Disclosure Re	eport Cover						Amenoment Yes No		
Use this form for ge	neral report and committee	nforma	tion, must be	signed	and sub	mitted along with oth	ner detailed forms.		
 	to update information								
1. Committee Info	mation		· · · · · · · · · · · · · · · · · · ·						
a. Full Name							c. ID Number		
Friends of Jeff Hud									
	lude City, State and Zip Code)						d. Date Filed		
Friends of Jeff Hud	son								
401 S. Bluff Drive Jacksonville, NC 2	2540						7,7,7,11		
Jacksonvine, NC 20	3340						e. Phone Number		
	910-330-2510								
2. Report Year	3. Period Start Date (mm/s	łd/yy)	4. Period J (mm/dd/yy)	End Da	te	5. Treasurer Full	Name		
2017	07/01/2017		12/3	1/2017		Susan Singletary			
6. Type of Commit			pe of Report	(с	heck on	ly one type of report	from one category)		
Candidate Camp	= '	Munic			State/C		Referendum		
PAC Independent	Referendum		Organizational			Organizational	Organizational		
Expenditure	Joint Fundraiser	📙	Thirty-five day	7		Quarterly	Pre-referendum		
Legal Expense F		<u> </u>							
7. Type of Fund "Booster Fund"	(if applicable, check one)	┤ 片	Pre-primary Pre-election			First	Final		
Building Fund		ᅡ片	Pre-runoff			Second Third	Supplemental Final Annual		
			Semi-annual		Ħ	Fourth	Special		
			Mid Year		_	Semi-annual			
Other:			Year End			Mid Year	10. Special Report Name		
O Manual and Comment		<u> </u>	Final			Year End			
8. Number of Fund	raisers this Report	 	Special			Final Special			
11. Account Inform	nation	· L		11. Ac	count]	Information			
a. Financial Institution	Full Name			a. Fina					
First Citizens									
b. Parpose	c. Account Code			b. Purp	ose		c. Account Code		
Campaign Related	1						·		
Activities	d. Period Begin Balanc	e					d. Period Begin Balance		
	\$ 950.00						\$		
CERTIFICATION									
I certify that the Cor	nmittee or Fund is in compl	iance wi	ith all applica	ble pro	visions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of		
the NC General Stat	utes and that no funds are co	mming	led with proh	ibited o	r other	non-disclosed funds.	I further certify that this report		
Susan Sing	d correct and that I have been	ıramec		tate Bo		elections.	01/25/2017		
	Printed Name of Signer					ited Treasurer	Date		
FOR OFFICE USE		um M		<u> </u>	- FF		2000		
Date Received:	Committee of the control of the cont		Employee:				Delivery Method		
	5						Normal Mail		
Date Postmarke	:d:		Employee:				Registered Mail Hand Delivered		
Date Scanned:			Employee:				Electronically Filed		
Date Scamed.	22000 Al		rubiolee;			444	Signer has not received		
Date Data Ente	red:		Employee:				mandatory training		
Please Note: Th	is form cannot be used to an custodi	nend com	mmittee infor	mation	such as	the committee addre	ess, treasurer, assistant treasurer,		
ī				, '					

Amendment

Amendment

Yes

No 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		
Friends of Jeff Hudson	2017Semi-Annual				
	End	Total this	TALAN		
Start of Election Cycle: January 1,	2015	Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 950.00	\$ 0		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 260.00	\$ 266.00		
6) Contributions from Individuals	(CRO-1210)	\$ 2100.00	\$ 3050.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$ 8095.95	\$ 8095.95		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources		100 (30 (10) (3)			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organizat	ions (CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	Ic, IId and IIe)	\$ 10455.95	\$ 11405.95		
<u>EXPENDITURES</u>					
13) Disbursements		711	(2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3		
13a) Operating Expenditures	(CRO-1310)	\$ 8658.98	\$ 8658.98		
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$	\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 8658.98	\$ 8658.98		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 2746.97	\$ 2746.97		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	(ns) (CRO-1430)	\$ 3095.95			
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-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

Aggregated Contributions from Individuals

Page

_____ of _____ Yes K No.

Option	Optional form used to report NC Contributions From Individuals of \$50 or less										
1. Com	1. Committee Full Name (and Fund if applicable) 2. ID Number										
F	riends	of J	reff Hudson					888677			
3. Cont	ributor Inform	nation			REF TAKING SERVE	TEFRETAR	7.10 m (CE 500 m (SE				
a. Amend	,	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	5) 5)	f. Amoun	t			
	Add Remove	1	check		09/13/		\$ 4	9.00			
一一	Add	-	ONCOR	· · · · · · · · · · · · · · · · · · ·	0.113	2017					
	Remove	ĺ	check check		09/13/	2017	\$ 4	-0,00			
	Add		į		1 1			<u> </u>			
	Remove	1	check		09 13	2017	\$ 4	10,00			
	Add Remove	} ,	dvaft		اماننا		\$ 4	r _			
	Add	<u> </u>	avatt		11 09	2017	4	0.00			
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	Add				12/03/	2017		13100			
	Remove		check		12 63 2	2017	\$ <u>i</u>	ts.00			
	Add					~					
	Remove	<u> </u>	on line test donation	<u> </u>	10 31.	2017	\$	1.00			
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	al of ALL C		ages			\$		59,00 59,00			
(This li	-2	59,00									

CRO-1205

NC State Board of Elections

April 2007

260.00

Contributions from Individuals

			Amenament							
Pg	1	of	1	er. Elan	Yes	⊠ No				

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comn	nittee Full Name	(and Fund if applicable	e)			2. ID Number			
	DS OF JEFF HUI							Hisphanical	
3. Contr	ributor Informatio			Add □ Re	emove				
	ame, Mailing Add			b. Job Title/P		d. C	omments		
(inclu	de city, state, & zi	p)						Streemin	
GENEI	RAL CONTRIBU	TORS							
VARIC	US			c. Employer's	Name/Specific Field				
NC						<u> </u>			
			•		!	е. ш	lection Sum	to Date	
				` .		\$		260:00	
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	- Continued	
	1	Check			12/31/2017		\$	260:00	
							\$	STEEL ST	
							\$	NAME OF TAXABLE PARTY.	
3. Conti	ributor Informati	on		Add 🔲 R	emove			_	
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/P		d. C	comments		
(inclu	de city, state, & zi	ip)					······	i de la companion de la compan	
BARB	ARA NEWMAN								
11 PRITCHARD DRIVE				c. Employer's	Name/Specific Field			Barrothi	
PALM COAST, FL 32164						<u></u>			
						e. E	lection Sum	to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			12/19/2017		\$	100.00	
							\$		
						-	\$	ON STATE OF THE ST	
3. Cont	ributor Informati	on		Add □ R	emove				
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/P	'rofession	d. C	comments		
(inclu	ide city, state, & z	ip)							
BILLY	SEWELL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	LDERSGATE RO			c. Employer's	s Name/Specific Field				
JACKS	SONVILLE, NC	28546							
						e. Ł	lection Sum	to Date	
						\$		2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount		
	1	Check			12/06/2017		\$	2,000.00	
							\$		
							\$		
4. Tot	4. Total only this Page \$2100 2,360.00 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$2,360.00								
	al of ALL CR		Page CPO 1100)			\$	2100	2,360.00	
5. Tot	al of ALL CR	O-1210 Pages	· · · · · · · · · · · · · · · · · · ·			S	2100	2 360:00	
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Loan Proceeds		Pg	of		Yes No		
	t proceeds from a loan and loan er						
	ment must accompany each loan the ame (and Fund if applicable)	nat is from an ind	· · · · · · · · · · · · · · · · · · ·				
Friends of Jeff Hudso			<u>Z.</u>	ID Numl	oer		
3. Lender Information		Add			Remove		
a. Full Name, Mailing Ad		b. Job Title/Prof	ession		d. Comments		
(include city, state, & zi	ip)						
Jeff Hudson 401 S. bluff Cr.							
Jacksonville, NC 285	40	- EII		· · · · · · · · · · · · · · · · · · ·	e. Start Date (mm/dd/yyyy)		
Jacksonvine, IVC 205		e. Employer's Na	me/Specific Field		07/01/2017		
					f. End Date (mm/dd/yyyy)		
					I. Bud Bate (mm/dwyyyy)		
g. Rate	h County M. J. J			n			
	h. Security Pledged	i. Account Code	j. Form of Paymer	nt	k. Amount		
%		1	Check		\$ 8095.95		
I. Full Name of Lending I	nstitution	·	1	m. Loan	Number		
			·	 			
4. Endorsers/Makers		e Ioan.)					
a. Full Name, Mailing Add		b. Job Title/Pr	ofession	c. Emplo	yer's Name/Specific Field		
(include city, state, & zi	(p)						
		d. Percentage		e. Amou	nt		
				C. Amou			
			%	\$			
a. Full Name, Mailing Add	dress & Phone	b. Job Title/Pr	ofession	c. Emplo	yer's Name/Specific Field		
(include city, state, & zi	p)		****				
		J Damanut					
•		d. Percentage		e. Amou	nt		
			%	\$			
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(include city, state, & zi		5.005 11110/11	ORESSION	e. Emplo	yer's Name/Specific Field		
		7					
			····		-th-		
		d. Percentage		e. Amou	at		
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a. Full Name, Mailing Add	Iress & Phone	b. Job Title/Pr	ofossion	F	T NT CO THE TOTAL THE TANK THE		
(include city, state, & zi		D. SOD TIME/FI	OTESSION	e. Emplo	yer's Name/Specific Field		
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		d. Percentage		e. Amoui	ot .		
			%	\$			
5 Total of ATT C	'PΩ 1410 Pa ~~~	<u> </u>	-				
5. Total of ALL C	•			\$	8095.95		
CRO 1410	o 4 of Notailed Summary Page CRO_1100	ri					
	· ·						

Loan Proceeds

Die	hurs	em	ents
ルルス	vuis	, Ulu	CHIS

				Am	enam	ent	
Pg	1	of	3	- E	Yes	囚	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if amplicable)

	ull Name (and Fund)	if applicable)				· · · · · · · · · · · · · · · · · · ·		2. ID Nu	mber
FRIENDS OF J	JEFF HUDSON								
3. Type of Disbu	rrsement (Please)	use separate CRO)- <i>1310</i>	forms for ea	ich :	type of Disbu	<i>TSeme</i>	nt.)	
Operating Exp	penses Cont	ributions to Candidat						ed Party Ex	xpenditures
4. Payee Inform	ation	20.000		Add 🔲	F	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordina	te d	Committee N	am e	d. Comm	ents
(include city, sta	ite, & zip)						-		
17 BLUE DIGI	TAL								
624 NEW BRII	OGE STREET			c. Level Registered (Specify)]	
SUITE 600				Federal Cour					
JACKSONVILI	LE, NC 28540			State		Municip	ality:	e. Election	n Sum to Date
								\$	4,327.31
		h. Purpose Code	i. Date	(mm/dd/yyy	y) j.	. Amount	k. Re	quired Re	marks
1	Debit Card	A	08	8/30/2017	\$	3,595.95	WEI	BSITE	
1	Debit Card	В	10	0/11/2017	\$	201.43	CAR	DS .	
4. Payee Inform		-		Add 🔲	F	Remove			
	ailing Address & Pho	one		b. Coordina	ted	Committee Na	am e	d. Comm	ents
(include city, sta		· · · · · · · · · · · · · · · · · · ·							
17 BLUE DIGI	TAL								
624 NEW BRII	OGE STREET				iste	red (Specify)			
SUITE 600		Federal Control		County:					
JACKSONVILI	LE, NC 28540		State		Municip	ality:	e. Hection	n Sum to Date	
								\$	4,327.31
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyy	y) j.	. Amount	k. Re	quired Re	marks
1 Debit Card B 11/21/2017 \$					99.78	CAR	DS .		
1	Debit Card	В	12	2/20/2017	\$	430.15	ENV	ELOPES	
4. Payee Inform				Add 🔲		Remove			
	ailing Address & Pho	one		b. Coordina	ted (Committee Na	ame	d. Comm	ents
(include city, sta	te, & zip)								***************************************
FACE BOOK			ĺ						
NC			ľ		(iste	red (Specify)		į	
				Federal State		County:		- TT - 11	
						Municip	auty:	e. Hection	n Sum to Date
								\$	50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyy	y) j.	. Amount	k. Re	quired Re	marks
1	Draft	A	10	0/13/2017	\$	25.00	WEF	BSITE	
1	Draft	A	12	2/01/2017	\$	25.00	WEF	BSITE	
5. Total only this	s Page							\$	4,377.31
6. Total of ALL	CRO-1310 Pages								
(This line goes i	in line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Exp	pens	es))		
(This line goes it (This line goes i	in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO- Summary Page CRO-	-1100 if -1100 if	Contrib to Car	ndid Parts	ates/Political C	omm)	\$	8,658.98
	odes (List detailed		*************		. – , – ,	230000000000000000000000000000000000000			
A* - Media	B* - Printin			undraising		D-To	Anot	her Candio	date
E - Salaries	F* - Equipme	~		litical Party					office Expenses
I - Postage	J - Penaltie			Office Expens	ses		_		l Expense Fund
O* Other				_		•			
* Codes require	e detailed explanatio	n in required ren	ıarks fi	ield (k)					

Dis	bursements
2 B 1	MATINET OF THE PARTY

				Amendment						
Pg	2	of	3	X	Yes		No			

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fi	ull Name (and Fund i	if applicable)			٠ <u>//:</u> 55/		75.4.1	2. ID Number	
FRIENDS OF J	JEFF HUDSON								
3. Type of Disbu	irsement <i>(Please</i>	use separate CRC	<u> </u>	forms for eac	h type	of Disbu	rseme	nt.)	er san best
Operating Exp	penses Cont	ributions to Candidat	tes/Polit	ical Committees				ed Party Expen	ditures
4. Payee Inform	A set was a set of the				Rem	ove			
	ailing Address & Ph	one		b. Coordinate	d Con	amittee Na	ıme	d. Comments	<u> </u>
(include city, sta			<u></u>						
HILTON GARI						<u> </u>		j	
	NVILLE PARKWA	Y		c. Level Regis			:		
JACKSONVILI	LE, NC 28546			Federal State	L	County:			
				L. Jace	L	☐ Municip	auty.	e. Hection Su	
	1	1						\$	1,000.00
1	g. Form of Payment	T			+	nount	k. Re	quired Remar	ks
I	Debit Card	С	0.9	9/05/2017	\$	1,000.00	ROC	OM RENTAL	
					\$				
4. Payee Inform				Add 🔲	Rem	ove			
	ailing Address & Ph	one	T	b. Coordinate			am e	d. Comments	
(include city, sta									
Q GIV				<u></u>		<u> </u>			
NC c. Level Registered (Specify)								İ	
			Federal		County:				
				☐ State		☐ Municip	ality:	e. Election Su	m to Date
								\$	0.34
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	lount	k. Re	l quired Remar	ks
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	ailing Address & Ph	оле	<u> </u>	b. Coordinate			me	d. Comments	
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Q GIV				1		•	ļ		
NC				c. Level Regist	tered	(Specify)			
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				☐ State		☐ Municip	ality:	e. Dection Su	m to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	li Date	(m m /dd/vyyy)	I: Am	· onnt	L Re	quired Remar	
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(This line goes in	in line 13b of Detailed S	Summary Page CRO	-1100 if	Contrib to Cand	lidates	/Political C	omm)	3	8,658.98
	in line 13c of Detailed S				rty Exp	penditures)]		
	odes (List detailed	·····			<u> </u>		·	- <u> </u>	
A* - Media	B* - Printin	~		undraising				her Candidate	
E - Salaries	F* - Equipm			litical Party				Public Offic	
I - Postage O* Other	J - Penaltie	:S	K* - C	Office Expenses	\$	Q* - D	onatio	on to Legal Ex	pense Fund
	e detailed explanatio	n in required ren	narks f	űeld (k)					
		-							

Die	bursements	
E/IS	Daisements	

				Amendm	ent
σ	3	of	3	Yes	M

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fr	ıll Name (and Fund i	f applicable)						2. ID Nu	mber
FRIENDS OF J				· · · · · · · · · · · · · · · · · · ·	*******				· · · · · · · · · · · · · · · · · · ·
3. Type of Disbu	rsement <i>Please</i> i	ise separate CRO	-1310	forms for each	ı tv	ne of Disbu	rseme	nt.)	
Operating Exp	enses Contr	ibutions to Candidat	es/Polit	ical Committees		Coc	rdinat	ed Party E	rpenditures
4. Payee Inform	ation			Add 🔲	Re	move			
a. Full Name, Ma	ailing Address & Pho	ne		b. Coordinate	d C	ommittee Na	ım e	d. Comm	ents
(include city, sta	te, & zip)								
PHILLIP LAW								·	
200 VALENCIA				c. Level Regist	tere				
JACKSONVILI	LE, NC 28546			Federal		County:		77	
				☐ State		Municip	anty:	e. Hectio	n Sum to Date
					,		-	\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)		kmount	k. Re	quired Re	marks
1	Check	A	1.2	2/09/2017	\$	500.00	SIG	VS.	
					\$				
4. Payee Inform	ation		П	Add 🔲	Re	move	<u></u>		
	ailing Address & Pho	one		b. Coordinate			ıme	d. Comm	ents
(include city, sta	te, & zip)								
DIRT CHEAP S	SIGNS								
7301 BAR K R				c. Level Regist	tere	4			
LAGO, TX 786	545			Federal County:				T-10	
				☐ State ☐ Municipality:			auty:	e. Electio	n Sum to Date
								\$	2,779.45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	kmount	k. Re	quired Re	marks
1	Debit Card	A	1:	1/30/2017	\$	2,000.00	SIG	1 S	
1	Debit Card	A	12	2/01/2017	\$	779.45	SIGN	NS	
5. Total only thi	s Page				.,			\$	3,279.45
6. Total of ALL	CRO-1310 Pages						·		
(This line goes i	n line 13a of Detailed S	ummary Page CRO	-1100 if	Operating Expe	nses)		S	0 650 00
	n line 13b of Detailed S						omm)	Ð	8,658.98
	n line 13c of Detailed S				rty E	expenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.)	aboye)					:
A* - Media B* - Printing C* - Fundraising D - To Another Candidate							date		
E - Salaries F* - Equipment G - Political Party H* - Holding							Office Expenses		
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fun						d Expense Fund			
O* Other * Codes require	e detailed explanatio	n in payminad	males i	- AL (-)					
CRO-1310	- wianca expananano			reid (K) ard of Elections					December 2009

Outstan	ding	Loans
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		Amen	ament	
Pg	 of		Yes	No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Na	ime (and Fund if applicable	e)			2. ID Number		
Friends of Jeff Hudso	n		1000				
3. Lender Informatio	n	dd		Remove	-		
a. Full Name, Mailing Add	ress & Phone	b. Job Ti	itle/Profession		d. Comments		
(include city, state, & zi	ρ)						
	1111111						
Friends of Jeff Hudso	n				64 47 4 (234		
					e. Start Date (mm/dd/yyyy)		
401 S. Bluff Circle		c. Emplo	yer's Name/Specific I	Field	07/01/2017		
Jacksonville, NC 2854	40				07/01/2017		
					f. End Date (mm/dd/yyyy)		
- D-4-							
g. Rate	h. Security Pledged		i. Original Loan Ar	mount	j. Remaining Loan Balance		
%			\$ \$8095.95		\$ 8095.95		
k. Full Name of Lending I	netitution		<u> </u>				
	13th Golden Control of the Control o	***			l. Loan Number		
3. Lender Informatio	n 🗆 🗛	.dd		Remove	I		
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(include city, state, & zi		D. 30D 11	itte/i Tolession		d. Comments		

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k. Full Name of Lending I	<u>istitution</u>				l. Loan Number		
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					f. End Date (mm/dd/yyyy)		
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70			\$		\$		
k. Full Name of Lending In	ıstitution				l. Loan Number		
4. Total only this Pag					\$ 8095.95		
5. Total of ALL CRO	-	_			\$ 8095.95		
(1 his tine must be on line	e 21 of Detailed Summary Page CR	(0-1100)	•				

Loan Proceeds		T -			Amendment		
Use this form to repor	t proceeds from a loan and loan e	rg endorser's informatio	of on		Yes No		
A loan proceeds states	nent must accompany each loan	that is from an indiv	ridual				
1. Committee Full N.	ame (and Fund if applicable)		2	. ID Num	oer		
	ds of Jeff Huds	Son		8.	2-2388677		
3. Lender Information	description of the property of the state of	Add			Remove		
a. Full Name, Mailing Add		b. Job Title/Profess	sion		d. Comments		
(include city, state, & zi	<u>(P)</u>	┦ ,	1 ` · · · ·	ń	1		
Jeff Ho	idson	Execu	tive Din	ector	e. Start Date (mm/dd/yyyy)		
141 6	Buff Circle	c. Employer's Nam	e/Specific Field	·	11/16/2017		
701 3,	Butt Circle	OWWA	-Sn:				
Jackso	nuille, NC 28540	ON WAL			f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paym	ent	k. Amount		
%		į	Check		\$ 2000,00		
l. Full Name of Lending I	astitution				Number		
	- 1980 -	***************************************		m. Loan	Number		
2334							
4. Endorsers/Makers	and the state of the state of the state of the state of the state of the state of the state of the state of the	he loan.)					
a. Full Name, Mailing Add		b. Job Title/Prof	ession	c. Empl	oyer's Name/Specific Field		
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77 17 37		4.	<u></u> :	\$			
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	s of Jeff Hud	lson		8,	a - 2388677	
3. Lender Informatio	i I	Add			Remove	
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Jeff 14					e. Start Date (mm/dd/yyyy)	
	. Bluff Circle	c. Employer's Nan	e/Specific Field		12/09/2017	
Jack	smville, NC 28540	ON	1 WASa		f. End Date (mm/dd/yyyy)	
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1. Committee Full Nam	e (and Fund if applicable)			2. ID Numb	ie r		
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a. Full Name, Mailing Addres	s & Phone	b. Job Title/Profess	sion		d. Comments		
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401 S, B	luff Circle	c. Employer's Nam			08/24/17		
Jack Sunvill	e, NC 28540	ONI	WASA		f. End Date (mm/dd/yyyy)		
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1. Committee Full Na	ame (and Fund if applicable)			2. ID Numl) er		
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1. Committee Full Name (and Fund if applicable)			2. ID Numb	er		
Friends of Jeff Hudson 82-2388697						
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