Disalaguna Danaut Carran		namen	· L	
Disclosure Report Cover		'es	X	No
Use this form for general report and committee information, must be signed and submitted along wit	h oth	er deta	iled	forms.

Do not use this form to update information. 1. Committee Information a. Full Name c. ID Number D.J. HAIRE ELECTION CAMPAIGN 000-E9Y038-0-000 b. Mailing Address (include City, State and Zip Code) d. Date Filed 709-17-FILTER PLANT DRIVE 05/09/2022 FAYETTEVILLE, NC 28301 e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name ALBERT M. EDWARDS JR 2022 04/05/2022 05/02/2022 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) Party X Candidate Campaign Municipal State/County Referendum Joint Fundraiser □ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Pre-referendum Thirty-five day Quarterly (if applicable, check one) X Pre-primary First ☐ Final 7. Type of Fund ☐ Supplemental Final ☐ "Booster Fund" П Pre-election Second ☐ Building Fund Third ☐ Annual Pre-runoff Presidential Election Year Candidates Fund Semi-annual Fourth Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End П Special ☐ Final 8. Number of Fundraisers this Report ☐ Special 0 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name FIRST SOUTH BANK c. Account Code b. Purpose c. Account Code b. Purpose CAMPAIGN 01 d. Period Begin Balance d. Period Begin Balance 7869.18 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 05/09/2022 Albert M. Edwards, Jr. Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail ☐ Registered Mail Date Postmarked: Employee: Mand Delivered ☐ Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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 Use this form to summarize all disclosure reporting forms ar	nd to total mo	netary information		Amendment  Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of Re	port		D Number
D.J. HAIRE ELECTION CAMPAIGN	2022 Pre-Pri	mary	(	000-E9Y038-0-000
Start of Election Cycle: January 1, 2022		Total this Reporting Peri	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 7,950	.03	\$ 7,869.18
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	.00	\$ 115.00
6) Contributions from Individuals	(CRO-1210)	\$ 900	.00	\$ 2,250.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0	.00	\$ 118.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	.00	\$ 0.00
11) Other Receipt Sources	•			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)		.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)		.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)		00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)		00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,		\$ 900		\$ 2,483.00
EXPENDITURES		700.	ŲŪ į	2,405.00
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 920.	00	\$ 2,422.15
13b) Contributions to Candidates/Political Committees	(CRO-1310)		00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)		00	\$ 0.00
   4) Aggregated Non-Media Expenditures	(CRO-1315)	} <del></del>	00	\$ 0.00
15) Loan Repayments	(CRO-1420)		00	\$ 0.00
(6) Refunds/Reimbursements from the Committee	(CRO-1320)		00	\$ 0.00
[17] In-Kind Contributions	(CRO-1510)		00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 920.		\$ 2,422.15
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 7,930.	_	\$ 7,930.03
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.	.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 9,534.	20	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 3,633.	83	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.	00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.	00	
25) Administrative Support	(CRO-1710)	\$ 0.	00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.	00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.	00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.	00	\$ 0.00
CRO-1100 NC State Board	d of Elections			August 2008

## Contributions from Individuals Pg 1 of 2 Amendment No No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	e)			2.	ID Number	
D.J. HA	AIRE ELECTION	N CAMPAIGN				000-E9Y038-0-000		
3. Conti	ributor Informati	on		Add 🔲 I	Remove			
	lame, Mailing Ado			b. Job Title/	Profession	d. C	Comments	355.05.55.55.55.55.55.55.55.55.55.55.55.5
	de city, state, & z	lp)		SELF EMP	LOYED			
	RI ELLIOTT ROOKERYY CT	•		c. Employer	's Name/Specific Field	1		
	ETON, NJ 0855			c. Employer	s mame/specific Field	1		
Mine	LION, NJ 0055	V				e. I	Dection Sum	to Date
						\$		100.00
·		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	01	Check			04/25/2022		\$	100.00
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			1 1111				\$	
3. Cont	ributor Informati	on		Add □ I	Remove			
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(inclu	de city, state, & z	ip)		RETIRED	FINANCIAL	l		
MAUR	ICE ELLIOTT			PLANNER				
699 M	ASTERS DR			c. Employer	's Name/Specific Field	j		
STONI	E MOUNTAIN, (	GA 30087				<u></u>		
						e. I	Dection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	01	Check			04/28/2022		\$	100.00
ļ					V 11 30 2022		•	100.00
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							\$	
	ributor Informati			Add 🔲 I	Remove			
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	ide city, state, & z	ip)		SELF EMP	LOYED			
1	TER ELLIOTT			c Employer	's Name/Specific Field	-		
	IANNON ST MA PARK, MD	20012		SELF	3 Manicospecine Field	1		
IAKO	MATAKK, MD	20912		SELF		e. l	Dection Sum	to Date
						\$		100.00
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	01	Check			04/25/2022		\$	100.00
							\$	
							\$	
4. Tot	l al only this Pa	ge				\$		300.00
AND THE RESERVE OF TH		O-1210 Pages	Curs an Chair St.	E Source On Care		1		
<ul> <li>(6)5500000000000000000000000000000000000</li></ul>		6 of Detailed Summary	Page CRO-1100)			\$		900.00

				Amendment				
Pg	2	of	2		Yes		No	

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number D.J. HAIRE ELECTION CAMPAIGN 000-E9Y038-0-000 3. Contributor Information □ Add □ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BUSINESS OWNER LEONARD HEDGEPATH c. Employer's Name/Specific Field FAYETTEVILLE, NC CALIBER PROPERTIES LLC e. Dection Sum to Date \$ 500.00 f. Prior g. Account Code i. In-Kind Description h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Check 01 04/13/2022 500.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED **BOBBY HILL** c. Employer's Name/Specific Field 5311 BROOKFIELD FAYETTEVILLE, NC 28303 RETIRED e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 01 04/25/2022 \$ 100.00 \$

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

CRO-1210

NC State Bo

4. Total only this Page

5. Total of ALL CRO-1210 Pages

NC State Board of Elections

900.00 April 2007

600.00

\$

\$

\$

Disbursements	Pσ	1	c
	12		·

											Am	en dm	ent	
isbursements							Pg	1_	of	2		Yes	X	No
. 41. 1. C 4	1.	c	.1	•.	c									

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

	Committee Full Name (and Fund if applicable)  O.J. HAIRE ELECTION CAMPAIGN											
3. Type of Disbu	rsement <i>(Please t</i>	ise separate CRO	-1310	forms for each	type of	Disbur	seme	nt.)				
X Operating Exp	enses 🔲 Contr	ibutions to Candidate	es/Politi	cal Committees		Coo	rdinate	ed Party Exp	enditures			
4. Payee Inform	ation			Add □	Remove							
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	l Commi	ttee Na	m e	d. Commer	ıts			
(include city, sta	te, & zip)											
100 BLACK MI	EN WOMEN DAY	PROGRAM							İ			
FAYETTEVILI	LE, NC			c. Level Regist	<del>-</del>							
				Federal		County:						
				☐ State		Aunicip:	ality:	e. Dection	Sum to Date			
								\$	125.00			
5 Assount Code	o Found of Daniel	h Dunness Code	. D. (.	( , , , , , , , , , , , , , , , , , , ,		. 1	l. D.	•				
	g. Form of Payment							quired Rem	arks			
01	Check	0	04	1/19/2022	\$ 12	25.00	DON	IATION				
					\$							
4. Payee Inform	ation		П	Add 🔲	Remove							
	niling Address & Pho	me		b. Coordinated	aran arang penanggangan		m e	d. Commer	ıts			
(include city, sta	-											
D.J. HAIRE												
709-17-FILTER	PLANT DR			c. Level Regist	tered (Sp	ecify)						
FAYETTEVILI				☐ Federal		County:						
	3.5, 1.0 20501			☐ State		Municip	ality:	e. Dection	Sum to Date			
								\$	200.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyvy)	i. Am ou	n t	k. Re	quired Rem	arks			
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V -	CHOOK		0-	112112022		70.00		RKERS	MINITATON			
					\$			THE ITO				
4. Payee Inform	ation			Add 🔲	Remove							
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	d Commi	ttee Na	m e	d. Comme	ıts			
(include city, sta	te, & zip)											
T MOBILE												
FAYETTEVILI	LE, NC 28302			c. Level Regist				ļ				
				Federal Federal		County:						
				☐ State	!	Municip	ality:	e. Election	Sum to Date			
								\$	75.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am ou	nt	k. Re	quired Rem	arks			
01	Draft	K	0-	1/22/2022	\$	75.00	CAN	APAIGN T	ELEPHONE			
					\$							
5. Total only thi	s Page	I						\$	400.00			
er og en skalende og en	CRO-1310 Pages							-				
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	in line 13a of Detailed S in line 13b of Detailed S					litical C	onen)	\$	920.00			
	in line 13c of Detailed S		-				omm)					
7. Purpose Codes (List detailed expenditure code in (h.) above)												
A* - Media	B* - Printir	ıg	C* - I	undraising	]	D - To	Anot	her Candid	ate			
E - Salaries	F* - Equipm	ent	G-Po	litical Party	j	H* - H	olding	g Public Of	fice Expenses			
I - Postage	J - Penaltie	es .	K* - (	Office Expense:			_	-	Expense Fund			
O* Other	NATIONAL PROPERTY OF THE PROPE								-			
* Codes requir	e detailed explanatio	on in required ren	ıarks	ield (k)			904 (5400 704 (840)	5, NS, SS, A2, 461 A				

Disbursen	nante					_			Amendm	
Use this form to committees and	o report expenditures I coordinated party e	xpenditures	ee for o	perating expen	Pg ises,	2 contrib	of oution	ns to	_	XI No olitical
1. Committee F	ull Name (and Fund	if applicable)			iguludd.	26 (0) (1/2)		2	2. ID Numbe	r
D.J. HAIRE E	LECTION CAMPAI	GN							000-E9Y(	)38-0-000
3. Type of Disb		use separate CRO	)-1310	forms for eacl	i typ	e of Di	sburs	semen	(f.)	t to the second
X Operating Ex	penses Cont	ributions to Candidat	es/Polit	ical Committees			Coor	dinate	d Party Expen	ditures
4. Payee Inforn	nation			Add 🔲	Ren	nove				
a. Full Name, M	. Full Name, Mailing Address & Phone					m m i tte	e Nai	ne c	d. Comments	
(include city, st	ate, & zip)	1								-
WIDU RADIO	•									
PO BOX 2247				c. Level Regis	terec	l (Speci	fy)			
FAYETTEVIL	LE, NC 28302			Federal			nty:			
				☐ State		Mu	ricipa	lity: e	. Dection Su	m to Date
									\$	520.00
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(This line goes	in line 13a of Detailed S	Summary Page CRO-	1100 if	Operating Expen	ises)			1	<b>c</b>	020.00

C\* - Fundraising

G - Political Party

NC State Board of Elections

K\* - Office Expenses

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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

\* Codes require detailed explanation in required remarks field (k)

B\* - Printing

J - Penalties

F\* - Equipment

A\* - Media

E - Salaries

I - Postage

O\* Other

CRO-1310

920.00

December 2009

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

<b>Debts and Obligati</b>	ions Owed By the	Cor	nmittee Pa	1	a f	Amend 1 D Yes	
Use this form to report any u	inpaid debts or obligations of	owed	by the committee, to	incluc	te cam	naion credit	; LA INO
1. Committee Full Name (and	d Fund if applicable)	10/10/1		1110100		2. ID Num!	Control of the contro
D.J. HAIRE ELECTION CA		22-1-1	<u> </u>	er restruence.			Y038-0-000
3. Creditor Information			Add ☐ Remo	ve			1050,000
a. Full Name, Mailing Address	s & Phone	Separation	Note: All payment	s mad	le towa	rd debts show	ıld be listed on
(include city, state, & zip) D.J. HAIRE			form CRO-1310	with	the pay	ee listed as t	this creditor,
709-17-FILTER PLANT DR			b. Description of Cre LOAN TO CAMPAIGN	ditor			
FAYETTEVILLE, NC 28301			LUAN TO CAMITAIGN				
c. Beginning Balance	d. Total Amount Paid		c. Total Amount Incu	rred	<del></del>	f. Remainin	ıg Balance
\$ 3,633.83	\$ 0	0.00	\$		0.00	S	3,633.83
g. Incurred Debts (what the co	mmittee received this perior	<u>d)</u>		error (de la company)	~		2,022.02
g1. Purchase Place Full Name		<del>"</del>	g2. Date (mm/dd/yyyy	v)	g3. Am	10unt	
(include city, state, & zip)				<u></u>			
					\$		
		1	g4. Purpose Code	g5.	Requir	ed Remarks	-
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gl. Purchase Place Full Name	. Mailing Address & Phone		g2. Date (mm/dd/yyyy		g3. Am		
(include city, state, & zip)	,	gr. Date (mmauj,),			lount		
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* B - D - D - F. H M		'					
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(intende city, state, & zip)		!			\$		
		,	g4. Purpose Code	1,5	Daggie	ed Remarks	
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gl. Purchase Place Full Name,	, Mailing Address & Phone		g2. Date (mm/dd/yyyy	7)	g3. Am	ount	
(include city, state, & zip)				_	\$		
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gl. Purchase Place Full Name,	, Mailing Address & Phone	100	g2. Date (mm/dd/yyyy	7)	g3. Am	ount	
(include city, state, & zip)					\$		
		ļ	g4. Purpose Code	105		ed Remarks	
		1	gr. rutpose code	83.	Reguii	ea Remarks	
		1					
4. Total only this Page		9.99					
(This should be the sum of al	ll items 'g3.' from this page)	Agenta (Sec.)			\$		3,633.83
5. Total of ALL CRO-1				Sister viscopy Significant			
(This line must be on line 22 o		'RO-1	100)		\$		3,633.83
6. Pupose Codes (List d	VIII.						
			n (g4.) Indraising	<b>D</b> -	To An	other Candid	late
			itical Party				ffice Expenses
I - Postage J -	- Penalties K	(* - Of	ffice Expenses		- Othe		mee manage
<ul> <li>Codes require detailed expla</li> </ul>	anation in required remarks	field (	g5.)	n BAN	19.53		

Amendment

Outstanding ]	Loans
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				Am en dm en					
Pg	1	of	2	☐ Yes	X No				

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

1. Commit	ttee Full Name (and Fund if applicable)	)	Marie Anna Carlo C		A CONTRACTOR OF THE PARTY OF TH	2. ID Number	ra stance a g
D.J. HAIF	RE ELECTION CAMPAIGN		XX.32.		No. of Concession Conc	000-E9Y03	or commencer of secretarial and control of the secretarial
	Information	□Ad	dd 🔲 Re	emove		L	
	me, Mailing Address & Phone	}	Job Title/Pi	rofession		d. Comments	S
***************************************	city, state, & zip)	RF	ENTALS	7.8			
D.J. HAIF					1	~: I D-4:	
	ILTER PLANT DR EVILLE, NC 28301	c. /	Pmplover's	Name/Specific Fi	Tald 1	1	(mm/dd/yyyy)
raidii	EVILLE, NC 28301		ELF EMPL		leia	10/	07/2017
		SL	SEP ENTEL	JOYED	J	f. End Date (r	mm/dd/vyvy)
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g. Rate	h. Security Pledged		li. Origin:	al Loan Amount		: Damaining	g Loan Balance
0.00%			1	<del></del>			
	1		\$	9,90	06.79	\$	7,156.79
k. Full Nan	me of Lending Institution					l. Loan Numb	ber
3. Lender	Information	□ Ad	ld □ Re	emove.			
	ne, Mailing Address & Phone	The state of the s	Job Title/Pr	econological survey and cological actions of each fi-	W. Carrier	d. Comments	5
	city, state, & zip)		ENTALS			di Commi	
D.J. HAIR			4444		1		
	ILTER PLANT DR	<u></u>				e. Start Date	(mm/dd/yyyy)
FAYETTI	EVILLE, NC 28301		c. Employer's Name/Specific Field SELF EMPLOYED			12/	01/2017
l		SE					
l						f. End Date (n	am/dd/yyyy)
						1	
g. Rate	h. Security Pledged		i. Origina	al Loan Amount		j. Remaining	Loan Balance
%		1	\$	60	1.65	\$	601.65
k. Full Nam	ne of Lending Institution					l. Loan Numb	oer
i							
3, Lender J	Information	☐ Add	d 🔲 Re	emove			
a. Full Nam	ne, Mailing Address & Phone		b. Job Title/Profession			d. Comments	<u> </u>
(include	city, state, & zip)		RENTALS				
D.J. HAIR							
	ILTER PLANT DR					e. Start Date	(mm/dd/yyyy)
FAYETTE	EVILLE, NC 28301			Name/Specific Fi	eld	12/0	04/2017
		SE	SELF EMPLOYED		ŀ	f. End Date (mm/dd/yyyy)	
i					1.	i. Elia Date (mm/da/yyyy)	
						l	
g. Rate	h. Security Pledged	No. of the contract of the con	i. Origina	ıl Loan Amount		j. Remaining	Loan Balance
%			\$	250	0.00	\$	250.00
k. Full Name of Lending Institution						l. Loan Numb	ner .
4 Total	only this Page						2 200 44
5. Total of ALL CRO-1430 Pages						\$ 8,008.44	
	OT ALL CKO-1430 Pages must be on line 21 of Detailed Summary Pa	age CRO-11	00)			\$	9,534.20
		ATTACHES ( PLOSEE TO LONG THE LAND	MASSER ALL SHIP PROPERTY AND ADDRESS.	SECURIOR CAMPAGE STREET, CAMPA	A 2010 CONTRACTOR		

Outsta	nding	Loans
~ ~~~	14.44 I I I	

				Amendment						
Pg	2	of	2	☐ Yes	X	No				

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

1. Commit	tee Full Name (and Fund if applicable)					2. ID Numb	er	
D.J. HAII	RE ELECTION CAMPAIGN				150000000000000000000000000000000000000	000-E9Y0		
	Information 🔲	Ac	ld 🔲 Remo	ove				
a. Full Nan	ie, Mailing Address & Phone	0.000000000	Job Title/Profe		SEE SECTION SECTION OF THE SECTION O	d. Commen	ts	
	city, state, & zip)		ENTALS					
D.J. HAIF	RE	1	##1 * * * ********			İ		
	LTER PLANT DR					e. Start Date (mm/dd/yyyy)		
	EVILLE, NC 28301	c. I	Employer's Na	.me/Speci	06/04/2018			
		SF	ELF EMPLOY	YED				
						f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original L	oan Amo	unt	j. Remainin	ig Loan Balance	
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k. Full Nan	le of Lending Institution		L		1,000.	-		
Nr 1 u	te or remains mannamen					I. Loan Nun	iber	
3. Lender	Information 🔲	Ad	ld 🔲 Remo	we		and the same of the same		
a. Full Nam	e, Mailing Address & Phone	Control Control	Job Title/Profe	200,000,000,000,000,000,000,000,000,000		d. Commen	te	
(include	city, state, & zip)	}	ENTALS					
D.J. HAIF		7	74 7 4 4 4 A A A A A A A A A A A A A A A					
709-17 <b>-</b> FI	LTER PLANT DR	L				e. Start Date	e (mm/dd/yyyy)	
	EVILLE, NC 28301	c. F	c. Employer's Name/Specific Field			12	/13/2018	
		SE	ELF EMPLOY	YED				
					f. End Date	(mm/dd/yyyy)		
g. Rate	h. Security Pledged	J	i, Original L	oan Amo	unt	i. Remainin	g Loan Balance	
%	LOAN TO CAMPAIGN							
			\$		1,407.76	\$	407.76	
k, Full Nan	e of Lending Institution					l. Loan Num	ıber	
3 Lender	information $\Box$	Ad	d 🔲 Remo					
Account of the Asset of the State of the Sta	e, Mailing Address & Phone		a Li Kemo lob Title/Profe	defractions, produced self-tables.		d. Commen		
	city, state, & zip)	-	RENTALS			0. Commen	is	
D.J. HAIR		.   N.	NIALS		ı			
	LTER PLANT DR					e. Start Date	e (mm/dd/yyyy)	
	EVILLE, NC 28301	c. E	c. Employer's Name/Specific Field			01/07/2022		
	- · · · · · · · · · · · · · · · · · · ·		LF EMPLOY					
İ					ı	f. End Date (mm/dd/yyyy)		
					Į		WW. 111	
g. Rate	h. Security Pledged	<u></u>	i. Original Le	oan Amo	unt	i Remainin	g Loan Balance	
%			\$		118.00			
k. Full Name of Lending Institution			ð			\$	118.00	
K. Pull Ivan	e of Lending Institution					l. Loan Num	ber	
					ŀ			
4. Total	only this Page					\$	1,525.76	
Commission of the Alexander of the Alexa	of ALL CRO-1430 Pages					3	1,222.10	
	must be on line 21 of Detailed Summary Page CR	n H	ממ		J	\$	9,534.20	
22 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ministration into 22 of Delianes Basissas 1 1.165. City		נטט					