

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
John Hammer for Mayor Committee	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2312 Princess Ave St. Greensboro, NC 27408	Jan. 26, 2007
	e. Phone Number
	336 288 3639

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2006	6/30/2006	1/1/2007	

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	State/County	Referendum
<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"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus	<input type="checkbox"/> Final
<input type="checkbox"/> Soft Money Account		<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 Plus	<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"/> NC Political Party Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	9. Special Report Name
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Other:		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

10. Account Information		10. Account Information	
a. Financial Institution Full Name	c. Code	a. Financial Institution Full Name	c. Code
Sun Trust Bank			
b. Purpose	d. Period Begin Balance	b. Purpose	d. Period Begin Balance
	\$ 3,478.00		\$

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.

John R. Hammer John R. Hammer Jan 26, 2007
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____
 Date Postmarked: _____
 Date Scanned: _____

RECEIVED
 JAN 26 2007
 GUILFORD COUNTY
 BOARD OF ELECTIONS

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number	
John Hammer for Mayor		Year end		
Start of Election Cycle: January 1, _____			Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 3478 ⁷¹	\$ 3,478 ⁷¹
RECEIPTS				
5) Aggregated Contributions from Individuals (CRO-1205)			\$	\$
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)			\$	\$
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)			\$	\$
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)			\$ 3478 ⁷¹	\$ 3478 ⁷¹
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			\$	\$



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.

John Hammer for Mayor
Name of Committee

John Hammer
Printed name of appointed treasurer

[Signature]
Signature of appointed treasurer

Jan 26, 2007
Date

RECEIVED

JAN 26 2007

GUILFORD COUNTY
BOARD of ELECTIONS