

Disclosure Report Cover

Amendment
 Yes No

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. 05-29-14 16:58 RCVD

1. Committee Information				
a. Full Name <u>Committee to Elect Mark Hoop</u>			c. ID Number <u>704855</u>	
b. Mailing Address (include City, State and Zip Code) <u>2736 Westchester Dr Burlington, NC 27217</u>			d. Date Filed <u>05/30/14</u>	
			e. Phone Number <u>336-290-5994</u>	
2. Report Year <u>2014</u>	3. Period Start Date (mm/dd/yy) <u>01/01/14</u>	4. Period End Date (mm/dd/yy) <u>05/30/14</u>	5. Treasurer Full Name <u>Mark Brandon Hoop</u>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: _____		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <u>0</u>		10. Special Report Name _____		
11. Account Information		11. Account Information		
a. Financial Institution Full Name _____		a. Financial Institution Full Name <u>Carter Bank & Trust</u>		
b. Purpose _____	c. Account Code _____	b. Purpose _____	c. Account Code _____	
	d. Period Begin Balance \$ _____		d. Period Begin Balance \$ <u>17.54</u>	
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.				
<u>Mark Brandon Hoop</u> Printed Name of Signer		<u>Mark Brandon Hoop</u> Signature of Appointed Treasurer		<u>05/30/14</u> Date
FOR OFFICE USE ONLY				
Date Received: <u>5-29-14</u>	Employee: <u>DH</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
Date Scanned: _____	Employee: _____			
Date Data Entered: _____	Employee: _____			
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.				

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect Mark H. Byrd Final</i>		2. Type of Report <i>Final</i>		3. ID Number <i>704855</i>	
Start of Election Cycle: <i>January 1, 2013</i>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <i>17.54</i>		\$ <i>4.59</i>	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <i>30.83</i>	\$ <i>115.96</i>		
6) Contributions from Individuals (CRO-1210)		\$ <i>0</i>	\$ <i>110.00</i>		
7) Contributions from Political Party Committees (CRO-1220)		\$ <i>-</i>	\$ <i>-</i>		
8) Contributions from Other Political Committees (CRO-1230)		\$ <i>-</i>	\$ <i>-</i>		
9) Loan Proceeds (CRO-1410)		\$ <i>-</i>	\$ <i>100.00</i>		
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)		\$ <i>30.83</i>	\$ <i>325.96</i>		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ <i>0.37</i>	\$ <i>813.76</i>		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ <i>48.00</i>	\$ <i>187.00</i>		
13c) Coordinated Party Expenditures (CRO-1310)		\$ <i>-</i>	\$		
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ <i>0.37</i>	\$ <i>0.37</i>		
15) Loan Repayments (CRO-1420)		\$ <i>-</i>	\$ <i>135.42</i>		
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ <i>-</i>	\$		
17) In-Kind Contributions (CRO-1510)		\$ <i>-</i>	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>48.37</i>	\$ <i>330.55</i>		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>0.00</i>	\$ <i>0.00</i>		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
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)		\$	\$		

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Committee to Elect Mark Horp		7D4855			
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add		Cash	-	01/27/2014	\$ 20.14
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash	-		\$ 10.69
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 30.83
5. Total of ALL CRO-1205 Pages					\$ 30.83
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					

Disbursements

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	
Committee to Elect Mark Hopp						7A4855	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Ashley Bleau For NC House 1310 E. Arlington Blvd, Ste A Greenville, NC 27858				Ashley Bleau for NC House			
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:		\$ 48.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	check	D	04/03/2014	\$ 48.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 0.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 48.00	
6. Total of ALL CRO-1310 Pages						\$ 48.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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)							

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Mark Hopp</u>					2. ID Number <u>7D4855</u>	
3. Payee Information						
a. Amend <input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>check</u>	<u>I</u>	<u>05/28/2014</u>	\$ <u>0.37</u>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$	<u>0.37</u>
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	<u>0.37</u>
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)						



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

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 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:

Committee Name: Committee to Elect Mark Hopp
 Treasurer Name: Mark Hopp
 Treasurer Address: 2736 West Duke Dr
 (include city, state, & zip) Burlington, NC 27217

 Treasurer Phone: (336) 290-3994

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.

05/20/14
 Date Signed

Mark Hopp
 Signature

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