Disclosure Report Cover

COLV

3 men	ıamen
X	Yes

7

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 c. ID Number 2CQ78J Hackelman for Board of Education b. Mailing Address (include City, State and Zip Code) d. Date Filed 618 Knollwood St. 4/26/2010 Winston Salem, NC 27103 e. Phone Number 336-722-4689 4. Period End Date 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/vy) (mm/dd/yy) Ken Graham 2010 02/26/2010 03/8/2010 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Party Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational Independent Joint Fundraiser Thirty-five day Pre-referendum Quarterly Expenditure Legal Expense Fund 7. Type of Fund (if applicable, check one) Pre-primary First "Booster Fund" Pre-election Second Supplemental Final **Building Fund** Pre-runoff Third Annual Semi-annual Fourth Special Mid Year Semi-annual Other: Year End 10. Special Report Name Mid Year Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11: Account Information a. Financial Institution Full Name a. Financial Institution Full Name Branch Bank & Trust b. Purpose c. Account Code b. Purpose c. Account Code **Fundraising** 1 Expenses d. Period Begin Balance d. Period Begin Balance 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. Ken Graham 04/26/2010 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: Hand Delivered **Electronically Filed** Date Scanned: Employee: Signer has not received mandatory training Date Data Entered: Employee:

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.

Amendment

No

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

1. Committee Full Name (and Fund if applicable) 2. Hackelman for Board of Education In	Lype of Report itial Report		CQ78J		
Start of Election Cycle: January 1,	2007	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 0	\$ 0		
RECEIPES					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 195.00	\$ 195.00		
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	(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, 11c)	d and 11e)	\$ 195.00	\$ 195.00		
<u>IEXPERIENTURES</u>					
13) Disbursements		night Dinggin in military i House House House i House Albert (1922). A sea The season of the season of			
13a) Operating Expenditures	(CRO-1310)	\$	\$		
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)	\$ 95.00	\$ 95.00		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$ 95.00	\$ 95.00		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ 100.00	\$ 100.00		
AVERTHICINAL 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-2200)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

							Amendmen	ıt		
		m Individuals		P			Yes	No No		
		ividual contributions (0 or contributions un	ider \$50 if form C	2. ID Nur	ot usea nher			
Managagar na se war-	- Control of the Cont		me)			2.10.101				
Hackeln	nan for Board of E	ducation					2CQ78J			
3. Conti	ributor Informati	OD See See		\$2,57,01 page page 1994-1995 for page 1995, may relied account of greaters	emove -					
	me, Mailing Address	& Phone		b. Job Title/Profession	<u> </u>	d. Commen	ts	<u>.</u>		
	city, state, & zip) Hackelman			Sales Rep						
1	llwood St.			c. Employer's Name/						
1	Salem, NC 27103	3		PAETEC						
336-784	-8119					e. Election S	e. Election Sum to Date			
		-				\$	\$ 95.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount			
	1	check	paid	filing fee	2/26/2	2010	\$	95.00		
							\$			
							\$	···		
3. Contr	ibutor Informatio	On -	· M	Add L. R	emove					
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts			
	city, state, & zip)									
David G	all rgreen Dr.				Architect c. Employer's Name/Specific Field					
9	Salem, NC 27106	5		David E. Gall, AIA Architect						
Winston Scient, 140 27100					e. Election S	e. Election Sum to Date				
•						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
	1	Check			3/8/2	010	\$	100.00		
							\$			
							\$			
3. Contr	ibutor Informatio)n.		Add • 🗒 • R	emove"					
1	ne, Mailing Address &	& Phone		b. Job Title/Professio	<u> </u>	d. Commen	ts	· · · · · · · · · · · · · · · · · · ·		
(include	city, state, & zip)			-						
				c. Employer's Name/S	Specific Field	-				
							<u>.</u>			
						e. Election S	Sum to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
							\$	_		
							\$			
							\$			

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

CRO-1210 NO

4. Total only-this Page

5: Total of ALL CRO-1210 Pages

\$

195.00

195.00