Disclosure Re	port Cover			í	☐ Yes ☐ No
Use this form for ge					
	n to update information				<u> </u>
1. Committee Info	rmation				
a. Full Name Committee to Re-el		c. ID Number			
	lect Eddie Dees Hope Mills	Мауог 	Evan,		V CEG90
	clude City, State and Zip Code)				d. Date Filed
3578 Barbary Bluff Hope Mills, NC 28348					1/27/09
					e. Phone Number
					910-425-3072
2. Report Year	3. Period Start Date (mm/d	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2009	7/17/09		7 09	Floyd Edward De	es
6. Type of Commit	<u>`</u>	9. Type of Repor		ly one type of report	from one category)
Candidate Camp		Municipal	State/C		Referendum
☐ PAC	Referendum	Organizationa		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	ay (Quarterly	Pre-referendum
Legal Expense F] <u> </u>			
7. Type of Fund	(if applicable, check one)	Pre-primary	ᅵ닏	First	Final Supplemental Final
"Booster Fund"		Pre-election	님	Second Third	Supplemental Final
Building Fund		Pre-runoff Semi-annual	 H	Third Fourth	Annual Special
		Semi-annual Mid Yea	L ,	Fourth Semi-annual	Sрестал
Other:		Year End		Mid Year	10. Special Report Name
Unio.		Final	° IH	Mid Year Year End	10. Special Report Frame
6 North of Fund	Akia Damont	Special	IH,	Year End Final	
8. Number of Fund	raisers this Report	opecia		rinai Special	
11. Account Inform	tetion		11. Account I		
a. Financial Institution			+	itution Full Name	
BB&T					
b. Purpose			h Dunnan		c. Account Code
	c. Account Code		b. Purpose		·
Campaign	c. Account Code	!	b. rurpose		
			b. rurpose		d. Period Begin Balance
	d. Period Begin Balance		b. rurpose		
	01		b. rurpose		d. Period Begin Balance
	d. Period Begin Balance		b. rurpose		
Campaign CERTIFICATION I certify that the Con	d. Period Begin Balance \$ mmittee or Fund is in compli	iance with all applica	able provisions of		\$ & 22D-22M of Chapter 163 of
Campaign CERTIFICATION I certify that the Conthe NC General State	d. Period Begin Balance \$ mmittee or Fund is in compliates and that no funds are co	e iance with all applica ommingled with prob	able provisions on the control of th	non-disclosed funds.	s
CERTIFICATION I certify that the Conthe NC General State is complete, true and	d. Period Begin Balance \$ mmittee or Fund is in complicates and that no funds are cold correct and that I have been	e iance with all applica ommingled with prob	able provisions on the control of th	non-disclosed funds.	\$ & 22D-22M of Chapter 163 of 1 further certify that this report
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CERTIFICATION I certify that the Conthe NC General State is complete, true and	d. Period Begin Balance \$ mmittee or Fund is in complicates and that no funds are cold correct and that I have been ard Dees Printed Name of Signer	iance with all applications applications are seen to the seen trained by the NC seen trained by trained by the NC	able provisions of hibited or other restate Board of E	non-disclosed funds. elections. d lees ed Treasurer	\$ 22D-22M of Chapter 163 of I further certify that this report 7 27 09 Date
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Campaign CERTIFICATION I certify that the Conthe NC General Status is complete, true and Floyd Edward FOR OFFICE USE Of Date Received:	d. Period Begin Balance \$ mmittee or Fund is in complicates and that no funds are condicted and that I have been ard Dees Printed Name of Signer ONLY	iance with all applications applications are seen to the seen trained by the NC seen trained by trained by the NC	able provisions of hibited or other restate Board of E	non-disclosed funds. elections. d lees ed Treasurer	\$ & 22D-22M of Chapter 163 of I further certify that this report 7/27/09 Date Delivery Method Normal Mail Registered Mail
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CERTIFICATION I certify that the Conthe NC General Statis complete, true and Floyd Edward FOR OFFICE USE Of Date Received: Date Postmarked Date Scanned: Date Data Enter	d. Period Begin Balance \$ mmittee or Fund is in complicates and that no funds are condicted and that I have been ard Dees Printed Name of Signer ONLY d: red:	iance with all applications and trained by the NC S S Employee: JUL Æpp@069:	able provisions of hibited or other restate Board of E. Signature of Appoints	non-disclosed funds. elections. ed Treasurer	& 22D-22M of Chapter 163 of I further certify that this report 7/27 09 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

7 v.

 \boxtimes

No

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

	pe of Report		3. ID Number
Committee To Re-elect Eddie Dees Hope Mills Mayor Mid	Year Semi-A	nnual	VCEG90
Start of Election Cycle: January 1,	, <u>, , , , , , , , , , , , , , , , , , </u>	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 0	S 0
RECEIPTS			**************************************
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	
9) Loan Proceeds	(CRO-1410)	\$ 1010.00	\$ 1010.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	,	352 Call 2 36	
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)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d a	and 11e)	\$	\$
EXPENDITURES	-44	40 The ANGE	ALCOHOL: N
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 10.00	\$ 10.00
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, 15, 16 an	d 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	e 18)	\$ 1000.00	\$ 1000.00
ADDITIONAL INFORMATION	100	e Berth	19 96
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	A A A CONTRACTOR
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	· 节点数 3x 5
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	强烈进 。李
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Loan Proceeds			Pg	of	Amendment Yes No
Use this form to report proceeds from a loan and loa	an endors	er's informat		<i>"</i> –	
A loan proceeds statement must accompany each lo	an that is				
1. Committee Full Name (and Fund if applicable					2. ID Number
"immittee to Re. Elect Edd.	<u>a Dae</u>)	VŒG90
3. Lender Information		Add	Remove		<u> </u>
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/I	Profession		d. Comments
<u> </u>		Ti	cochar		
Flyd Edward Dees					e. Start Date (mm/dd/yyyy)
Flyd Edward Hees 35 78 Barbary Bluff Hoge M.W NC 28348		c. Employer'	s Name/Specific F	ield	7/4/09
Home MILL AIC 28348		C (· C · · ·	_	f. End Date (mm/dd/yyyy)
(obs 11/102 102		Cimil	i, Schools	,	
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form of Payme	nt	k. Amount
%		cha etc			\$1010 00
I. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers (The people who guarantee the lo	an.)	.			
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c. En	nployer's Name/Specific Field
(include city, state, & zip)					
				Ì	
		d. Percentage		e. An	nount
			%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/Pr	ofession	c. Em	ployer's Name/Specific Field
(include city, state, & zip)					
		d. Percentage		e. Am	ount
			%	\$	
a. Full Name, Mailing Address & Phone	t	. Job Title/Pr	ofession	c. Em	ployer's Name/Specific Field
(include city, state, & zip)					
	d	l. Percentage		e. Am	ount
			%	\$	
. Full Name, Mailing Address & Phone	b	. Job Title/Pro	ofession	c. Em	ployer's Name/Specific Field
(include city, state, & zip)					
					ļ
	_				
	d	. Percentage		e. Amo	ount
			%	\$	
. Total of ALL CRO-1410 Pages	jh.	Jeb Fills/Pro	Respons	a. i.,	\$
(This line must be on line 9 of Detailed Summary Page CRO-1.	100)		1	'	Ψ

Disburse	monts						Amendment
Use this form	to report expenditure	s from the commi	ttee for	operating e	Pg expenses, co	of ontributio	ons to candidate/political
committees at	nd coordinated party of Full Name (and Fu	expenditures					2. ID Number
					A : 41	1 L	0
AND CAROLIN AND AS AN ADMINISTRAL OF	mittee to R						
Operating E	sbursement: (Please xpenses Co	ontributions to Candid					rsement.) inated Party Expenditures
4. Payee Info	The second secon		- i, [Add .	Remove		
 Full Name, (include city, sta 	Mailing Address & P	hone		b. Coordina	ted Committ	ee Name	d. Comments
			<u> </u>				
Cim	2015. Board &) Wettons	•	c. Level Reg	istered (Spec	iif y) County:	
				State		dunicipa.it	y: e. Election Sum to Date
	For NC	28302					\$ 10 2
f. Account Code	g. Form of Payment	h: Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k	Required Remarks
01	cosh	14	7	17/09	\$ 10 a	<u>v</u>	
 -				(, , , , , ,	s		
4. Pavee Infor	mation 3			Add 🗍	Remove		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
process and the second	iling Address & Phone			b. Coordinat	***************************************	e Name	d. Comments
(include city, st	ate, & zip)						
				c. Level Regi	stered (Speci	fy)	
				Federal State	=	ounty:	
				L State	M	unicipality	Contract of the Agency Contract of the Contrac
		le n			<u> </u>		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (i	nm/dd/yyyy)		. K.	Required Remarks
					\$ 		
				[\$		
4. Payee Inform			, O	500 Table 1, 300 Table 1	Remove		
a. Full Name, Mail include city, sta)	ling Address & Phone			b. Coordinate	d Committee	Name	d. Comments
in the second			\$0.5° . (2862)			lia n	
				c. Level Regis	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	y) unty:	
				State	=	nicipality:	e. Election Sum to Date
							\$
. Account Code	g. Form of Payment	h. Purpose Code j	Date (n	ım/dd/yyyy)	j. Amount	k. P	tequired Remarks
					\$		
. Total only th	e Dogs						s
	CRO-1310 Pages			8.			3
(1) (1) (2) (1) (1) (1) (1) (1)	line 14a of Detailed Sumi	nary Page CRO-1100	if Opera	ting Expenses)		; ; \$
	line 14b of Detailed Sumi line 14c of Detailed Sumi	- •	•			omm)	
	des (List detailed e		No. of the American	Academic C. Carponico	Apenanares)		
* - Media	B* - Printin	g C	* - Fu	ndraising &	COLPRODUCTION CONTROL		her Candidate
- Salaries - Postage	F*-Equipm J - Penalties			ical Party ice Expens e		- Holdir - Other	ng Public Office Expenses
	detailed explanation				Maria Caracter Control of the Contro	Maria de la companione de	