Disclosure Repor					Amendment Yes No
Use this form for general in Do not use this form to up	report and committee informated	tion, must be	signed and sub	mitted along with	h other detailed forms.
1. Committee Information					
a. Full Name		<u> </u>	<u>n Silvie Augusta</u>	<u> Aling Latin distribution</u>	c. ID Number
The Comm	ritlee to Elec	ct Just	irn Hal	1	504414
b. Mailing Address (include Ci	ty, State and Zip Code)				d. Date Filed
52 5	54 S NC 62				7/12/16 e. Phone Number
Bul	inton, nc 272	15			336-693-0563
2. Report Year 3. Pe	riod Start Date (mm/dd/yy)	4. Period 1 (mm/dd/yy)	End Date	5. Treasurer I	Full Name
2016	3/1/2016		0/2016	Justin	Andrew Hall
6. Type of Committee (C		oe of Report			port from one category)
Candidate Campaign PAC	Party Munici Referendum	pal Organizational	State/C	ounty Organizational	Referendum Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum
Legal Expense Fund 7. Type of Fund (if ap	pplicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Year Year End	_	Semi-annual Mid Year	10. Special Report Name
Cinor.		Final	IH	Year End	To. Special Report Name
8. Number of Fundraiser	s this Report	Special		Final	
0				Special	
11. Account Information			11. Account 1	manager transport to the contract of the contr	
a. Financial Institution Full Na			a. Financial Inst	itution Full Name	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	1		b. I al pose		C. Account Code
	d. Period Begin Balance		07-13-16	P02:42 RC	V D d. Period Begin Balance
	\$ 2064.22				\$
CERTIFICATION					
I certify that the Committe	e or Fund is in compliance wi	th all applica	ble provisions	of Article 22A, 2	22B, & 22D-22M of Chapter 163 of
the NC General Statutes at	nd that no funds are commingled of that I have been trained	led with proh	ibited or other i	non-disclosed fur	nds. I further certify that this report
Justia		i by the NC 3	Daldhi L	etections.	7/12/2016
	ted Name of Signer	Si	gnature of Appoint	ted Treasurer	Date
FOR OFFICE USE ONLY					
Date Received:	7-13-16	Employee:		<u>6</u>	Delivery Method Normal Mail
Date Postmarked:	2.0	Employee:			Registered Mail Hand Delivered
Date Scanned:	7-14-16	Employee:	J	6	Electronically Filed Signer has not received
Date Data Entered:		Employee:	and the same of th		mandatory training
	n cannot be used to amend cor custodian of bo must amend the Statement of	oks informat	ion, or account	information.	ddress, treasurer, assistant treasurer,

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 504UP4 Warter Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 2064.22 \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) 1975,00 \$ 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 300.00 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,11d and 11e) 1975,00 13480,00 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 2122.33 11.458.11 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) \$ 105.00 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 2122.33 563.11 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 1916.89 98. 214 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) \$

				Amendment	
Pg	<u> </u>	of	<u>a</u> _	☐ Yes	☑ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee I	Full Name (and Fun	d if applicable)				2. ID Number
The	Committee	: to Elea	ct c	lusti-	Hell	SDUUPU
3. Type of Dish		e use separate CI	RO-131	forms for	each type of Disl	
Operating Exp		ntributions to Candida	ates/Polit	cal Committee		ordinated Party Expenditures
4. Payee Inform				Add	Remove	
	failing Address & Ph	one		b. Coordinat	ted Committee Name	e d. Comments
(include city, state				-		
HI	rowhend Gray 18 Houston	phics		c. Level Regi	istered (Specify)	
50	18 Houston	ŝt.		Federal	County:	
Gri	eensboro, ne	27401		L State	Municipa	
f. Account Code	L E cD	I. p	T			00.3.00
1. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
	Check	B	31.	3/2016	\$ 523.08	Handout Cards
					\$	
4. Payee Inform				Add 🔲	Remove	
a. Full Name, Mail (include city, sta	ing Address & Phone			b. Coordinat	ed Committee Name	e d. Comments
Th	e Alamance	N		c. Level Regi	stered (Specify)	
	14 W. Elm:	11603		Federal	County:	
	14 W. Elm;	> + .		State	☐ Municipa	lity: e. Election Sum to Date
(-	rahem, NC	27253				\$ 259.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	L A	3/0	14/2016	\$ 259,74	Newspaper Ads
ĺ					\$	
4. Payee Inforn	nation			Add \square	Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	te, & zip)					
<i>C</i> .	1.1 + 11	1				
Ca	ralys! Mau	Utising		c. Level Regis	stered (Specify)	
1 (talyst Adu 4 Mendenha	$(l D_c)$		State	County:	lity: e. Election Sum to Date
Ŵ.	Imington, n	6 28411			Manierpa	
f. Account Code	g. Form of Payment		i Doto (nm/dd/yyyy)	j. Amount	100.00
\		Λ . I di pose Code				k. Required Remarks
	Check		021	18/2016	\$ 400.00	Facebook Advertising
					\$	
5. Total only th	is Page					\$ 1,182.82
6. Total of ALL	CRO-1310 Pages					
	line 13a of Detailed Sum					\$ 2122.33
	line 13b of Detailed Sum					Ψ α.υα. 3-
	line 13c of Detailed Sum				Expenditures)	
7. Purpose Co	odes (List detailed					
A* - Media E - Salaries	B* - Printir	-		ındraising		Another Candidate
I - Postage	F* - Equipr J - Penaltie			itical Party ffice Expen :	H* - Ho	olding Public Office Expenses
O* Other	J - Lenaine	<i>'</i> U	W O	mee Expen	ses Q* - Do	onation to Legal Expense Fund
and the state of t	e detailed explanati	on in required r	emarks	field (k)		
(IDA) 1010						

Disbursements	Dis	sbu	rsem	ents
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				Amendment		
Pg	1	of	<u> ဍ</u>	☐ Yes	K	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number
- The	Committee			Justin			5D4UP4
3. Type of Disb		use separate CR					
Operating Expe		tributions to Candidat	tes/Politic			ordina	ated Party Expenditures
4. Payee Inform			<u> </u>	Add 🔲	Remove		_
	ailing Address & Pho	one		b. Coordinate	ed Committee Nar	ne	d. Comments
(include city, state,				-			
	tion Builde			c. Level Regis	stered (Specify)		
	20 5 Grand	1 Ave		Federal	County		
	nd floor			State	☐ Munici	pality:	e. Election Sum to Date
	s Angeles,						\$ 1194.00
f. Account Code		h. Purpose Code		mm/dd/yyyy)			Required Remarks
\	Desit Card	A	03/	18/2016	\$ 199.00	<u> </u>	Webs!te
	Desit and	A	041	18/2016	\$ 149.00	,	Webslte
4. Payee Inform				Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Nar	ne	d. Comments
(include city, stat	e, & zip)						
\int_{α}	tion Bulld	01		a Level Dogic	-tarad (Engaily)		4
				Federal	stered (Specify) County		-
2,	LOS Grand nel Floor	HUE		State	Munici		e. Election Sum to Date
						<u> </u>	
	s Angeles, (, 			•	- ,	\$ 1194.00
f. Account Code		h. Purpose Code		mm/dd/yyyy)			Required Remarks
	Debit Card	A	5/1	7/2016	\$ 199.00	,	Webslte
_\\	Desit Card	A	610	7/2016	\$ 199.00	1 (Website
4. Payee Inforn	nation			Add	Remove		
a. Full Name, Maili	ing Address & Phone		-	b. Coordinate	ed Committee Nar	ne	d. Comments
(include city, stat	te, & zip)						
n,	· ~.	. 4		T : "I D	1 1 (0		4
Durli	ston Times S. Main St	Mews		Federal	stered (Specify) County		-
707	S. Main St			State			e. Election Sum to Date
	ston, nc 2					<i></i>	
							\$ 4817.72
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. R	Required Remarks
	Obbit Card	<u> </u>	6/1	0/2016	\$ 143.51		lewspaper Ads
					\$	\top	The state of the s
5. Total only th	is Page						\$ 939.51
	CRO-1310 Pages						121131
I the second second	line 13a of Detailed Sum	mary Page CRO-11	nn if One	oratina Eynensa	oe 1		2102 27
	line 13b of Detailed Sum					m)	\$ 2122.33
_	line 13c of Detailed Sum					•••,	
	odes (List detailed	<u></u>				100	
A* - Media	B* - Printir			undraising	D - To	Ano	other Candidate
E - Salaries	F* - Equipr	U		litical Party			ng Public Office Expenses
I - Postage	J - Penaltie	es	K* - O	Office Expen			tion to Legal Expense Fund
O* Other	ور به مناه						
* Codes requir	e detailed explanati	on in required r	emarks	s field (k)			

		rom Individua		Pg		3	Amendment Yes No
		individual contributione (and Fund if app		ontributions und	er \$50 it form Ch	_	1205 is not used ID Number
7	_			11.1/		1	
3 Cont	tributor Informa	nitlee to a	clect dus			7	5 9 44P4
	ame, Mailing Addre			Add Rei	move	la c	Comments
	de city, state, & zip)					u. C	Offinents
					is Ocone]	
	Brad K	OWI		c. Employer's Nar	ne/Specific Field	-	
	Brad K.	-850		Carolina	Hoslin	e. E	lection Sum to Date
		1, nc 27216	,	COD A MAN	11.5.57	\$	200,00
f. Prior		h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy		k. Amount
	1	Check			3/30/2016		\$ 200.00
							\$
							\$
3. Cont	ributor Informa	ition		Add Rer	move	77.	
	ame, Mailing Addres	ss & Phone		b. Job Title/Profes	ssion	d. C	omments
(inciua	le city, state, & zip)			Funera	1 Oinctor		
	Vames	Lowe		c. Employer's Nan	ne/Specific Field		
	2255 L	N Front St.		Lowe Fu	inval (tone	e. El	lection Sum to Date
	Bullaston	, nc 27215	,			\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	(Check			3/30/201	۵,	\$ 100.00
							\$
							\$
	ributor Informa			Add Ren			
ĺ	nme, Mailing Addres e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Co	omments
				Bushess	Own	ı	
	San t	-kint		c. Employer's Nam	ne/Specific Field	l	
	1218 6). May 13 St.		Hant El	,	a FL	ection Sum to Date
	Bulliston	-lunt D. Davis St. I, MC 27215	:	Man' C'	SCN,C		***
f. Prior		h. Form of Payment		47		\$	1500.00
	g. Account Code		i. In-Kind Descript	tion	j. Date (mm/dd/yyyy		k. Amount
		Check			3/30/20	16	\$ 1500.00
							\$
	**************************************						\$
	al only this Pa					\$	1800.00
		O-1210 Pages	CPO 1100\			\$	1975.00

Cont	tributions fi	rom Individua	ıls	n.	2 or <u>3</u>	Amo	endment
Use thi	is form to report i	individual contributio	ons over \$50 or c	ontributions und	ler \$50 if form CR	RO 1205	Yes No No is not used
1. Con	umittee Full Nan	ne (and Fund if app	licable)	in the second		2. ID N	umber
		imittee to	Elect Ou	istin Hall		56	14UP4
	tributor Inform				move		
	Vame, Mailing Addr de city, state, & zip)			b. Job Title/Profe	ession	d. Comm	ents
(metal	ue city, state, & zip)			Retino	/		
:	Diane	Landis		c. Employer's Na	me/Specific Field		
	608 n	. Laloma A				e. Electio	n Sum to Date
		y Paric, AZ 8				\$ (50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. A	mount
	\	Check			3/30/201	6 \$	50.00
						\$	
						\$	
3. Cont	tributor Informa	ation		Add Rei	move		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. Commo	· · · · · · · · · · · · · · · · · · ·
(includ	de city, state, & zip)			CE			
	١ .						
(John H	014, Us		c. Employer's Nar	ne/Specific Field		
	2915 Av.	nfield Dr.		Dyna Var		e. Election	n Sum to Date
,	Burliston,	nc 27215		7714 147		ф.	15.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy)		mount
	1	Check			3/30/20		
						\$	
						\$	
	ributor Informa	AND THE RESERVE OF THE PARTY OF		Add Rer	nove		
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Comme	ents
(includ	le city, state, & zip)			Business	0		
	Russel	Wilson Front St.		c. Employer's Nan			
	2714 W.	Front St.		a -	,	Fil 4	
	Bulling	·, nc 2721	-	Pro Fee	<i>†</i>	e. Election	n Sum to Date
f. Prior		h. Form of Payment		# on	L D.4. (/17/		0.00
	5. Account Coue		i. In-Kind Descrip	11011	j. Date (mm/dd/yyyy		nount
	(Check			3/30/201	6 \$	25.00
		Check			3/30/201	6 \$	25.00

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

125.00

1975.00

\$

Contributions from Individuals

Pg	3	of	3	Ame	endmei Yes	nt ☑ No
s under	\$50 if	form	CRO	1205	is not	used

		individual contributio		ontributions und	er \$50 if form CI		
1. Com	mittee Full Nan	ne (and Fund if appl	licable)			2. I	D Number
		ite to E	lect ous			٢	5D4UPU
	tributor Informa lame, Mailing Addre	·			move	T. 6	
	ame, Mailing Addre de city, state, & zip)			b. Job Title/Profes	ssion	d. C	omments
`.	Machael	Holt		Fl nance c. Employer's Nan			
	1907 5	ounnybrook D)c.	Buckenes S	Steel	e. EJ	lection Sum to Date
	Burlisto-	n, Mc 2721	15		,, ,	\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
	1	Check			3/30/201	6	\$ 50.00
							\$
							\$
	tributor Informa	The second secon			move		
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profes	ssion	d. Co	omments
(11111000	etty, state, et mp,			-	!		İ
			ĺ	c. Employer's Nan	ne/Specific Field		
			I		!	a El	ection Sum to Date
			ĺ		1		ection sum to wate
n Dalay	Code	Is a constant	T		· · · · · · · · · · · · · · · · · · ·	\$	
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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	ributor Informa				move		
	ame, Mailing Addre le city, state, & zip)		!	b. Job Title/Profes	sion	d. Co	omments
	, v., , v., , , , , , , , , , , , , , ,						
			<u> </u>	c. Employer's Nam	ne/Specific Field	-	
			,			e. El	ection Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	otion	j. Date (mm/dd/yyy	Ľ.	k. Amount
		-		HV.	J. 17400 (3,	\$
[]	[\dashv	
	ļ					\dashv	\$
Ц							\$
	al only this Pa					\$	50.00
100 100 100 100 100 100 100 100 100 100		RO-1210 Pages of Detailed Summary Pa	77 6 40			\$	1975.00