the	is form to report	individual contribution	ons over \$50 or o	contributions und	ler \$50 if form C			_
1. Co		me (and Fund if app					D Number	
		Thee to	Hectl	hare H	er	/	104855	
1	ntributor Inform				move			4
	Name, Mailing Add			b. Job Title/Profe	ession	d. Co	omments	1
	ide city, state, & zip		·	Fina	ce.			
ł		n Moore	<i>.</i> .	c. Employer's Na		1		
ļ	5931	Blackbe	ear-Ct.	LPLF1-	ponchal	e. Ele	ection Sum to Date	4
	Charlo:	He, MC 28	3214			\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	1
DA.	)	Online			02/08/12		\$ 25,00	1
	(	online			5/7/1		\$ 50,00	1
	1	Online			6/28/12		\$ 75,00	1
3. Con	tributor Inform		<u> </u>	Add Rer	nove			
a. Full N	lame, Mailing Addr	ess & Phone		b. Job Title/Profes	<u> </u>	d. Co	omments	-
(inclu	de city, state, & zip)							-
	Yolanda	Robeson	* / -	Unemy				
		Ney Lewis K	J	c. Employer's Nan	· · · - · · · · · · · · · · · · · · · ·			ļ
	6-000	baro, Mc	27481	Unem	ployed	e. Ele	ection Sum to Date	1
		·			ĺ	\$	75,00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	(y)	k. Amount	1
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	Online	_		B7/16/13	}	\$ 75,00	
	1	Online			05/4/1	2	\$50,00	
							\$	
	ributor Informa	<u>-</u>		Add 🔲 Ren	nove			
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Coi	mments	
(Includ	le city, state, & zip)							
				c. Employer's Nam	ne/Specific Field			
					İ	e. Elec	ction Sum to Date	1
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k	s. Amount	1
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							\$	1
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		of Detailed Summary Pa	ge CRO-1100)			\$ _	1780.00	125,0 425

A	ggreg	ated Contri	butions from	Individuals Page	of	Amendment  Yes No
1.	Committee	Full Name (and Fur	nd if applicable)			2. ID Number
		im ittee	to Elect!	MarkHopp		7D4855
		itor Information		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy	yyy) f. Amount
	Remove		online		35/06/12	\$ 50-
	Add Remove		online		05/07/12	\$ 50-
	Add Remove		check		05/25/13	
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4.	Total or	aly this Page		· <del>-</del>		\$ 236.00
5.	Total of	ALL CRO-1	205 Pages stailed Summary Page CF	RO-1100)		s 736.00

Loan Proceeds			Pg	of {		Amendment Yes Z No
Use this form to report proceeds from a loan and loan	endorse	er's informa	tion	OI (		165 2 100
A loan proceeds statement must accompany each loan	that is	from an ind	ividual			
1. Committee Full Name (and Fund if applicable)					2. ]	ID Number
Committee to Elect Mar	Kt	1000			7 1	704855
3. Lender Information		Add	Remove	٨		
a. Full Name, Mailing Address & Phone		b. Job Title/	Profession		d. C	Comments
(include city, state, & zip)		0-	۸			
Mark Holy			Assistal	۲	e. S	tart Date (mm/dd/yyyy)
1736 Westchaster Q-		c. Employer	's Name/Specific	Field		
Mark Hopp 2736 Westchaster Q-, Burlingter, Mc 27217			50 h			05/07/12
<b>1</b>			500,4			nd Date (mm/dd/yyyy)
1					1	2/31/12
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form of Pays	nent		k. Amount
O% HLA			Cash	•		\$ 56.98
I. Full Name of Lending Institution			<u> </u>		m. I	Loan Number
		57	· · ·			
4 10 7						
4. Endorsers/Makers (The people who guarantee the loan	.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/	Profession	e.	. Emplo	yer's Name/Specific Field
		d. Percentag	e	e.	Amoun	nt
				%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/I	Profession	c.	Employ	yer's Name/Specific Field
(include city, state, & zip)		d. Percentage			Amoun	nt
				% 3	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/F	rofession	c.	Employ	yer's Name/Specific Field
(include city, state, & zip)	-					
	ļ	d. Percentage		e.	Amoun	t
				% 3	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c.	Employ	ver's Name/Specific Field
(include city, state, & zip)						

(This line must be on line 9 of Detailed Summary Page CRO-1100)
CRO-1410

NC State

5. Total of ALL CRO-1410 Pages

d. Percentage

e. Amount

\$

% \$

Use this form t	to report expenditures d coordinated party e	from the commi	ttee for o	operating ex	penses, contribut	ions to candidate/political	
1. Committee	Full Name (and Fun	xpenditures id if applicable)			<del></del>	2. ID Number	7
Com	imittee to	Fleat	Jak	KHr	70 P	704855	
3. Type of Dis		e use separate C	RO-131	, ,	<u> </u>	bursement.)	1
Operating Ex		ntributions to Candid				ordinated Party Expenditures	
4. Payee Infor				Add 🔲	Remove		1
a. Full Name, I	Mailing Address & Pl	ione		b. Coordinat	ed Committee Nam	e d. Comments	1
(include city, state	e, & zip)	T					1
Jordon 2006 F	Greene/for Li Plantonshay NC 28645	berty (anmu	in I cahong	c. Level Regi	stered (Specify)  Y County:	~	
Lenouri	NC 28645			State	Municipa	ality: e. Election Sum to Date	1
		<u> </u>	T	Alamar		\$601.88	
f. Account Code	g. Form of Payment	h. Purpose Code	1 1	mm/dd/yyyy)	·	k. Required Remarks	-[
	check	<del>     </del>	05/10	<u> </u>	\$ 125.94	website	_
		<u></u>	1		\$		
4. Payee Inform				Add	Remove		1
	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments	1
(include city, sta		·					1
AH Van / U	lens Advertisi n DY nun, NC 2721	ne		- rIn	1.00 (0.)		
2442 1/2	v Dr.	_ 0		Federal	stered (Specify)  County:		
Burlingst	ISFB W. OU	7		State	Municipa	dity: e. Election Sum to Date	1
DW1119				Mama		\$ 532.3()	-
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)		k. Required Remarks	1
1	check	A	05/10	1	\$464.26	Signs	
	<u> </u>				\$		
4. Payee Inform				Add 🗖	Remove		1
	ing Address & Phone			b. Coordinate	d Committee Name	d. Comments	1
(include city, sta	te, & zip)	D-20-					l
Duringe	Recreation of brook Byd n. NC 2721	49162		c Level Regio	tered (Specify)		ı
133 Oter	DIOUR BOO			Federal	County:		
burtineto	n, NC 87211	6		State	Municipal	lity: e. Election Sum to Date	1
3				$\overline{\Delta 1}$		9 7	7
£ 44 C1-	E 6D	1 B G I		Ham		3 4 5	1
f. Account Code	g. Form of Payment	h. Purpose Code	_ 1	nm/dd/yyyy) 1		k. Required Remarks	1
ļ <b>.</b>	Cash luan		0613	2112	\$ <u>a</u> 5	tundraiser location	
					\$		
5. Total only th						\$ 615-20 CIS.	Do
	CRO-1310 Pages					\$ 666.82	1
	line 13a of Detailed Sum					18 666.82	
	line 13b of Detailed Sum						
	line 13c of Detailed Sum				expenditures)		4
7. Purpose Co A* - Media	odes (List detailed				<u> </u>		
A* - Iviedia E - Salaries	B* - Printin F* - Equipn	0		ndraising		Another Candidate	1
I - Postage	J - Penaltie			tical Party fice Expens		olding Public Office Expenses onation to Legal Expense Fund	1
O* Other	J Tenantic		- VI	THE EMPERS	~ <del>Q</del> * • D0	manon to negat expense rund	1
* Codes requir	e detailed explanatio	on in required r	emarks	field (k)			

Disbursements

Amendment

Disbursements	$P_{g} \supseteq 0 $ of $P_{g} \square V_{es} \square N_{o}$
Use this form to report expenditures from the comm	nittee for operating expenses, contributions to candidate/political
committees and coordinated party expenditures	
1. Committee Full Name (and Fund if applicable	2. ID Number
Committee to Elect Hark 1	HOPP 704855
	CRO-1310 forms for each type of Disbursement.)
	idates/Political Committees Coordinated Party Expenditures
4. Payee Information	☐ Add ☐ Remove
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name d. Comments
(include city, state, & zip)	
212 A Garden Rd	c. Level Registered (Specify)
Stal-A Oallone	Federal County:
Office Max 3121-A Garden Rd Burlington, NX 27215	State Municipality: e. Election Sum to Date
3	No. 200 2 100 (-)
	Mamance \$ 10.66
Account Code g. Form of Payment h. Purpose Code	
1 cash lan C	06/27/12 \$10.66 raffle tokets
	\$
. Payee Information	☐ Add ☐ Remove
. Full Name, Mailing Address & Phone	b. Coordinated Committee Name d. Comments
(include city, state, & zip)	
Walmart 530 5 Graham Hapedale Rd Burlington, NC 27217	
525 5 Graham Hopedale Rd	c. Level Registered (Specify)
A diameter 12217	Federal County:
isming to the sector i	State Municipality: e. Election Sum to Date
	Almance \$ 54.10
Account Code g. Form of Payment h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount k. Required Remarks
cash luan K	06/17/12 \$ 23.4/1 Paper, Phone
	\$
Description of the second of t	
Payee Information	☐ Add ☐ Remove
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name d. Comments
118 Debl Service	—· –
22/2 N. Church St Burlington, NC 220	c. Level Registered (Specify)  Gounty:
Build for Mr. 220	Municipality: e. Election Sum to Date
29,11,2,10,1,10	Almance \$ 8.80
Account Code g. Form of Payment h. Purpose Code	
	0 - 1 - 0 - 8 - 9 - 9
l cash loan	32.1
	\$
Total only this Page	\$ 42.86 42.8
Total of ALL CRO-1310 Pages	1 30 10.0

666.82 (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) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

Amendment **Disbursements** Yes Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement. Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments include city, state, & zip) lay lat 2211 North First St Son Jose, CA 95131 c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks blectionic kes 4. Payee Information Add. Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ . Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks i. Amount \$ \$ 4. Payee Information ☐ Add Remove . Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) ☐ Federal County: State ☐ Municipality: e. Election Sum to Date Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ 5. Total only this Page 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)

. Purpose Coaes	(List detailed ex	xpenditure cod	e in (h.	) above)	i
-----------------	-------------------	----------------	----------	----------	---

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries I - Postage

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

O* Other

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

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

## **Loan Proceeds Statement**

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

······································
Name of committee to receive loan:  Complete to Elect Mark Here
Person lending money to committee (Lender):  Mark Hopp
Date of loan to committee: 06 27/12
• Name of lending institution and account number (source):
• Amount of loan:
Names of all parties responsible for payment of loan (guarantors):
Period of loan:  Attending to the series of loan:  Rate of interest of loan:
Rate of interest of loan:
Security pledged for loan:      M/A
I, Mark Hepp, acknowledge that all of the information, acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.
mail Ham
Signature of Lender  Ham
Signature of Treasurer of Committee
This faces as the second secon

This form must be submitted with the disclosure report for which the loan is initially disclosed.