



Board of Elections

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FAX 919 356 5264

P.O. Box 695 • Raleigh, NC 27602-0695  
www.wakagov.com

# CERTIFICATION OF LATE REPORTS

TO: State Board of Elections  
Campaign Finance Office  
Post Office Box 27255  
Raleigh, NC 27611-7255

FROM: Wake County Board of Elections

DATE: 2-12-2008

The following report was received by Campaign Reporting at our County Board of Elections after the due date and does not bear a U.S. postmark of the due date or earlier.

Name, Address, & Office of the Candidate or Political Committee	Name & Address of the Committee Treasurer	Report Name	Due Date	Date Filed
Julie Robison for Cary Town Council 112 Brant Point Place Cary, NC 27513	Julie A. Robison 112 Brant Point Place Cary, NC 27513	Julie Robison for Cary Town Council	1-25-08	1-31-08
Tom McEuston for Town Council 3750 NW Cary Pkwy Ste. 105 Cary, NC 27513	William T. McEuston 122 Milford Court Cary, NC 27511	Tom McEuston for Town Council	1-25-08	8-14-06
Committee to Elect Mark Travers 420 Bakewell Ct. Wake Forest, NC 27587	Marie Raitz 6308 Winter Spring Dr. Wake Forest, NC 27587	The Committee to Elect Mark Travers	1-25-08	1-27-2008
Julie Robison for Mayor of Cary 112 Brant Point Place Cary, NC 27513	Julie A. Robison 112 Brant Point Place Cary, NC 27513	Julie Robison for Mayor of Cary	1-25-08	1-31-08
Neal Hunt for City Council 2600 Fairview Road Raleigh, NC 27608	Lou R. Canster 121 Village Mill Place Raleigh, NC 27608	Neal Hunt for City Council	1-25-08	2-4-08

A copy of the late received report and the envelope in which the report was received MUST be enclosed. If received by manual delivery, a notation must be made on the report by the date-stamp.

Submitted by:

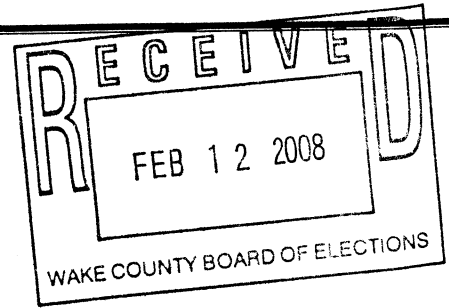
Director's Signature

2-12-08

Date



North Carolina  
 State Board of Elections  
 506 N Harrington Street  
 Raleigh, NC 27603



Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173  
 Fax: (919) 715-8047

**Certification to Close Committee**

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

**FILED BY:**

Committee Name: Neal Hunt for City Council  
 Treasurer Name: Lou R. Cansler  
 Treasurer Address: 121 Villge Mill Place  
 (include city, state, & zip) Raleigh, NC 27608  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 919-832-6848

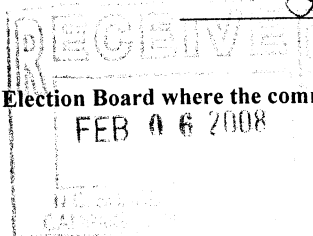
I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

2/4/08  
 Date Signed

Lou R Cansler  
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

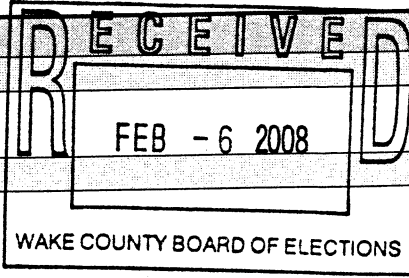


# Disclosure Report Cover

Use this form for general report and committee information. **Y** must be signed and submitted along with other detailed forms.  
Do not use this form to update information

Amendment  Yes  No

**CC COPY**



<b>1. Committee Information</b>	
a. Full Name Deal Hunt for City Council	c. ID Number 2011506
b. Mailing Address (include City, State and Zip Code) 2600 Fairview Road Raleigh, NC 27608	d. Date Filed 2/04/08
	e. Phone Number 919-832-6848

<b>2. Report Year</b> 2003	<b>3. Period Start Date (mm/dd/yy)</b> 020103	<b>4. Period End Date (mm/dd/yy)</b> 123107	<b>5. Treasurer Full Name</b> Lou R. Cansler
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b> 0		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	<b>10. Special Report Name</b>
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name North State Bank		a. Financial Institution Full Name	
b. Purpose Rec/Disb	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 3315.79		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 if 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 according to N.C.G.S. 163-278.7(f).

Lou R. Cansler

Printed Name of Signer

Lou R. Cansler

Signature of Appointed Treasurer

2/4/08

Date

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_  
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.

# Refunds/Reimbursements From the Committee

Pg \_\_\_ of \_\_\_

Amendment Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
Neal Hunt for City Council			2011506	
<b>Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Neal Hunt 2600 Fairview Road Raleigh, NC 27608 919-781-3464		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		021103
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 3315.79
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$ 3315.79
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
Real Estate Mgmt	Hunt Management Co.			O
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Check	To close account		020408	\$ 3315.79
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
				\$
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
				\$
<b>4. Total only this Page</b>				\$ 3315.79
<b>Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)</b>				\$ 3315.79
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)				