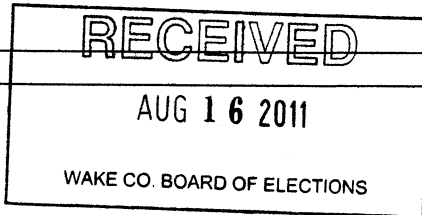


Disclosure Report Cover

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 Hill for BOE Committee | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 300 Paprika Court , Raleigh, NC 27614 | d. Date Filed 7/24/2011 |
| | e. Phone Number 919-848-3362 |



| | | | |
|-------------------------------|---|---|--|
| 2. Report Year 2011 | 3. Period Start Date (mm/dd/yy) 4/19/2011 | 4. Period End Date (mm/dd/yy) 6/30/2011 | 5. Treasurer Full Name Mary Ellen Taft |
|-------------------------------|---|---|--|

| | | | | |
|--|---|--|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input checked="" type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report 0 | | 10. Special Report Name | | |

| | | | |
|--|--|---|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name Wachovia Bank & Trust | | a. Financial Institution Full Name | |
| b. Purpose Campaign Account | c. Account Code 001 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 8,000 | | 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.

Mary Ellen Taft Mary Ellen Taft 8/11/2011
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 8-16-11 Employee: JEM

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

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.

Detailed Summary

Amendment Yes No

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

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|---|------------------------------------|----------------------------------|--|
| Hill for BOE Committee | 2011 Mid Year Semi-Annual | | |
| Start of Election Cycle: January 1, 2011 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 8,000.00 | \$ 0.00 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 195.00 | \$ 195.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 950.00 | \$ 8950.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 0.00 | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ 0.00 | \$ 0.00 | |
| 9) Loan Proceeds (CRO-1410) | \$ 0.00 | \$ 0.00 | |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | \$ 0.00 | \$ 0.00 | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11c) Outside Sources of Income (CRO-1250) | \$ 250.00 | \$ 250.00 | |
| 11d) Legal Expense Fund – Other Sources (CRO-1270) | \$ 0.00 | \$ 0.00 | |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | \$ 0.00 | \$ 0.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 1,395.00 | \$ 9,395.00 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 331.25 | \$ 331.25 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 0.00 | \$ 0.00 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ 0.00 | \$ 0.00 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ 0.00 | \$ 0.00 | |
| 15) Loan Repayments (CRO-1420) | \$ 0.00 | \$ 0.00 | |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | \$ 250.00 | \$ 250.00 | |
| 17) In-Kind Contributions (CRO-1510) | \$ 0.00 | \$ 0.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 581.25 | \$ 581.25 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 8,813.75 | \$ 8,813.75 | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ 0.00 | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 0.00 | | |
| 22) Debts and Obligations owed By the Committee (CRO-1610) | \$ 0.00 | | |
| 23) Debts and Obligations owed To the Committee (CRO-1620) | \$ 0.00 | | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ 0.00 | | |
| 25) Administrative Support (CRO-1710) | \$ 0.00 | \$ 0.00 | |
| 26) Forgiven Loans (CRO-1440) | \$ 0.00 | \$ 0.00 | |
| 27) 48-Hour Notice Reports Sum (CRO-2200) | \$ 0.00 | \$ 0.00 | |
| 28) Contributions to be Refunded (CRO-1215) | \$ 0.00 | \$ 0.00 | |

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| | | | | | |
|---|---------------------------|--|---------------------------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Hill for BOE Committee | | | | | |
| 3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i> | | | | | |
| <input type="checkbox"/> Interest | | <input type="checkbox"/> Contributions from Not-for-Profit Organizations | | <input checked="" type="checkbox"/> Outside Sources of Income | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| Hunt Ward Photography 1612 Hilton Rd., Burlington, NC 27217 | | | | Campaign contribution has been returned | |
| | | | c. Outside Source Explanation | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ 250.00 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 001 | check | | 06/04/2011 | \$ 250.00 | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| | | | | | |
| | | | c. Outside Source Explanation | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | d. Comments | |
| | | | | | |
| | | | c. Outside Source Explanation | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ 250.00 | |
| 6. Total of ALL CRO-1250 Pages | | | | \$ 250.00 | |
| <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> | | | | | |
| <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> | | | | | |
| <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i> | | | | | |

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | | |
|--|--|---|-----------------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| Hill for BOE Committee | | | | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| Hunt Ward Photography 1612 Hilton Rd Burlington, NC 27217 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 06/04/2011 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 250.00 | |
| f. Purpose Code | | j. Election Sum to Date | | | |
| LO | | \$ 250.00 | | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| | | Campaign contribution refunded | | 001 | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | Campaign contribution refund | | 06/15/2011 | \$ 250.00 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Purpose Code | | j. Election Sum to Date | | | |
| | | \$ | | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| | | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Purpose Code | | j. Election Sum to Date | | | |
| | | \$ | | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| | | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 250.00 | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 250.00 | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |