Dicaloguro Donort Cover			Amendment
Disclosure Report Cover	as information mu	est to signed and submitted al	ong with other detailed forms
Use this form for general report and committed Do not use this form to update information.	ee miormanon, mu	ist be signed and sublificed at	ong with other detailed forms.
1. Committee Information			
a. Full Name			c. ID Number
	1 , 1/	, /	5DOUD!
The Committee to Elect	Vustla Hal	1	304054
b. Mailing Address (include City, State and Zip Code	e)		d. Date Filed
5254 nc Hwy 6 Bullyton, nc 27	025		12/17/15
Bullington, nc 2-	2215		e. Phone Number
3 47.10	76213		336-693-0563
2. Report Year 3. Period Start Date (mm/do	l/yy) 4. Period En	nd Date (mm/dd/yy) 5. Treasu	irer Full Name
2015 12/17/15	12/3	1/15 Just	tin Hall
6. Type of Committee (Check One)	9. Type of Repor	rt (check only one type of re	
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendum	Organizational	Organizational	Organizational
Independent Expenditure Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary	First	Final Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-election	Second Third	Supplemental Final Annual
Booster Fund (trappitcable, check one)	Pre-runoff Semi-annual	Fourth	Special
Building Fund	Mid Year	Semi-annual	Special
Dunaing runa	Year End	Mid Year	10. Special Report Name
Other:	Final	Year End	To. Special Report Flame
8. Number of Fundraisers this Report	Special	Final	
0		Special	
11, Account Information	1	11. Account Information	
a. Financial Institution Full Name	SET OF SET	. Financial Institution Full Name	AS VALUE OF PASS TO STOCK TO STOCK TO STATE THE STOCK STATE OF THE STOCK STATE OF THE STATE OF T
American National Bank			
b. Purpose c. Account Co	ode b	o. Purpose	c. Account Code
	ì		
d. Period Beg	in Balance		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.

Dustin Hall
Printed Name of Signer

OR OFFICE USE ONLY
Date Received:

Delivery Method

FOR OFFICE USE ONLY	Y		O11	
Date Received:	12/28/15	Employee:	WH	Delivery Method Normal Mail
Date Postmarked:		Employee:		Registered Mail Hand Delivered
Date Scanned:	1/6/2016	Employee:	UG	Electronically Filed
Date Data Entered:		Employee:		Signer has not received mandatory training
	of the control of the	the State of the Annual Control of the State		sagnas control constitution con control and a traction of the control and the

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.

CRO-1000

NC State Board of Elections

RECEIVED

August 2008

DEC 2 8 2015

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
The Committee to Elect Justin Hall	Organi		5 D44P4
Start of Election Cycle: January 1,	_	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	·	\$	\$
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 305.00	\$ 305.00
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	William Inc. of the Control of the C		
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)	\$	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 114.60	\$ 114.60
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, 13	5, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub ADDITIONAL INFORMATION	tract line 18)	\$ 190.40	\$ 190.40
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-1720)	\$	
26) Forgiven Loans	(CRO-1/10)		
$\frac{1}{2} \left(\frac{1}{2} \left$	(CRO-2220)	\$	\$
	(CRO-1215)	\$	\$
-o,	,	Ψ	Ψ

		ndividual contributio		ontributions und	er \$50 if form Ck	(O 12	Number
1. Committee Full Name (and Fund if applicable)						140000000000000000000000000000000000000	Number
	NAME OF TAXABLE PARTY.		THE RESERVE TO SECURITION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AD	ORGANIST POST CONTRACTOR CONTRACTOR CONTRACTOR IN		5	D44P4
KESMOREWAYS HAVE	ributor Informa	SANCER CONTROL OF THE PARTY OF		NAME OF TAXABLE PARTY OF TAXABLE PARTY.	move	la co	mments
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profe		a. Co	mments
	Justin Ha	. (Office V	,		1
				c. Employer's Na			
	5254 NCH			MarkHo	all Electric,	e. Ele	ection Sum to Date
	Burlington,	nc 27215			Inc	\$	305,00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy)	k. Amount
	Pusonal	Check			12/17/15		\$ 105.00
	1	Online Transfor			12/18/15	-	\$ 200.00
							\$
3. Cont	ributor Informa	ation		Add Re	move		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ession	d. Co	omments
(includ	e city, state, & zip)			_			8.7
			*	c. Employer's Na	me/Specific Field		
						o Tri	ection Sum to Date
						300000000	ection sum to Date
All the second second		*				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
		¥ ²					\$
							\$
							\$
3. Cont	ributor Inform	ation		Add Re	emove		
	ame, Mailing Addr			b. Job Title/Prof	ession	d. C	omments
(includ	le city, state, & zip)						
E 100 00 00 00 00 00 00 00 00 00 00 00 00				c. Employer's Na	me/Specific Field		
March Company			11			-0.	Ladin Com to Data
and forthwhile						2000-000	lection Sum to Date
ALTON CONTRACTOR AND					w g	\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	ууу)	k. Amount
							\$
							\$
							\$
4. To1	al only this P	age		21.		\$	305.00
5. Tot	al of ALL Cl	RO-1210 Pages	GP 2-200			\$	305.00
(This l	ine must be on line	6 of Detailed Summary I	Page CRO-1100)			186	

Contributions from Individuals

Amendment

☐ No

Yes

Disbursen	nents					Amendment	1
		from the commit	tee for c	operating exi	Pg of penses contributi	Yes UN ions to candidate/political	10
committees and	l coordinated party ex	penditures		poruting on		ions to candidate portion	F 5000000000000
<i>\(\mu_i\)</i>	2	<i>a</i> .				2. ID Number	
The a	maittee to a	elect Unst	In H	le //		5 D4UP4	
	hnosement (Mease	the state of the s		on the higgs of the Processing of	A LIA TO THE PROPERTY OF THE PARTY OF THE PA	ursements)	
Operating Ex		tributions to Candid	ates/Politi			rdinated Party Expenditures	of water the
A STANK A MEDICAL SACREMENT OF THE SECOND	nguon Jailing Address & Ph	one	لاست		Resintation ed Committee Name	d. Comments	
(include city, state	•	one		b. Coor umat	ed Committee Hame	e d. Comments	
Ala.	Mance Co Boo	ad of Elect	00.15	Federal	stered (Specify) X County:		
610	S. Maple St. Cham, MC 27	523		State	Municipa	lity: e. Election Sum to Date	
						\$ 105.00	
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amount	k. Required Remarks	
Personal	Check	0	12	1/17/15	\$ 105.00	Filing Fee	
					\$		
4. Payee Infor	mation			Ayadi 🔲	Remove.		
	ling Address & Phone				ed Committee Name	d. Comments	
(include city, sta	ite, & zip)						
Had	" 1 Class Cl			c. Level Regi	stered (Specify)	_	
100	and Clark Cl	rece Ordans		Federal	County:		
	iss La Can	tera Mulsoy	,	State	☐ Municipa	lity: e. Election Sum to Date	
240	Antonio, TX	78256				\$ 19.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks	
\\	Money Transfer	K	12	18/15	\$ 19.60	Ordering Checks	
-	•			•	\$	<u> </u>	
4. Payee Infori	nation			Adil I	Remove	l Martin de la companya	WYN)
	ling Address & Phone			The state of the s	ed Committee Name	SERBING ENVIOLENCE AND TOWNS OF STATES AND S	Art M. Marie
(include city, sta	ite, & zip)						
				c. Level Regis	stered (Specify) County:		
				State	Municipal	lity: e. Election Sum to Date	
				<u> </u>		\$	
	т	I		L			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	**	k. Required Remarks	
			ļ		\$		
					\$		
5. Total only th	ift Page		ie in califor			\$ 114.60	
6. Total of ALI	cerosikimiragas						
	(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
	line 13b of Detailed Sum					\$ 114.60	,
	line 13c of Detailed Sum				Expenditures)		. Alexander
7. Purposeic A* - Media	্রিটি ও ((ভিন্ন বিজ্ঞাতিন)				<i>L</i> —	Another Condidat	
E - Salaries	B* - Printir F* - Equip			indraising itical Party		Another Candidate Olding Public Office Expen	1565
I - Postage	J - Penaltie			ffice Expen		onation to Legal Expense F	
O* Other				-	-	<i>6</i>	
* Codes requir	re detailed explanati	omin required r	emarks	field (k)		Secretaria de la composición de la properción de la prope	10 mg