



STATE BOARD OF ELECTIONS
6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT
Executive Director

MAILING ADDRESS:
P.O. BOX 27255
RALEIGH, NC 27611-7255

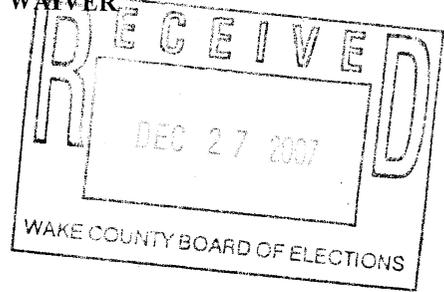
Certified Mail
Return Receipt Requested

NOTICE OF PENALTY ASSESSMENT WAIVER

December 18, 2007

Molly Sears, Treasurer
Citizens for Holly Springs
4716 Salem Ridge Road
Holly Springs, NC 27540

Re: Citizens for Holly Springs



Dear Ms. Sears:

The State Board of Elections, pursuant to N.C.G.S. §163-278.34(a), is required to assess a late filing penalty at the rate of \$50.00 per day, not to exceed \$500.00 for a report affecting non-statewide elections or \$250.00 per day, not to exceed \$10,000 for a report affecting statewide elections.

<u>REPORT</u>	<u>DATE DUE</u>	<u>DATE FILED</u>	<u>PENALTY</u>
2006 Organizational Report	10/18/06	10/21/06	WAIVED (\$150.00)

The State Board of Elections has directed that the penalties of first-time late filers may be waived under certain circumstances. The conditions are:

- that another waiver will not be granted during the 2006 election cycle; and
- that the penalty waived will be added to the next penalty assessed for late filing.

Please sign and return the enclosed copy of this letter within twenty (20) days to indicate that the conditions of the penalty waiver are understood and acceptable. For further information or assistance in this matter, you may contact Adam Ragan in this office at (919) 733-7173 or the Wake County Board of Elections at (919) 856-6240.

Sincerely,

Kim Strach, Deputy Director
Campaign Finance Office

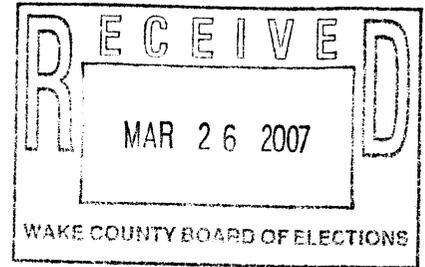
I understand the conditions of the penalty waiver for the 2006 Organizational Report.

Signature of Treasurer or Candidate

Date



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



Kimberly Westbrook
Deputy Director – Campaign Reporting

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

Certification of Inactive Status

FILED BY:

Committee Name: Citizens for Holly Springs
 Treasurer Name: Molly Sears
 Treasurer Address: 4716 Salam Ridge Road
 (include city, state, & zip) Holly Springs, NC 27540

 Treasurer Phone: 919-557-1152

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

3/8/07
Date Signed

Molly Sears
Signature



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

Kimberly Westbrook
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
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Certification of Inactive Status

FILED BY:

Committee Name: Citizens for Holly Springs
 Treasurer Name: Molly Sears
 Treasurer Address: 4716 Salem Ridge Road
 (include city, state, & zip) Holly Springs, NC 27540

 Treasurer Phone: 919-557-1152

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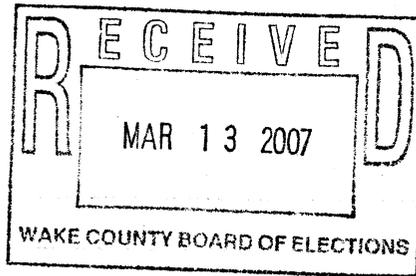
I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

3/8/07

Date Signed

Molly Sears

Signature





STATE BOARD OF ELECTIONS

6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT
Executive Director

MAILING ADDRESS:
P.O. BOX 27255
RALEIGH, NC 27611-7255

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer that has completed the mandatory treasurer training requirement. The State Board of Elections is required to provide this training. I have not completed this training but am signing this report with the understanding that I will complete treasurer training by the filing of the next regularly scheduled report for my committee, if the State Board of Elections is able to provide such training by all means described in N.C. Gen. Stat. 163-278.7(f).

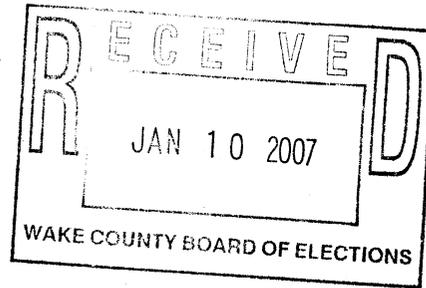
If I make this certification knowing it to be untrue I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

Molly J. Seaw

Printed name of appointed treasurer

Molly J. Seaw

Signature of appointed treasurer



01/08/2007

Date

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name		c. ID Number
CITIZENS FOR HOLLY SPRINGS		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
4716 SALEM RIDGE ROAD HOLLY SPRINGS, NC 27540		01/08/2007
		e. Phone Number
		919-557-1152

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	10/22/2006	12/31/2006	MOLLY J. SEARS

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County	Referendum	9. Special Report Name
<input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BB&T			
b. Purpose	c. Code	b. Purpose	c. Code
FOR THE RECEIPT & EXPENDITURE OF CAMPAIGN FUNDS	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 50.00		\$ 50.00

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

MOLLY J. SEARS
 Printed Name of Signer

Molly J. Sears
 Signature of Appointed Treasurer

01/08/2007
 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

Detailed Summary

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
CITIZENS FOR HOLLY SPRINGS	2006 4TH QUARTER	
Start of Election Cycle: January 1, 2003		
	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 50.00	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 25.00	\$ 75.00
6) Contributions from Individuals (CRO-1210)	\$ 544.65	\$ 544.65
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 (CRO-1250)		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
12) "Goods and Services" Contributions (CRO-1260)	\$	\$
13) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)</i>	\$ 569.65	\$ 619.65
EXPENDITURES		
14) Disbursements (CRO-1310)		
14a) Operating Expenditures (CRO-1310)	\$	\$
14b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
14c) Coordinated Party Expenditures (CRO-1310)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$ 544.65	\$ 544.65
18) TOTAL EXPENDITURES <i>(Add lines 14a, 14b, 14c, 15, 16, and 17)</i>	\$ 0.00	\$ 0.00
19) Cash on Hand at End <i>(Add lines 4 and 13 together, then subtract line 18)</i>	\$ 75.00	\$ 75.00
ADDITIONAL 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-1100

Contributions from Individuals

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) CITIZENS FOR HOLLY SPRINGS	2. ID Number
--	---------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) MOLLY J. SEARS 4716 SALEM RIDGE ROAD HOLLY SPRINGS, NC 27540	b. Job Title/Profession RN	d. Comments SATISFY COMM. PREVIOUS DEBT & OBLIGATIONS
	c. Employer's Name/Specific Field CORNERSTONE PEDS	e. Election Cycle Sum to Date \$ 544.65

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	NA	IN KIND	FLYERS	11/04/2006	\$ 160.50
<input type="checkbox"/>	NA	IN KIND	SIGNS	10/23/2006	\$ 384.15
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	e. Election Cycle Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	e. Election Cycle Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 544.65
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 544.65

In-Kind Contributions

1. Committee Full Name (and Fund if applicable)		2. ID Number	
CITIZENS FOR HOLLY SPRINGS			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MOLLY J. SEARS 4716 SALEM RIDGE ROAD HOLLY SPRINGS, NC 27540		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Cycle Sum to Date	
		\$ 544.65/atp w/ verbal permission	1-12-07
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
IN KIND FLYERS		11/04/2006	\$ 160.50
IN KIND SIGNS		10/23/2006	\$ 384.15
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Cycle Sum to Date	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Cycle Sum to Date	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 544.65
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 544.65

CRO-1510

Disclosure Report Cover

Amendment

Yes No

Please note that this cover sheet 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 those kinds of committee changes. Use the Addendum form (CRO-1010) if more entries are needed.

I. Committee Information

a. Full Name		c. ID Number
CITIZENS FOR HOLLY SPRINGS		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
4716 SALEM RIDGE RD HOLLY SPRINGS NC 27540		10-29-06
		e. Phone Number
		919-557-1152

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	10/20/2006	10/21/2006	MOLLY J SEARS

6. Type of Committee (Check one)		8. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal		
<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Organizational	State/County	
<input type="checkbox"/> Referendum		<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	Referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Soft Money Account		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First Plus	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Third Plus	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	9. Special Report Name
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
BB&T			
b. Purpose	c. Code	b. Purpose	c. Code
FOR THE RECEIPT & EXPENDITURE OF CAMPAIGN FUNDS	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 10.00		\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

MOLLY J SEARS
Printed Name of Signer

Molly Sears
Signature of Appointed Treasurer

10-29-06
Date

FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked:	Employee:	
Date Scanned:	Employee:	

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
CITIZENS FOR HOLLY SPRINGS		'06 THIRD QUARTER PLUS	
Start of Election Cycle: January 1, 2003		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 10.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 40.00	\$ 50.00
6) Contributions from Individuals (CRO-1210)		\$	\$
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 (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
12) "Goods and Services" Contributions (CRO-1260)		\$	\$
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 40.00	\$ 50.00
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$	\$
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
14c) Coordinated Party Expenditures (CRO-1310)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 0.00	\$ 0.00
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 50.00	\$ 50.00
ADDITIONAL 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		\$	\$

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001 SESSION LAW 2001-512
SENATE BILL 1014

AN ACT TO STRENGTHEN THE LITTERING LAWS.

The General Assembly of North Carolina enacts:.....

SECTION 7. Article 3 of Chapter 163 of the General Statutes is amended by adding a new section to read:

"§ 163-22.3. State Board of Elections littering notification. At the time an individual files with the State Board of Elections a notice of candidacy pursuant to G.S. 163-106, 163- 112, 163-291, 163-294.2, or 163-323, is certified to the State Board of Elections by a political party executive committee to fill a nomination vacancy pursuant to G.S. 163-114, is certified to the State Board of Elections by a new political party as that party's nominee pursuant to G.S. 163-98, qualifies with the State Board of Elections as an unaffiliated or write-in candidate pursuant to Article 11 of this Chapter, or formally initiates a candidacy with the State Board of Elections pursuant to any statute or local act, the State Board of Elections shall notify the candidate of the provisions concerning campaign signs in G.S. 136-32 and G.S. 14-156, and the rules adopted by the Department of Transportation pursuant to G.S. 136-18."

SECTION 8. Article 4 of Chapter 163 of the General Statutes is amended by adding a new section to read:

"§ 163-33.3. County board of elections littering notification. At the time an individual files with a county board of elections a notice of candidacy pursuant to G.S. 163-106, 163- 112, 163-291, or 163-294.2, is certified to a county board of elections by a political party executive committee to fill a nomination vacancy pursuant to G.S. 163-114, qualifies with a county board of elections as an unaffiliated or write-in candidate pursuant to Article 11 of this Chapter, or formally initiates with a county board of elections a candidacy pursuant to any statute or local act, the county board of elections shall notify the candidate of the provisions concerning campaign signs in G.S. 136-32 and G.S. 14-156 and the rules adopted by the Department of Transportation pursuant to G.S. 136-18."

(Note: Only the sections pertaining to elections have been set out herein. The majority of the bill deals with increased criminal penalties for littering.)

This is to certify that the Wake County Board of Elections has informed me of G.S. 163-33.3 as noted above.



SIGNATURE

10 - 30 - 06

DATE

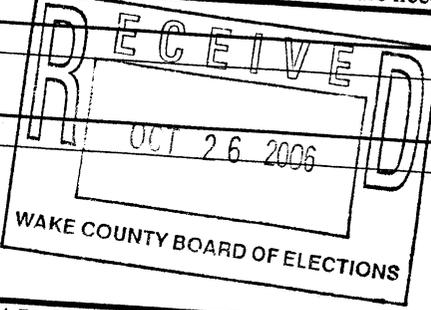
Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes.
 Use the Addendum form (CRO-1010) if more entries are needed.

I. Committee Information

a. Full Name CITIZENS FOR HOLLY SPRINGS		c. ID Number
b. Mailing Address (include City, State and Zip Code) 4716 SALEM RIDGE ROAD		d. Date Filed 10/25/2006
		e. Phone Number 919-557-1152



2. Report Year 2006	3. Period Start Date (mm/dd/yyyy) 10/20/2006	4. Period End Date (mm/dd/yyyy) 10/21/2006	5. Treasurer Full Name MOLLY J. SEARS
------------------------	---	---	--

6. Type of Committee (Check one)

Candidate Campaign
 Joint Fundraiser
 Referendum

Party
 PAC

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

Soft Money Account
 "Booster Fund"
 Building Fund
 NC Political Party Financing Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing Fund
 Other:

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

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third Plus	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

9. Special Report Name

10. Account Information

a. Financial Institution Full Name
BB&T

b. Purpose
FOR THE RECEIPT & EXPENDITURE OF CAMPAIGN FUNDS

c. Code

d. Period Begin Balance
\$ 10.00

a. Financial Institution Full Name

b. Purpose

c. Code

d. Period Begin Balance
\$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

MOLLY J. SEARS
 Printed Name of Signer

Molly J. Sears
 Signature of Appointed Treasurer

10/25/2006
 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	

Detailed Summary

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
CITIZENS FOR HOLLY SPRINGS		THIRD QUARTER PLUS	
Start of Election Cycle: January 1, <u>2003</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 10.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$	\$
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	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
12) "Goods and Services" Contributions	(CRO-1260)	\$	\$
13) TOTAL RECEIPTS	(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)	\$ 0.00	\$ 50.00
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$	\$
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
14c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES	(Add lines 14a, 14b, 14c, 15, 16, and 17)	\$ 0.00	\$ 0.00
19) Cash on Hand at End	(Add lines 4 and 13 together, then subtract line 18)	\$ 50.00	\$ 50.00
ADDITIONAL 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)	\$ 384.15	
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		\$	\$

CERTIFICATION OF LATE REPORTS

DATE: October 23, 2006

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

FROM: Wake County
 Board of Elections
 Post Office Box 695
 Raleigh, NC 27602-0695

The following report was received by Campaign Reporting at the Wake 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
Citizens for Holly Springs 4716 Salem Ridge Rd Holly Springs NC 27540	Molly J. Sears 4716 Salem Ridge Holly Springs NC 27540	Organizational	10-18-06	10-21-06

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

Director of Wake County
 Board of Elections

October 23, 2006
 Date



STATE BOARD OF ELECTIONS
 6400 Mail Service Center • Raleigh, North Carolina 27699-6400

GARY O. BARTLETT
 Executive Director

MAILING ADDRESS:
 P.O. BOX 27255
 RALEIGH, NC 27611-7255

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Chapter 163 and that this report is true and correct to the best of my knowledge. N. C. Gen. Stat. 163-278.9 provides that all reports filed after October 1, 2006 must be filed by a treasurer or assistant treasurer who has completed mandatory treasurer training. The legislation also requires the State Board of Elections to provide training on the duties of a treasurer or assistant treasurer in person, through regional seminars, and through interactive electronic means. I have not completed this training, but am signing this report with the understanding that I will complete treasurer training no later than three months of receipt of notification that the State Board has interactive electronic means available for treasurer training.

I understand that I may complete training in person before interactive electronic means are available. Within thirty days of completion of the required training, by whatever means, I will review this report and make any necessary amendments to it.

I understand that if I make this certification knowing it to be untrue, I may be prosecuted for perjury under N. C. Gen. Stat. 14-209.

Citizens For Holly Springs
 Name of Committee

Molly J Sears
 Printed name of appointed treasurer

Molly J Sears
 Signature of appointed treasurer

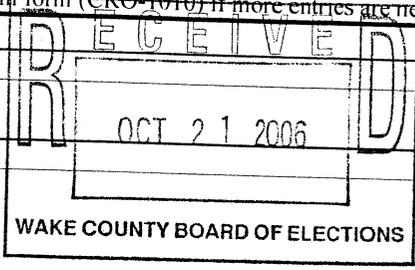
10-19-2006
 Date

Disclosure Report Cover

Amendment
 Yes No

Please note that this cover sheet 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 those kinds of committee changes. Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information	
a. Full Name CITIZENS FOR HOLLY SPRINGS	c. ID Number
b. Mailing Address (include City, State and Zip Code) 4716 SALEM RIDGE RD HOLLY SPRINGS NC 27540	d. Date Filed 10-19-2006
e. Phone Number 919-557-1152	



2. Report Year 2006	3. Period Start Date (mm/dd/yyyy) 10/08/2006	4. Period End Date (mm/dd/yyyy) 10/19/2006	5. Treasurer Full Name MOLLY J SEARS
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6. Type of Committee (Check one) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		8. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Soft Money Account <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
9. Special Report Name				

10. Account Information		10. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose FOR THE RECEIPT & EXPENDITURE OF CAMPAIGN FUNDS	c. Code 1	b. Purpose	c. Code
d. Period Begin Balance \$ 0.00		d. Period Begin Balance \$	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

MOLLY J SEARS

 Printed Name of Signer

Molly J Sears

 Signature of Appointed Treasurer

10-19-2006

 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Detailed Summary

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable) CITIZENS FOR HOLLY SPRINGS		2. Type of Report ORGANIZATIONAL	3. ID Number
Start of Election Cycle: January 1, 2003		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 10.00	\$ 10.00
6) Contributions from Individuals (CRO-1210)		\$	\$
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 (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
12) "Goods and Services" Contributions (CRO-1260)		\$	\$
13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		\$ 10.00	\$ 10.00
EXPENDITURES			
14) Disbursements (CRO-1310)			
14a) Operating Expenditures (CRO-1310)		\$	\$
14b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
14c) Coordinated Party Expenditures (CRO-1310)		\$	\$
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)		\$.00	\$.00
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 10.00	\$ 10.00
ADDITIONAL 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)		\$ 384.15	
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		\$	\$

Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment

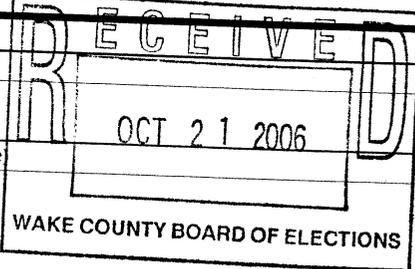
Yes No

1. Committee Full Name (and Fund if applicable) CITIZENS FOR HOLLY SPRINGS		2. ID Number	
3. Creditor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) NOVEL-Ts INC 105 SMALLWOOD CT CARY NC 27513-4221		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor PROMOTIONAL ITEM VENDOR			
c. Beginning Balance \$ 0.00	d. Total Amount Paid \$ 0.00	e. Total Amount Incurred \$ 384.15	f. Remaining Balance \$ 384.15
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy) 10/08/2006	g2. Amount \$ 384.15	g1. Date (mm/dd/yyyy)	g2. Amount \$
g3. Item Description SIGNS		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) 105 SMALLWOOD CT CARY NC 27513-4221		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
3. Creditor Information <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
b. Description of Creditor			
c. Beginning Balance \$	d. Total Amount Paid \$	e. Total Amount Incurred \$	f. Remaining Balance \$
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount \$	g1. Date (mm/dd/yyyy)	g2. Amount \$
g3. Item Description		g3. Item Description	
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
4. Total only this Page <i>(This should be the sum of all item '3f' from this page)</i>		\$ 384.15	
5. Total of ALL CRO-1610 Pages <i>(This line must be on line 22 of Detailed Summary Page CRO-1100)</i>		\$ 384.15	

CRO-1610

Statement of Organization - Political Action Committee

Amendment
 Yes No



1. Committee Information	
a. Full Name CITIZENS FOR HOLLY SPRINGS	c. ID Number
b. Mailing Address (include City, State and Zip Code) 4716 SALEM RIDGE RD HOLLY SPRINGS NC 27540	d. Date Organized 10/19/2006
	e. Phone Number (919) 557-1152

2. Political Action Committee Information	
a. Category (Check only one)	
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Legal
<input type="checkbox"/> Building/Real Estate	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Conservative/Liberal	<input type="checkbox"/> Minority
<input type="checkbox"/> Environment	<input type="checkbox"/> Political Party not part of Party Plan of Org.
<input type="checkbox"/> Get Out the Vote	<input type="checkbox"/> Religious
<input type="checkbox"/> Health	<input type="checkbox"/> Trade
<input type="checkbox"/> Information Technology / Telecommunications	<input type="checkbox"/> Utilities
<input type="checkbox"/> Insurance	<input checked="" type="checkbox"/> Other / Not listed
b. Type (Check only one)	c. Definition of Type
<input type="checkbox"/> Parent Entity	POLITICAL CAMPAIGNS
<input type="checkbox"/> Economic Interest	
<input checked="" type="checkbox"/> Political Purpose	

3. Connected Organization or Affiliated Committee	
a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Relationship
d. Member Definition CITIZENS OF HOLLY SPRINGS NC	

4. Treasurer Information	
a. Full Name MOLLY J SEARS	
b. Mailing Address (include City, State, and Zip Code) 4716 SALEM RIDGE RD HOLLY SPRINGS NC 27540	
c. Phone Number (919) 557-1152	d. Email Address

5. Custodian of Books Information	
a. Full Name SAME	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address

6. Assistant Treasurer Information		<input type="checkbox"/> Add
a. Full Name		<input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number	d. Email Address	

7. Account Information (incl. CRO-3500)		<input type="checkbox"/> Add
a. Financial Institution Full Name BB&T		<input type="checkbox"/> Remove
b. Purpose FOR THE RECEIPT & EXPENDITURE OF CAMPAIGN FUNDS		
c. Code 1	d. Type CHECKING	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

MOLLY J SEARS
 Printed Name of Signer

Molly J Sears
 Signature of Appointed Treasurer

10-19-2006
 Date