

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.

CABARRUS COUNTY
 BOARD OF ELECTIONS

JUL 13 2018

RECEIVED

1. Committee Information

a. Full Name: Committee to Elect McClorey

b. Mailing Address (include City, State and Zip Code):
1413 Cooper Ave.
RANDOLPH NC

c. ID Number: _____

d. Date Filed: 3-7-18

e. Phone Number: 704-560-1877

2. Report Year 2018 **3. Period Start Date (mm/dd/yy)** 4-22-18 **4. Period End Date (mm/dd/yy)** 6-30-18 **5. Treasurer Full Name** Judy J. Hamilton

6. Type of Committee (Check One)

Candidate Campaign Party
 PAC Referendum
 Independent Expenditure Joint Fundraiser
 Legal Expense Fund

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

Booster Fund
 Building Fund
 Other: _____

8. Number of Fundraisers this Report

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

Municipal
 Organizational
 Thirty-five day
 Pre-primary
 Pre-election
 Pre-runoff
 Semi-annual
 Mid Year
 Year End
 Final
 Special

State/County
 Organizational
 Quarterly
 First
 Second
 Third
 Fourth
 Semi-annual
 Mid Year
 Year End
 Final
 Special

Referendum
 Organizational
 Pre-referendum
 Final
 Supplemental Final
 Annual
 Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: SunTrust Bank

b. Purpose: Campaign Transaction

c. Account Code: 5050

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.

Judy J. Hamilton Printed Name of Signer Judy J. Hamilton Signature of Appointed Treasurer July 5, 2018 Date

FOR OFFICE USE ONLY

Date Received: 7/13/18 Employee: smg Delivery Method: Normal Mail

Date Postmarked: 7/11/18 Employee: smg Registered Mail

Date Scanned: 7/10/18 Employee: smg Hand Delivered

Date Data Entered: _____ Employee: _____ 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	
Committee to Elect McClorey		2 nd Quarter 2018			
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 120.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	1,300	\$	1,420
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					
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizations	(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, 11c, 11d and 11e)		\$	1,300.	\$	1420.
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	1337.50	\$	1337.50
13b) Contributions to Candidates/Political Committees	(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)		\$	1337.50	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	82.50	\$	82.50
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-2220)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

Contributions from Individuals

Pg ____ of ____ Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Amos McCloray 1413 Cooper Ave Kannapolis NC 28081			Retired			
			c. Employer's Name/Specific Field			
			Philip Morris USA		e. Election Sum to Date	
					\$ 1,300.	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	5050	check		4-30-18	\$ 1,300	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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 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 <input type="checkbox"/> Add <input type="checkbox"/> 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 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						\$ 1,300
5. Total of ALL CRO-1210 Pages						\$ 1,300
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

Amendment 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 Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect McClary							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DAVIDSON Speed PRINTING 223-D South Main St Lexington NC 27293							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1337.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5050	Check	B	5-2-2018	\$ 1337.50	Hand-out cards		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5050				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 1,337.50	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						1337.50	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							