

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 <i>Committee to elect Donnie Hams</i>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>702 Cloverfield Dr. Hillsborough NC</i>		d. Date Filed <i>6-16-2014</i>
		e. Phone Number

2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>1-01-2014</i>	4. Period End Date (mm/dd/yy) <i>6/16/14</i>	5. Treasurer Full Name <i>Donald Garrett Hams</i>
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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	Referendum
<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
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)

Booster Fund

Building Fund

Other:

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Community one bank</i>		a. Financial Institution Full Name	
b. Purpose	c. Account Code <i>064</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 1,000</i>		d. Period Begin Balance <i>\$</i>

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.

Donald Garrett Hams *Donald Garrett Hams* *6-16-14*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *6/16/14* Employee: *BBJ* Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

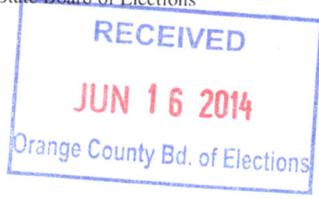
Date Scanned: *7/2/14* Employee: *BBJ* Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ 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

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) <i>Committee to elect Donna Hamm</i>	2. Type of Report <i>Final</i>	3. ID Number
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Start of Election Cycle: <i>January 1, 2014</i>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ <i>1,000</i>	\$

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 1,000
6) Contributions from Individuals (CRO-1210)	\$	\$ 49.99 <i>171.36</i>
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)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <i>0</i>	\$ 1049.99 <i>171.36</i>

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$ <i>49.99</i>
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)	\$ <i>1,000</i>	\$ <i>1,000</i>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <i>1,000</i>	\$ 171.36 <i>49.99</i>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <i>0</i>	\$ 1049.99 <i>171.36</i>

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)	\$	\$

CRO-1100

RECEIVED
JUN 16 2014
 Orange County Bd. of Elections

NC State Board of Elections

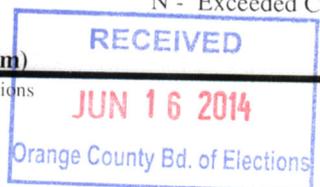
August 2008

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable) <i>Committee to elect Donnie Harris</i>		2. ID Number	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Reba Harris 239 Sunshine Valley Ln Galax Va 24333</i>		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession <i>retired</i>		h. Original Receipt Date <i>12-12-13</i>	
c. Employer's Name/Specific Field		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Form of Payment <i>check</i>		i. Original Receipt Amount \$ <i>500.00</i>	
m. Required Remarks <i>refund of contribution</i>		j. Election Sum to Date \$ <i>500.00</i>	
n. Date (mm/dd/yyyy) <i>2-6-14</i>		k. Account Code <i>064</i>	
o. Amount \$ <i>500</i>			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Donald Harris 707 Claretwood Dr Hillsborough NC 27578</i>		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession <i>Parade officer</i>		h. Original Receipt Date <i>12-12-13</i>	
c. Employer's Name/Specific Field <i>Probation (Pence)</i>		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Form of Payment <i>check</i>		i. Original Receipt Amount \$ <i>500.00</i>	
m. Required Remarks <i>refund of contribution</i>		j. Election Sum to Date \$ <i>500.00</i>	
n. Date (mm/dd/yyyy) <i>2-21-14</i>		k. Account Code <i>064</i>	
o. Amount \$ <i>500</i>			
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
b. Job Title/Profession		h. Original Receipt Date	
c. Employer's Name/Specific Field		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
i. Form of Payment		i. Original Receipt Amount \$	
m. Required Remarks		j. Election Sum to Date \$	
n. Date (mm/dd/yyyy)		k. Account Code	
o. Amount \$			
4. Total only this Page		\$ <i>1,000</i>	
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>		\$ <i>1,000</i>	

6. Purpose Codes (List detailed disbursement code in (f) above)
 L - Returned to Contributor M - Overpayment for Service
 P* - Reimbursement of In-Kind O* Other
 N - Exceeded Contribution Limit
 * Codes require detailed explanation in required remarks field (m)





North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: Committee to Elect Donnie Harris
 Treasurer Name: Donald Harris
 Treasurer Address: 110 E. King ST
 (include city, state, & zip) Hillsborough NC 27278

 Treasurer Phone: 919 593 5991

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

6/06/2014
 Date Signed

Donald Harris
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

