Disclosure R	Report Cover					Amendment		
Use this form for g	general report and committee	e informa	ation, must be	signed and s	ubmitted along w	ith other detailed forms		
Do not use this for	in to update information					ith other detailed forms.		
1. Committee Info	ormation							
a. Full Name Committee to Elec	c. ID Number							
Committee to Lie	A Kyle J. Hayman					KDU21Z		
b. Mailing Address (in P.O. Box 432	nclude City, State and Zip Code)					d. Date Filed		
Conover, NC 2861	13					10/3/11		
						e. Phone Number		
2 Danast Voor	2 D - 1 - 1 C4 - 4 D - 4		4. Period I	End Data	T	828-466-1306		
2. Report Year	3. Period Start Date (mm.	/dd/yy)	(mm/dd/yy)			Full Name		
2011	7/1/11		9/27/2011 Kyle J. Hay			nan		
6. Type of Commit		9. Ty	pe of Report	(check o	nly one type of re	port from one category)		
Candidate Camp	= '	Munici			County	Referendum		
PAC Independent	Referendum		Organizational		Organizational	Organizational		
Expenditure	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum		
Legal Expense F 7. Type of Fund	(if applicable, check one)	-	n					
"Booster Fund"	(1) черничного, спеск опе)	11	Pre-primary Pre-election		First	Final		
Building Fund			Pre-runoff		Second Third	Supplemental Final		
			Semi-annual		Fourth	Annual Special		
			Mid Year		Semi-annual	Special		
Other:			Year End		Mid Year	10. Special Report Name		
8. Number of Fund	raisers this Report	1 =	Final Special		Year End			
	None	-	Special		Final Special			
1. Account Inform	ation			11. Account				
. Financial Institution I	Full Name				itution Full Name			
Peoples Bank								
Campaign	c. Account Code		- t	b. Purpose		c. Account Code		
cumpingii	187	5						
	d. Period Begin Balance					d. Period Begin Balance		
	\$ 0.00					Today		
CERTIFICATION					-	S		
certify that the Com	mittee or Fund is in compli-	ance with	all applicabl		S			
ne NC General Statu	tes and that no funds are con	nmingle	d with prohibi	ited or other r	of Article 22A, 22	B, & 22D-22M of Chapter 163 of ds. I further certify that this report		
complete, true and	correct and that I have been	trained t	by the NC/Sta	te Board of E	lections	us. I further certify that this report		
Dyle	J. Hayman		1	200	· Herry	10/3/11		
OR OFFICE USE OF	Printed Name of Signer		V Signa	ature of Appointe	ed Treasurer	Date		
Date Received:				ν	O	Daliyani Mathad		
n)	ECFINEN	E	Employee:	-		Delivery Method Normal Mail		
Date Postmarked:		E	Employee:			Registered Mail		
Data Cara	OCT 0 3 2011		0.000 (0.000 			Hand Delivered		
Date Scanned		E	Employee:			Electronically Filed		
Date Data Entergo	l:	Е	imployee:			Signer has not received mandatory training		
lease Note: This	form cannot be used to							
1,000, 11113	custodian	of books	nittee information,	tion such as the or account in	he committee add nformation	dress, treasurer, assistant treasurer,		
	You must amend the Stateme	ent of Or	ganization (C	RO-2100A-E) to make commi	ttee changes		
20 1000		-		LOUN-L	, to make commi	nee changes.		

No

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

Amendment Yes \boxtimes No

1. Committee Full Name (and Fund if applicable) 2	. Type of Repor	The second secon	2 70 37
Committee to Elect V. J. I II	Organizational		3. ID Number KDU21Z
St. A CEL A CO.			
Start of Election Cycle: January 1,	2011	Total this Reporting Period	Total this
4) Cash on Hand at Start		\$	Election Cycle
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 625.00	\$ 625.00
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	s (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)	\$	\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1.	ld and 11e)	\$ 625.00	\$ 625.00
EXPENDITURES			025.00
3) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committee	s (CRO-1310)	\$ 290.94	\$ 290.94
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
7) In-Kind Contributions	(CRO-1510)	\$ 125.00	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16		\$ 415.94	
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$ 209.06	
DDITIONAL INFORMATION		209.00	\$ 209.06
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	18.03 C. V. S.
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
2) Debts and Obligations owed By the Committee		\$	
Debts and Obligations owed To the Committee		\$	
Account Transfers Within the Committee	-	\$	
Administrative Support	ARCONO DE CASA	\$	6
Forgiven Loans			\$
7) 48-Hour Notice Reports Sum	-	\$	\$
Contributions to be Refunded	- A	\$	\$
RO-1100	(CRO-1215)	\$	\$

1. Com	mittee Full Name	dividual contributions e (and Fund if applic	able)				Number	1		
Commit	ttee to Elect Kyle	J. Hayman					KDU21Z			
3. Cont	ributor Informat	tion		Add I	Remove			na sanahaman		
a. Full Name, Mailing Address & Phone				b. Job Title/Professi		d. Comn	d. Comments			
	e city, state, & zip)				District Claims Manager					
Kyle J. l P.O. Bo	Hayman									
	x 432 r, NC 28613			c. Employer's Name						
Conorci	, NC 20013			NC Farm Bureau Insurance Co		a Floatis	C 4. Data			
				modranice C.	ompany	125	on Sum to Date			
e nuiqu	Τ.,		Inches			\$	500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	/уууу)	k. Amount			
	1875	Draft			07/11	/2011	\$	500.00		
							\$			
							\$			
741 V24 119 34 10 30 30 30 30 30 30 40 30 40 30 40 30 40 30 30 30 30 30 30 30 30 30 30 30 30 30	ibutor Informati			Add 🗌 R	Remove					
	me, Mailing Address	& Phone		b. Job Title/Profession	d. Commo	d. Comments				
(include Cornelia	city, state, & zip)			Owner	Owner			Handouts		
P.O. Box				o Employed N	Door H	Door Hangers				
	NC 28613			c. Employer's Name/S						
828-464-0742				71-Jeweis	e. Election	e. Election Sum to Date				
. Prior	g. Account Code	h. Form of Payment	1	<u> </u>		\$	125.00 k. Amount			
		n. Form of Payment	to design	Kind Description		j. Date (mm/dd/yyyy)				
<u> 1875 </u>		Hand	douts,etc.	09/07/	2011	\$	125.00			
		-					\$			
Ш	The role of what has a						\$			
	butor Informatio			200 miles 200 mi	emove					
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	n .	d. Commer	nts			
	у,,р)									
			1	c. Employer's Name/S						
						c. Election Sum to Date				
Prior	- 1 (0)					\$	1.72.20.20.20.20.20.20.20.20.20.20.20.20.20			
r rior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yy	ууу)	k. Amount			
\dashv							\$			
ᆜᆛ							\$			
	//		ſ		1		\$			
	TO A STATE OF THE	Short of the sciences of the sales of the sa	White Common Com	William Committee			Φ			
um/www.chafelixene	only this Page					\$	Ψ	625.00		
Total	of ALL CRO-					\$	Φ	625.00 625.00		

Contributions from Individuals

Amendment

Disbursen	nents				D-			Amendment
Use this form t	to report expenditure	s from the commi	ttee fo	or; operating e	Pg xpenses	1 of s, contributions t	to candidate	☐ Yes ☑ N e/political
committees and	d coordinated party e	expenditures.			·r	,	O cuitaran.	e/ponticai
	Full Name (and Fu		7				7.7%	2. ID Number
A STATE OF THE PARTY OF THE PAR	Elect Kyle J. Hayma							KDU21Z
3. Type of Dis		ease use separate (CRO-	1310 forms fo	r each i	type of Disburs	ement.)	
4. Payee Infor	A CONTRACT CASE INCIDENCE	Contributions to Ca			nittees		Coordinated I	Party Expenditures
	mation illing Address & Phone		Ad			Remove		
(include city, state			D. 0	Coordinated Com	ımittee N	lame	d. Com	ments
Sam's Club	z, & zipj							
8909 JW Clay	Blvd		c. I	Level Registered ((Engrify)	saturalistic con constant		
Charlotte, NC				Federal	Specify	County:	1019	
704-593-0227				State	\boxtimes	Municipality:	e Flecti	ion Sum to Date
			-			munoipanty.		
							\$ 60.	.89
f. Account Code	g. Form of Payment	h. Purpose Code	7	i. Date (mm/dd/y	ууу)	j. Amount	k. Requi	ired Remarks
1875	Debit	0		07/28/2011		\$60.89	Water	
						\$		
4. Payee Inform			-	Add Remove				
	ling Address & Phone		b. C	Coordinated Com	mittee Na	ame	d. Comn	nents
(include city, state,	, & zip)	rolydelig 1 diffs 1 de sa	1					
Over The Top	NS62 4 2							
1647 NC 16 So			c. Level Registered (Specify)					
Newton, NC 28	8038		님	Federal County:				
			ш	State	\boxtimes	Municipality:	e. Electio	on Sum to Date
							\$ 230	0.05
f. Account Code	g. Form of Payment	h. Purpose Code	i.	. Date (mm/dd/yy	уу)	j. Amount	k. Requir	red Remarks
1875	Check	О		08/08/2011		\$230.05	Koozies	
						\$		
4. Payee Inform			Add	Color and the second of the se		Remove		
	ing Address & Phone		b. Coordinated Committee Name				d. Comm	ents
(include city, state,	& zip)	E CONTROL OF THE PERSON OF THE						
			c. Level Registered (Specify)					
				Federal		County:		
				State		Municipality:	e. Election	n Sum to Date
*							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mm/dd/yyy	/y)	j. Amount	k. Requir	ed Remarks
						\$		
						\$		
5. Total only this	s Page					141.04 (S	\$ 2	290.94

A* - Media C* - Fundraising B* - Printing E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

D - To Another Candidate

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)

> H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$

290.94

O* - Other * Codes require detailed explanation in required remarks field (k)

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

6. Total of ALL CRO-1310 Pages

In-Kind Contributions P_g 1 of 1 Y_{es} Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. I	D Number	
Committee to Elect Kyle J. Hayman		KDU21Z			
3. Contributor Information Add	Remov	e			
a. Full Name, Mailing Address & Phone	b. Ty	pe of Contributor	c. Ce	omments	
(include city, state, & zip)		Individual			
Cornelia Allman		Candidate			
P.O. Box 835		Party			
Conover, NC 28613		PAC			
828-464-0742		Referendum	d. El	ection Sum to Date	
		Other Receipt Source	\$	125.00	
e. Description		f. Date (mm/dd	уууу)	g. Fair Market Amount	
Handouts		0/7/1	1	e 125.00	
Door hangers		9/7/1		\$ 125.00	
				\$	
				\$	
3. Contributor Information Add a. Full Name, Mailing Address & Phone	Remove				
(include city, state, & zip)	b. Typ	e of Contributor	c. Co	mments	
(include city, state, & zip)		Individual			
		Candidate			
		Party PAC			
		Referendum	d. Ele	d. Election Sum to Date	
		Other Receipt Source	\$		
e. Description		f. Date (mm/dd/	ууу)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information	Remove				
. Full Name, Mailing Address & Phone	b. Type	of Contributor	c. Con	nments	
(include city, state, & zip)		Individual			
		Candidate			
		Party			
		PAC			
		Referendum	d. Elec	tion Sum to Date	
		Other Receipt Source	\$		
Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
				\$	
				\$	
				\$	
Total only this Page			\$	125.00	
Total of ALL CRO-1510 Pages					
(This line must be on line 17 of Detailed Summary Page CRO-1100))		\$	125.00	

No