

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>North Carolinians for Free and Proper Elections</i>			c. ID Number <i>STA-E8QR4E-001</i>	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed <i>01/06/2009</i>	
			e. Phone Number <i>1-828-729-4509</i>	
2. Report Year <i>2008</i>	3. Period Start Date (mm/dd/yy) <i>10/19/2008</i>	4. Period End Date (mm/dd/yy) <i>12/31/2008</i>	5. Treasurer Full Name <i>Kim S. Greene</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information				
a. Financial Institution Full Name <i>SunTrust Bank</i>				
b. Purpose <i>Donations</i>		c. Account Code <i>1</i>		
		d. Period Begin Balance <i>\$ 353.54</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 undisclosed 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				
<i>Kim S. Greene</i> Printed Name of Signer		<i>Kim S. Greene</i> Signature of Appointed Treasurer		<i>1-06-09</i> Date
FOR OFFICE USE ONLY				
Date Received:	<i>JAN 12 2009</i>	Employee:	<i>A</i>	Delivery Method
Date Postmarked:	<i>1/8/09</i>	Employee:	<i>A</i>	<input checked="" type="checkbox"/> Normal Mail
Date Scanned:	<i>1/12/09</i>	Employee:	<i>A</i>	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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)	2. Type of Report	3. ID Number	
North Carolinians for Free and Proper Elections	4th Quarter	STA-ESQR04E-001	
Start of Election Cycle: January 1, 2008		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$ 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 30.00	\$ 30.00
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 350.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 83.98
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 30.00	\$ 463.98
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 0
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 1.00	\$ 81.44
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1.00	\$ 81.44
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 29.00	\$ 382.54
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0

CRO-1100

NC State Board of Elections

December 2007

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number
North Carolinians for Free and Proper Elections					STA-EBQR4E-001
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		12/02/2008	\$ 3.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		12/02/2008	\$ 2.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		12/02/2008	\$ 2.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		12/02/2008	\$ 3.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		12/02/2008	\$ 9.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		12/02/2008	\$ 9.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 30.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 30.00

