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	c. ID Number
FITTS FOR CITY COUNCIL	

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
PO BOX 17551 RALEIGH, NC 27619	09/06/2011
	e. Phone Number
	(919) 865-5425

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SEP 06 2011
WAKE CO BOARD OF ELECTIONS

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2011	07/01/2011	08/30/2011	DANIEL HAVEY

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

3

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☒ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

13. Account Information

a. Financial Institution Full Name	
BB&T	

b. Purpose	c. Account Code
TRACKING FUND RAISING ACTIVITY	1
	d. Period Begin Balance
	$ 3,416.40

13. Account Information

a. Financial Institution Full Name	

b. Purpose	c. Account Code
	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

Daniel E Havey — Printed Name of Signer

Signature of Appointed Treasurer

09/06/2011 — Date

FOR OFFICE USE ONLY

Date Received:	9-6-11	Employee	JCM	Delivery Method: ☑ Normal Mail
Date Postmarked:		Employee		☐ Registered Mail
Date Scanned:		Employee		☐ Hand Delivered
Date Data Entered:		Employee		☐ 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.