

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

| | |
|--|--|
| 1. Committee Information | |
| a. Full Name Citizens for Barber | c. ID Number ID4X20 |
| b. Mailing Address (include City, State and Zip Code) 1486 N NC Hwy 87 Elon, NC 27244 | d. Date Filed 01-17-2017 |
| | e. Phone Number 336-260-6690 |

01-17-17P12:11 RCVD

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2016 | 3. Period Start Date (mm/dd/yy) 07-01-2016 | 4. Period End Date (mm/dd/yy) 12-31-2016 | 5. Treasurer Full Name Angela B. Qualls |
|-------------------------------|--|--|---|

| | | | | |
|--|---|--|--|---|
| 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 | Municipal | | State/County |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input checked="" type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |

| | | | |
|---|--|---|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Capital Bank | | a. Financial Institution Full Name | |
| b. Purpose Campaign Funds Control | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 1719.68 | | d. Period Begin Balance \$ |

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 _____ 01-17-2017
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 1/17/17 Employee: SH Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: 1/19/17 Employee: JG Hand Delivered

Date Data Entered: _____ Employee: _____ 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, 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) | | 2. Type of Report | | 3. ID Number | |
|--|------------|-------------------------|---------|------------------------------------|----------------------------------|
| Citizens for Barber | | Semi-annual year End | | ID4X20 | |
| Start of Election Cycle: January 1, | | 2015 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | | | \$ 1719.68 | \$ 2469.68 |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | | \$ | |
| 6) Contributions from Individuals | (CRO-1210) | \$ | | \$ | |
| 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) | \$ | | \$ | |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ | 0 | \$ | 0 |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | | \$ | 750.00 |
| 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) | \$ | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ | 0 | \$ | 750.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ | 1719.68 | \$ | 1719.68 |
| 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-2200) | \$ | | \$ | |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | | \$ | |