Disclosure Re <sub>l</sub>	• A					Yes No		
	eral report and committee in	ıformati	on, must be s	signed and	submitted along with	h other detailed forms		
	to update information							
1. Committee Infor	rmation					c. ID Number		
D.J. Haire Election	Campaign				Alabara Billian Lar	E9Y038		
D.J. Hune Election	Cumpuign					1571030		
b. Mailing Address (inc	clude City, State and Zip Code)					d. Date Filed		
709-17-Filter Plant						10-30-17		
Fayetteville, NC 2	8301							
						e. Phone Number		
2. Report Year	Report Year 3. Period Start Date (mm/dd/yy) 4. Period I (mm/dd/yy)			End Date	5. Treasurer	Full Name		
2017	09-27-17		10-	-23-17	Albert M. Edwa	ards, Jr.		
6. Type of Commit	tee (Check One)	9. Ty	e of Report	(checi	k only one type of re	port from one category)		
Candidate Campaign	Party	Munici	pal	Sta	ite/County	Referendum		
Joint Fundraiser	PAC	П	Organizational		Organizational	Organizational		
Referendum		_	Thirty-five day		Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)		Pre-primary		First Plus	Final		
"Booster Fund"		X	Pre-election		Second	Supplemental Final		
Building Fund			Pre-runoff		Third Plus	Annual		
	ty Financing Fund		Semi-annual		Fourth	Special		
	ction Year Candidates Fund		Mid Year	_	Semi-annual			
=	paign Financing Fund		Year End	-	Mid Year	10. Special Report Name		
Other:		H	Final		Year End			
8. Number of Fund	Iraisers this Report		Special		」 Final			
	8				Special			
11. Account Inform	A 2-200 (C-200 A)				int Information			
a. Financial Institution First South Bank	Full Name			a. Financial Institution Full Name				
b. Purpose	c. Account Code	17.7	The M	b. Purpose	Tracks a	c. Account Code		
Campaign	0							
	0	l						
	d. Period Begin Balance	e	WITTON IN BY			d. Period Begin Balance		
	\$ 3908.86					\$		
CERTIFICATION		AsynY.		y=(07)(4)+i/a				
		with all	provisions o	f Article 22	A, including that no	funds are commingled with funds for a		
		is repo	rt is complete	, true and c	orrect and that I hav	ye been trained by the NC State Board of		
	to Article 163.278.9(k). Edwards, Jr.		A	11. 17	W. Volume	10-30-17		
Albeit W.	Printed Name of Signer			ignature of Ap	pointed Treasurer	Date		
FOR OFFICE USI	E ONLY							
Date Received:	FRARIN	層匠	Employee:		4	Delivery Method		
Date Received:	MEGLETA		Employee:			Normal Mail		
Date Postmarke	edi VI		Employee:			Registered Mail		
	OCT 3 0 201			-		Hand Delivered		
Date Scanned:		1	Employee:			Electronically Filed		
						Signer has not received mandatory training		
Date Data Ente	red:	et eternie et et	Employee:	55 Y <u>-</u>		manuatory training		

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report					
D.J. Haire Election Campaign	Pre-Election		E9Y0	038		
Stant of Floation Cycle: Yoursen 1		Total this		Total this		
Start of Election Cycle: January 1,		Reporting Perio		Election Cycle		
4) Cash on Hand at Start		\$ 390	8.86	\$ 0.00		
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$		
6) Contributions from Individuals	(CRO-1210)	\$ 15	0.00	\$ 3175.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$ 500.00		
9) Loan Proceeds	(CRO-1410)	\$ 599	0.66	\$ 9906.79		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$ 200.00		
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	.07	\$ .14		
11b) Contributions from Not-for-Profit Organizat	cions (CRO-1250)	\$		\$		
11c) Outside Sources of Income	(CRO-1250)	\$		\$		
12) TOTAL RECEIPTS		\$ 614	10.73	\$ 13781.93		
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)						
EXPENDITURES						
13) Disbursements			rements.			
13a) Operating Expenditures	(CRO-1310)	\$ 550	)4.39	\$ 9236.73		
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$		\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$		
14) Loan Repayments	(CRO-1420)	\$		\$		
15) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$		
16) In-Kind Contributions	(CRO-1510)	\$		\$		
17) TOTAL EXPENDITURES		\$ 550	)4.39	\$ 9236.73		
(Add lines 13a, 13b, 13c, 14, 15, and 16)				Selection (Selection) (2000) (200)		
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 454	15.20	\$ 4545.20		
ADDITIONAL INFORMATION						
19) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
20) Outstanding Loans (incl. ones from other campaignees)	gns) <i>(CRO-1430)</i>	\$ 990	06.79			
21) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
22) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
23) Account Transfers Within the Committee	(CRO-1720)	\$				
24) Administrative Support	(CRO-1710)	\$		\$		
25) Forgiven Loans	(CRO-1440)	\$		\$		
26) 48-Hour Notice Reports Sum		\$		\$		

Contrib	outions from	Individuals idual contributions over	or \$50 /	or contrib	Pg		f ∩ 1205 is not		No No
		and Fund if applicab		or contino	ations under	φου ii ioiiii eix	2. ID Nun	nber	
	e Election Campai		,10)					E9Y038	
3. Contri	butor Informatio	on		Add	Rem	nove			
	ne, Mailing Address &			THE RESIDENCE OF THE PARTY OF T	tle/Profession		d. Commen	ts	
	city, state, & zip)			Military	1				
Ron Harri				. Famile	yer's Name/Spo	saifia Field			
1952 Bore				US Ari		eeme Field	_		
rayettevii	lle, NC 28301			007111	,		e. Election S	Sum to Date	
							\$50.00		
8 S S N (V		l p en	1	(lad Danaul	ntlan	j. Date (mm/dd/	100000000000000000000000000000000000000	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i, in-r	Kind Descri	puon			\$ 50	00
	01	Check				10-2	0-17	\$ 30	00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add	Ren	nove			
OF THE OWNER OWNER OF THE OWNER OWN	ne, Mailing Address			E PARTICIPATION	itle/Profession		d. Commen	its	
THE RESERVE OF THE PARTY OF THE	city, state, & zip)			Writer	/ speaker				
Karl Mer				a Emplo	yer's Name/Sp	ecific Field			
	vay Circle ille, NC 28311				nployed	ecine Field			
rayellevi	me, NC 20311						e. Election	Sum to Date	in 1, 1, -1, i
							\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-	Kind Descr	iption	j. Date (mm/dd		90 W 2000 DE 90	
	01	Check				10-2	20-17	\$ 100	0.00
								\$	
								\$	
3. Contr	ibutor Informati	on		Add	Rei	nove			
ATTENDED TO THE RESERVE	me, Mailing Address			b. Job T	itle/Profession		d. Commer	nts	
(include	city, state, & zip)		"XIII						
				c. Empl	oyer's Name/S <sub>I</sub>	pecific Field			
Fayettev	ille, NC 2830						e. Election	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Desci	ription	j. Date (mm/de	l/yyyy)	k. Amount	
	01	Check						\$	
								\$	
								\$	
4. Tota	al only this Pa	ge					\$	150.00	
5. Tota	al of ALL CRO	<b>O-1210 Pages</b>					\$	150.00	
(This lin	ie must be on line 6 oj	f Detailed Summary Page (	CRO-110	0)			1212		1 2007

Use this form to report proceeds from a loan and loan endorser's information	Loan Proceeds		Pg	<u>1</u> of	3 [	Yes No
1. Committée Bull Name (and Fund if applienble)				ion		
3. Lender Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job TitleProfession		The state of the s	at is from an ind			
Add   Remove				Mag. a 1981 days of	2. ID Num	
8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  8. Full Name, Malling Address & Phone (include city, state, & zip)  9. Job TitleProfession  4. Percentage  9. Job TitleProfession  9. Job TitleProfession  1. Semployer's Name/Specific Field  2. Semployer's Name/Specific Field  3. Semployer's Name/Specific Field  4. Semployer's Name/Specific Field  5. Semployer's Name/Specific Field  6. Semployer's Name/Specific F	D.J. Haire Elect	ion Campaign				E9Y038
Ginclude city, state, & zip   Filter Plant   Dr.   Fayetteville, N. C. 28301   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address & Phone (include city, state, & zip   Fall Name, Mailing Address &	3. Lender Informatio	n	Add			Remove
D.J. Haire   709-17 Filter Plant   Dr.   Fayeteville, N.C. 28301   S. Employer's Name-Specific Field   10-04-17   10-0	a. Full Name, Mailing Add	ress & Phone	b. Job Title/Pro	fession	Name of the Party	d. Comments
Rate   N.   28301	(include city, state, & zip	o)	Self-er	nployed		
Fayetteville, N.C. 28301		,				
Rate	ENAMES SOUTH IN PORTION SOUN					
Rate	Fayetteville, N.	C. 28301	c. Employer's N	ame/Specific Field	tal	10-04-17
Rate						
						f. End Date (mm/dd/yyyy)
1.   Cash	g. Rate	ACT CONTROL OF THE PROPERTY OF	i. Account Code	j. Form of Payn	nent	k. Amount
4. Endorsers/Makers (The people who guarantee the loan)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession	0.00 %	Unsecured	01	cash		\$ 180.00
4. Endorsers/Makers (The people who guarantee the loan)  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession	I. Full Name of Lending In	stitution			m, Loar	1 Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  d. Percentage c. Amount  self-employed  d. Percentage c. Amount  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount		active costs process				g, digentered description
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  d. Percentage c. Amount  self-employed  d. Percentage c. Amount  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount				es abasines din de ricare		
(include city, state, & zip)    A Percentage   C. Amount						1 N (0 15 F) 11
d. Percentage c. Amount  **A S  **a. Full Name, Mailing Address & Phone (include city, state, & zip)  **Description**  **Desc					c. Empi	oyer's Name/Specific Field
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  d. Percentage c. Employer's Name/Specific Field  d. Percentage c. Amount  d. Percentage c. Amount  d. Percentage c. Amount  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Employer's Name/Specific Field  finclude city, state, & zip)  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount	(include city, state, & zij		Sell-	-employed		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  d. Percentage c. Employer's Name/Specific Field  d. Percentage c. Amount  d. Percentage c. Amount  d. Percentage c. Amount  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Employer's Name/Specific Field  finclude city, state, & zip)  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount						
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  d. Percentage c. Employer's Name/Specific Field  d. Percentage c. Amount  d. Percentage c. Amount  d. Percentage c. Amount  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Employer's Name/Specific Field  finclude city, state, & zip)  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount						
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  d. Percentage c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount			d. Percentage		e. Amou	int
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  d. Percentage c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage c. Amount				%	s	
(include city, state, & zip)  d. Percentage e. Amount % \$  a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage  d. Percentage e. Amount						
d. Percentage c. Amount  4. Percentage c. Amount  8. S  a. Full Name, Mailing Address & Phone (include city, state, & zip)  4. Percentage c. Amount  4. Percentage c. Amount  5. Job Title/Profession c. Employer's Name/Specific Field  6. Percentage c. Amount  6. S  a. Full Name, Mailing Address & Phone (include city, state, & zip)  6. Job Title/Profession c. Employer's Name/Specific Field  6. Percentage c. Amount  6. Percentage c. Amount			b. Job Title/F	rofession	c. Empl	oyer's Name/Specific Field
a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession c. Employer's Name/Specific Field  d. Percentage c. Amount  %  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage e. Amount	(include city, state, & zij		10.5			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession c. Employer's Name/Specific Field  d. Percentage c. Amount  %  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage e. Amount						
a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession c. Employer's Name/Specific Field  d. Percentage c. Amount  %  a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession c. Employer's Name/Specific Field  d. Percentage c. Amount  c. Employer's Name/Specific Field  d. Percentage e. Amount						
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  where the state is a state in the state in the state is a state in the state in the state is a state in the state in the state is a state in the state in the state in the state is a state in the state in the state in the state is a state in the			d. Percentage		e, Amoi	int
(include city, state, & zip)  d. Percentage c. Amount  %  a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  d. Percentage c. Amount  d. Percentage c. Amount  d. Percentage c. Amount				%	\$	
d. Percentage c. Amount  % \$  a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage c. Amount  b. Job Title/Profession c. Employer's Name/Specific Field  d. Percentage c. Amount	a. Full Name, Mailing Add	ress & Phone	b. Job Title/P	rofession	c. Empl	oyer's Name/Specific Field
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage  e. Amount	(include city, state, & zip	)				
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage  e. Amount						
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage  e. Amount						
a. Full Name, Mailing Address & Phone (include city, state, & zip)  d. Percentage  e. Amount			d. Percentage		e. Amoi	int
a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession c. Employer's Name/Specific Field  d. Percentage e. Amount				0/2	9	
(include city, state, & zip)  d. Percentage e. Amount						
d. Percentage e. Amount			b. Job Title/F	Profession	c. Empl	oyer's Name/Specific Field
	(include city, state, & Zij					
			d. Percentage		e, Amoi	unt
%   \$			ur er centage			
				<u></u> %	2	
5. Total of ALL CRO-1410 Pages  (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$	

D.J. Haire Election Campai	ompany each loan tha		idual	3 LID Numb	
A loan proceeds statement must acc  1. Committee Full Name (and Fundament D.J. Haire Election Campai  3. Lender Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  D.J. Haire	ompany each loan tha	t is from an indiv	idual	ID Numb	
1. Committee Full Name (and Fund Fund). Haire Election Campais  3. Lender Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  D.J. Haire	and if applicable)	Add		ID Numb	
3. Lender Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  D.J. Haire	gn				
a. Full Name, Mailing Address & Phone (include city, state, & zip) D.J. Haire					E9Y038
(include city, state, & zip) D.J. Haire		h Joh Title/Profes			Remove
D.J. Haire	at March Hard M				d. Comments
		Self-emp	oloyed		
10) III I III I I IIII BII					e. Start Date (mm/dd/yyyy)
Fayetteville, N.C. 28301		e. Employer's Nan	ne/Specific Field		10-12-17
					f. End Date (mm/dd/yyyy)
g. Rate h. Security I		i. Account Code	j. Form of Paymen	ıt	k. Amount
0.00 % Uns	secured		paid expenses		\$ 5230.66
I. Full Name of Lending Institution			="To2= 15. 5(m/d) 2:	m. Loan	Number
4. Endorsers/Makers (Table 2)	he people who guarantee th	ne loan.)			
a. Full Name, Mailing Address & Phone		b. Job Title/Pro	ofession	c. Emplo	yer's Name/Specific Field
(include city, state, & zip)		Self-e	mployed		
		d. Percentage	Je Wart et al. 17	e. Amou	nt
			%	\$	
		I I I mid m	,		1 N /0 /6 P'-13
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Pro	Diession	c. Empio	oyer's Name/Specific Field
(11111111111111111111111111111111111111					
		d. Percentage		e. Amou	nt
			%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/Pro	ofession	c. Emplo	oyer's Name/Specific Field
(include city, state, & zip)			**************************************		• And the state of
		d. Percentage		e. Amou	nt
			%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/Pro	ofession	c. Emplo	oyer's Name/Specific Field
(include city, state, & zip)					•
		d. Percentage		e. Amou	nt
			%	\$	
5. Total of ALL CRO-1410	Dogos	Sub-State Control			

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

Loan Proceeds

Pg 3 of 3 Yes No

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

	Name (and Fund if applicable) ection Campaign		2. ID Number E9Y038					
2 I Informat		Add				Remove		
3. Lender Informat a. Full Name, Mailing A		b. Job Title/Pi	ofession			d. Comments		
(include city, state, & D.J. Haire 709-17 Filter	zip) Plant Dr.	Self-6	employed			e. Start Date (mm/dd/yyyy)		
Fayetteville,	N.C. 28301	c. Employer's	Name/Specific F	ield		f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged	i, Account Code	j. Form of	f Paymen	t	k, Amount		
0.00 %	Unsecured	01				\$ 580.00		
I. Full Name of Lending	Institution		of Agens	May 21	m. Loa	n Number		
		A SA SA MARINE						
4. Endorsers/Make		b. Job Title	/Duo fossion		o Emn	loyer's Name/Specific Field		
a. Full Name, Mailing A (include city, state, &			If-employed		C, Emp	noyer's Name/Specific Ficia		
		d. Percenta	ge		e. Amo	ount		
				%	\$			
a. Full Name, Mailing A (include city, state, &		b. Job Title	b. Job Title/Profession c. Emp			oloyer's Name/Specific Field		
		d. Percenta	ge		e. Amo	ount		
				%	\$			
a. Full Name, Mailing A (include city, state, &		b. Job Title	b. Job Title/Profession c. Em			oloyer's Name/Specific Field		
		d. Percenta	mo.		e, Amo	nunt		
		u. rercenta	g.	%	\$	N. I.		
a. Full Name, Mailing A (include city, state, &		b. Job Title	b. Job Title/Profession c. Em			oloyer's Name/Specific Field		
			No. 11	7	25			
		d. Percenta	ige	NUCL I	e. Amo	ount		
			%			\$		
	CRO-1410 Pages line 9 of Detailed Summary Page CRO-	1100)			9	5990.66		

## Other Receipt Sources Pg

			Am	Amendment					
Pg	1	of	<u>ı</u> 🗆	Yes	$\bowtie$	No			

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee F DJ Haire Election	'ull Name (and Fund i on Campaign	f applicable)		2	. ID Number
2 m		(DI	250 6	Constant to the Constant	December Courses
3. Type of Rece	ipt Source	(Please use separate CRO-1  Contributions from Not-for			Outside Sources of Income
4. Contributor	Information	Add	-1 Tollt Orgal	Remove	
The second secon	ing Address & Phone		b. Not-fo	r-Profit Federal ID#	d. Comments
(include city, sta				7 3 30 5 00 5 5 2 5 5 10 10 3 2 5 10 10 10 10 10 10 10 10 10 10 10 10 10	
First South Ban					
705 Executive I			_	e Source Explanation	9 B
Fayetteville, NO	28305		bank in	nterest	
					e. Election Sum to Date
					\$ 0.14
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount
01	Cash			09-30-17	\$ 0.07
					\$
4. Contributor	Information	Add		Remov	e
THE RESERVE OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AN	ing Address & Phone		b. Not-fo	or-Profit Federal ID #	d. Comments
(include city, sta	te, & zip)				
			c. Outsid	le Source Explanation	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	
					\$
					\$
4. Contributor	Information	Add		Remov	e
a. Full Name, Mail (include city, sta	ing Address & Phone te, & zip)		b. Not-fo	or-Profit Federal ID#	d. Comments
			c. Outsid	le Source Explanation	1 L
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h, In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount
					\$
					\$
5. Total only	this Page				\$ 0.07
(This line goes in (This line goes in	ı line 11b of Detailed Summ	ges ary Page CRO-1100 if Interest) ary Page CRO-1100 if Not-for-Profit C ary Page CRO-1100 if Outside Sources			\$ 0.07

disburseme					g	l of		Yes	$\boxtimes$	No
se this form to	report expenditures fr	om the committee	e for; o	perating expens	ses, c	ontributions to o	andidate	e/political		
	coordinated party expe				A	The State of the S	COLOR TO HE	2. ID Numb	er	
D.J. Haire Elect	Full Name (and Function Campaign	і п аррисавіе)							E9Y038	
3. Type of Dish		se use separate C	CRO-13	310 forms for ed	ach t	pe of Disburser	ment.)			
Operating l		Contributions to Car						d Party Expenditu	ıres	
4. Payee Inform	mation		Add			Remove				
a. Full Name, Mai	ling Address & Phone		b. Co	ordinated Commit	ttee Na	ame	d. Co	omments	FTOX	
include city, state	, & zip)		4							
Logo Works	on Rd. Suite 105		c. Lev	vel Registered (Spe	ecify)		117			
Fayetteville, N				Federal		County:				
1 ayettevino, 1	.0.20311		ΙĦ	State	Ħ	Municipality:	e. Ele	ection Sum to Da	ite	
				4.2023			\$	132.68		
f. Account Code	g. Form of Payment	h. Purpose Code	1.1	Date (mm/dd/yyyy	y)	j. Amount	k, Re	quired Remarks	3	
01	Check	0		09-25-17		\$ 132.68		npaign buttons		
						\$				
4. Payee Infor	mation		Add			Remove				
	iling Address & Phone		ESTATION.	oordinated Commi	ttee N	United States of States of the Control of the Contr	d. Co	omments		
a. Full Name, Mai (include city, state Walmart 4601 Ramsey S Fayetteville, N	iling Address & Phone e, & zip) St.		b. Co			United States of States of the Control of the Contr	e, Ele	ection Sum to Da	ate	
include city, state Walmart 4601 Ramsey S Fayetteville, N	iling Address & Phone e, & zip) St.	h. Purpose Code	e. Le	oordinated Commi vel Registered (Sp Federal	ecify)	ame County:	e, Ele \$ k, Re	ection Sum to Da 49.65 equired Remark	s	
(include city, state Walmart 4601 Ramsey S	iling Address & Phone e, & zip)  St. I.C. 28311	h. Purpose Code	e. Le	oordinated Commi vel Registered (Sp Federal State	ecify)	County: Municipality:	e, Ele \$ k, Re	ection Sum to Da 49.65	s	
include city, state Walmart 4601 Ramsey S Fayetteville, N	g, Form of Payment		e. Le	vel Registered (Sp Federal State	ecify)	County: Municipality:	e, Ele \$ k, Re	ection Sum to Da 49.65 equired Remark	s	
include city, state Walmart 4601 Ramsey S Fayetteville, N  f. Account Code	g, Form of Payment Check		b. Co	vel Registered (Sp Federal State  Date (mm/dd/yyy)  10-03-17	ecify)	County: Municipality:  j. Amount \$49.65 \$ Remove	e. Ele \$ k. Re Can	ection Sum to Da 49.65 equired Remark npaign supplic	s	
include city, state Walmart 1601 Ramsey S Fayetteville, N  T. Account Code D1  4. Payee Infor a. Full Name, Ma (include city, state)	g. Form of Payment Check Cmation Ching Address & Phone e, & zip)		b. Co	vel Registered (Sp Federal State  Date (mm/dd/yyy	ecify)	County: Municipality:  j. Amount \$49.65 \$ Remove	e. Ele \$ k. Re Can	ection Sum to Da 49.65 equired Remark	s	
include city, state Walmart 4601 Ramsey S Fayetteville, N  f. Account Code 01  4. Payee Infor a. Full Name, Ma	g, Form of Payment Check Charten Check Charten Check C		i. Add	vel Registered (Sp Federal State  Date (mm/dd/yyy)  10-03-17	yy)	County: Municipality:  j. Amount \$49.65 \$ Remove	e. Ele \$ k. Re Can	ection Sum to Da 49.65 equired Remark npaign supplic	s	
include city, state Walmart 4601 Ramsey S Fayetteville, N  Account Code 01  4. Payee Infor a. Full Name, Ma (include city, state JEB Designs I 3452 Black &	g. Form of Payment Check		i. Add	vel Registered (Sp Federal State  Date (mm/dd/yyy; 10-03-17	yy)	County: Municipality:  j. Amount \$49.65 \$ Remove	e. Ele \$ k. Re Can	ection Sum to Da 49.65 equired Remark npaign supplic	s	
include city, state Walmart 1601 Ramsey S Fayetteville, N Account Code O1 A. Payee Informate Full Name, Ma (include city, state) JEB Designs I 3452 Black &	g. Form of Payment Check		i. Add	vel Registered (Sp Federal State  Date (mm/dd/yyy)  10-03-17	yy)	County: Municipality:  j. Amount \$49.65 \$ Remove	e. Ele \$ k. Re Can	ection Sum to Da 49.65 equired Remark npaign supplic	es es	
include city, state Walmart 4601 Ramsey S Fayetteville, N  f. Account Code 01  4. Payee Infor a. Full Name, Ma (include city, state JEB Designs I 3452 Black &	g. Form of Payment Check		i. Add	vel Registered (Sp Federal State  Date (mm/dd/yyy)  10-03-17	yy)	County: Municipality:  j. Amount \$49.65  \$ Remove	e. Ele \$ k. Re Can	ection Sum to Da 49.65 equired Remark npaign supplic	es es	
include city, state Walmart 4601 Ramsey S Fayetteville, N  6. Account Code 01  4. Payee Infor a. Full Name, Ma (include city, state JEB Designs I 3452 Black & Hope Mills, N.	g. Form of Payment Check		i.  Add b. Co	vel Registered (Sp Federal State  Date (mm/dd/yyy)  10-03-17	y)	County: Municipality:  j. Amount \$49.65  \$ Remove	e. Ele \$ k. Re Can d. C	ection Sum to Da 49.65 equired Remark npaign supplice comments lection Sum to D 48.68 equired Remark	es e	
(include city, state Walmart 4601 Ramsey S Fayetteville, N  f. Account Code 01  4. Payee Infor a, Full Name, Ma (include city, state JEB Designs I	g. Form of Payment Check  Chec	0	i.  Add b. Co	vel Registered (Sp Federal State  Date (mm/dd/yyy)  10-03-17	y)	County: Municipality:  j. Amount \$49.65 \$ Remove	e. Ele \$ k. Re Can d. C	ection Sum to Da 49.65 equired Remark npaign supplie omments lection Sum to D 48.68	es e	
include city, state Walmart 4601 Ramsey S Fayetteville, N  f. Account Code 01  4. Payee Infor a. Full Name, Ma (include city, state JEB Designs I 3452 Black & Hope Mills, N.	g. Form of Payment Check	h. Purpose Code	i.  Add b. Co	vel Registered (Sp Federal State  Date (mm/dd/yyy)  10-03-17	y)	County: Municipality:  j. Amount \$49.65  \$ Remove lame  County: Municipality:	e. Ele \$ k. Re Can d. C	ection Sum to Da 49.65 equired Remark npaign supplice comments lection Sum to D 48.68 equired Remark	es e	

7. Purpose Codes (List detailed expenditure code in (h.) above)

A\* - Media B\* - Printing E - Salaries

I - Postage

F\* - Equipment

J - Penalties

C\* - Fundraising G - Political Party

(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

D - To Another Candidate

K\* - Office Expenses

H\* - Holding Public Office Expenses

O\* - Other

Yes

 $\boxtimes$ 

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

1. Committee I D.J. Haire Elect	Full Name (and Fun	d if applicable)			2. ID Number E9Y038
3. Type of Dish		ise use senarate C	RO-1310 forms for each t	one of Dichurces	The state of the s
Operating I			adidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Voice Broadcas					
1527 South Co	oper St.		c. Level Registered (Specify)		
Arlington, Tx 7	6010		Federal	County:	
			State	Municipality:	e, Election Sum to Date
					\$ 42.72
ann an earling		1		1	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
01	Check	О	10-23-17	\$ 42.72	Polling
			-		
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Speediprint	_				
201 Franklin St.	í		c. Level Registered (Specify)		
Fayetteville, N.	C. 28301		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 2371.25
		I D 0 1		1 20 2	Service of the servic
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	loan	О	09-27-17	\$73.97	Campaign cards
	TWICE TO SERVICE TO SE			*********	Campaign mailers & postage
	loan	О	09-27-17	\$2297.28	b8
4. Payee Inform	nation		Add	Remove	<b>用品位为,其由最终的,但由自己的</b> 自己
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Williams Printi	177				_
1033 Bragg Blv			c. Level Registered (Specify)		
Fayetteville, N.	C. 28301		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 2621.38
f. Account Code	g Form of Daymant	h. Purpose Code	i Date (mm/dd/)	i Amount	
i. Account Code	g. Form of Payment	r ui post cout	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks  Campaign mailers
	loan	О	10-12-17	\$1070.00	Campaign maners
			72.12.12	A	Postage for mailers
	loan	О	10-12-17	\$1551.36	
5. Total only th					\$ 5035.33
6. Total of ALI	L CRO-1310 Pages				
(This line goes in	line 14a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		\$
(This line goes in	line 14b of Detailed Sun	mary Page CRO-1100	if Contrib to Candidates/Politica	al Comm)	w .
(This line goes in	line 14c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expenditu	res)	
	les (List detailed ex		3		
A* - Media	B* - Printing	C* - Fun	Ü		other Candidate
E - Salaries	F* - Equipmen		cal Party	H* - Holdi	ng Public Office Expenses
- FOSIMOP	29HIRITER - L	PA 0 I III	THE BATHERISES	LIC - LITHAL	

	<b>nts</b> eport expenditures fi oordinated party exp		e for	Pg; operating expense		3 contributions t	of o candidat	Amendment  Yes No e/political
	ull Name (and Fun							2. ID Number
D.J. Haire Electi	ion Campaign							E9Y038
3. Type of Disb		se use separate (	CRO-	1310 forms for ea	ch t	ype of Disbur	sement.)	
Operating E	xpenses	Contributions to Ca	ndida	tes/Political Committee	S		Coordinate	d Party Expenditures
4. Payee Inform	nation		Ac	id [		Remove		
a. Full Name, Maili (include city, state, Benton Card Co 105 S. Wall St.				Coordinated Committe  Level Registered (Spec		ame	d. Co	mments
Fayetteville, N.	C. 27504			Federal [	7	County:		
1 4) 0110 / 1110, 1 111	0.27501		lF	State	╡	Municipality:	e Ele	ction Sum to Date
			-	James International Internatio				Control of the Contro
							\$ 2	238.05
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks
	Loan	0		10-12-17		\$ 238.05	Sign	S
						\$		
4. Payee Inform	ation		Ac	ld [		Remove		<b>建设建设设施</b>
a. Full Name, Maili	ng Address & Phone	To provide the	b. 6	Coordinated Committe	ee Na	ame	d. Co	mments
(include city, state,	& zip)	يبديب والتبارية						
			c, I	Level Registered (Spec	ify)	County: Municipality:		ction Sum to Date
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	T.	j. Amount	k. Re	quired Remarks
01	Check					\$		
						\$		
4. Payee Inform	ation		Ac			Remove		
a. Full Name, Maili (include city, state,	ng Address & Phone & zip)		b. 6	Coordinated Committe	ee Na	ame	d. Co	mments
			0 Y	Level Registered (Spec	:6.0			
			C. 1	Federal	ny)	County:		
			-	State	╡	Municipality:	o Flo	ction Sum to Date
			-	Jame [		wuncipanty.	\$	Ction Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		quired Remarks
01	Check					\$		
						\$		
5. Total only th							\$	238.05
6. Total of ALL  (This line goes in a	CRO-1310 Pages line 14a of Detailed Sum line 14b of Detailed Sum line 14c of Detailed Sum	mary Page CRO-110	0 if Ca	ontrib to Candidates/Po			\$	5504.39

7. Purpose Codes (List detailed expenditure code in (h.) above)

A\* - Media E - Salaries B\* - Printing

C\* - Fundraising G - Political Party D - To Another Candidate

F\* - Equipment I - Postage J - Penalties

K\* - Office Expenses

H\* - Holding Public Office Expenses

O\* - Other

<b>^</b>			Y
Outsi	tand	ing	Loans

			Amendment				
Pg	1	of		Yes	$\boxtimes$	No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
D.J. Haire Election Campaign				E9Y038		
3. Lender Information	on A	ıa	P			
					1.0	
(include city, state, & zi		b. Job Title/Profession Self-employed		The state of the s	d. Comments	
D.J. Haire		1 3011 0	mproyeu			
709-17 Filter Plant D	r.				e. Start Date (mm/dd/yyyy)	
Fayetteville, N.C. 283	301	c. Employer's Name/Specific Field			-manual resident	
					07-20-17	
					f. End Date (mm/dd/yyyy)	
				1		
a Data	h Consults Bladered		1.0.1.11			
g. Rate h. Security Pledged		i. Original Loan Amount		unt	j. Remaining Loan Balance	
0% %	\$ 1000.00			\$ 1000.00		
k. Full Name of Lending I	nstitution				l. Loan Number	
n/a					n/a	
3. Lender Informatio	on Ad	d	D D	emove		
a. Full Name, Mailing Add			itle/Profession	emove	d. Comments	
(include city, state, & zi		All and St. All assets of rest in	employed		u. Comments	
D.J. Haire		John	omproj cu			
709-17 Filter Plant I	Or.				e. Start Date (mm/dd/yyyy)	
Fayetteville, N.C. 28	301	c. Employer's Name/Specific Field				
					08-29-17	
					f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	ri nankasi	i. Original Loan Amou	ınt	j. Remaining Loan Balance	
	n/a	\$ 2881.46				
AS 30 20					\$ 2881.46	
k, Full Name of Lending Institution				E (VIOUST 6)	l. Loan Number	
3. Lender Informatio	n Ad	d	Re	emove		
a. Full Name, Mailing Add	ress & Phone	b. Job Ti	itle/Profession		d. Comments	
(include city, state, & zij	p)	Self-employed				
D.J. Haire						
709-17 Filter Plant D					e. Start Date (mm/dd/yyyy)	
Fayetteville, N.C. 28	301	c. Emplo	yer's Name/Specific Fiel	d	08-30-17	
				,	f. End Date (mm/dd/yyyy)	
					n and bate (mm/da/yyyy)	
			2.20.00	- N	W. 385 - 967 20 - 355 - 350 90	
g. Rate	h. Security Pledged	Charles	i. Original Loan Amou	nt	j. Remaining Loan Balance	
%	\$ 34.67			\$ 34.67		
k. Full Name of Lending Institution					I. Loan Number	
4 Total only this Dag	0			and the second	¢ 2017-12	
4. Total only this Page 5. Total of ALL CRO-1430 Pages					\$ 3916.13	
	-1450 Fages 21 of Detailed Summary Page CRO	-1100)			\$	

## **Outstanding Loans**

			Amendment				
Pg	<u>2</u>	of		Yes	$\boxtimes$	No	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)				2. ID Number		
D.J. Haire Election Ca	E9Y038					
3. Lender Informatio			Remove	factories de recht des probagos pour probagos.		
a. Full Name, Mailing Add			tle/Profession	d. Comments		
(include city, state, & zi	p)	Self-en	nployed			
709-17 Filter Plant Di				a Stant Date (man/dd/man)		
Fayetteville, N.C. 283	***	Emplo	yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)		
1 4) 0110 1 1110, 1 1101 200		Zinpio	yer symmetopeemerica	10-04-17		
				f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance		
0% %	% n/a		\$ 180.00	\$ 180.00		
k. Full Name of Lending In	nstitution			I. Loan Number		
n/a						
				n/a		
3. Lender Informatio			Remove			
a. Full Name, Mailing Add		Mary Company of the Company	tle/Profession	d. Comments		
(include city, state, & zij	p)	Self e	mployed			
D.J. Haire 709-17 Filter Plant D	\			Start Bate (and IV		
Fayetteville, N.C. 28	200.00	Emplo	yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)		
1 ayettevine, 14.C. 20	301	. Empio	yer s ivame/specific Field	10-12-17		
				f. End Date (mm/dd/yyyy)		
	-					
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance		
0 % n/a			\$ 5230.66	\$ 5230.66		
k. Full Name of Lending In	stitution			l. Loan Number		
3. Lender Informatio			Remove			
3일 HT (1982) HT HE			tle/Profession	d. Comments		
(include city, state, & zip D.J. Haire	0)	Self-e	employed			
709-17 Filter Plant D	ne.			a Start Data (mm/dd/mm)		
Fayetteville, N.C. 28	(S15)	Emplo	yer's Name/Specific Field	e. Start Date (mm/dd/yyyy)		
1 ayono (1110, 1110, 20	301	C. Employer's Name/Specific Field		10-18-17		
				f. End Date (mm/dd/yyyy)		
g. Rate h. Security Pledged			i. Original Loan Amount	j. Remaining Loan Balance		
%			\$ 580.00	\$ 580.00		
k. Full Name of Lending I	I. Loan Number					
4. Total only this Pag	\$ 5990.66					
5. Total of ALL CRO  (This line must be on line	\$ 9906.79					