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.

1. Committee Information

a. Full Name	c. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO BOX 757 CONOVER, NC 28613	04/28/2014
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	01/01/2014	04/19/2014	AMY LUCKADOO

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☑ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
BRANCH BANKING AND TRUST COMPANY		MAINTAIN CAMPAIGN CONTRIBUTIONS AND EXPENDITURES	A
			d. Period Begin Balance
			$ 3612.38

3. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code
			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

Kim R. Sigmon	Kim R. Sigmon	04/28/2014
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: RECEIVED
Date Postmarked: APR 28 2014
Date Scanned: _____ By _____
Date Data Entered: _____

Employee: _____
Employee: _____
Employee: _____
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.

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	2014 First Quarter	CAT-000000-C-001

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 3,612.38	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 915.00	$ 1,397.36
6) Contributions from Individuals	*(CRO-1210)*	$ 9,347.51	$ 21,467.86
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 0.00	$ 0.00
9) Loan Proceeds	*(CRO-1410)*	$ 2,000.00	$ 2,750.00
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ 0.00	$ 1.95
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	*(CRO-1250)*	$ 0.00	$ 0.00
11c) Outside Sources of Income	*(CRO-1250)*	$ 0.00	$ 0.00
11d) Legal Expense Fund - Other Sources	*(CRO-1270)*	$ 0.00	$ 0.00
11e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0.00	$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 12,262.51	$ 25,617.17
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 7,120.91	$ 13,185.21
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 0.00	$ 250.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 33.20	$ 347.47
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 0.00	$ 0.00
17) In-Kind Contributions	*(CRO-1510)*	$ 4,662.51	$ 7,776.22
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 11,816.62	$ 21,558.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 4,058.27	$ 4,058.27
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 2,750.00	
22) Debts and Obligations owed by the Committee	*(CRO-1610)*	$ 0.00	
23) Debts and Obligations owed to the Committee	*(CRO-1620)*	$ 0.00	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ 0.00	
25) Administrative Support	*(CRO-1710)*	$ 0.00	$ 0.00
26) Forgiven Loans	*(CRO-1440)*	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	*(CRO-2220)*	$ 0.00	$ 0.00
28) Contributions to be Refunded	*(CRO-1215)*	$ 0.00	$ 0.00

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	A	Money Order		03/07/2014	$ 15.00
☐ Add ☐ Remove	A	Check		02/28/2014	$ 50.00
☐ Add ☐ Remove	A	Cash		02/15/2014	$ 50.00
☐ Add ☐ Remove	A	Cash		02/15/2014	$ 50.00
☐ Add ☐ Remove	A	Check		03/01/2014	$ 35.00
☐ Add ☐ Remove	A	Check		04/09/2014	$ 50.00
☐ Add ☐ Remove	A	Check		02/26/2014	$ 20.00
☐ Add ☐ Remove	A	Cash		01/15/2014	$ 40.00
☐ Add ☐ Remove	A	Check		03/03/2014	$ 45.00
☐ Add ☐ Remove	A	Check		04/10/2014	$ 25.00
☐ Add ☐ Remove	A	Check		04/07/2014	$ 50.00
☐ Add ☐ Remove	A	Check		03/31/2014	$ 50.00
☐ Add ☐ Remove	A	Check		03/04/2014	$ 35.00
☐ Add ☐ Remove	A	Cash		02/21/2014	$ 50.00
☐ Add ☐ Remove	A	Cash		02/19/2014	$ 50.00
☐ Add ☐ Remove	A	Cash		02/19/2014	$ 50.00
☐ Add ☐ Remove	A	Cash		02/21/2014	$ 50.00
☐ Add ☐ Remove	A	Cash		02/15/2014	$ 50.00
☐ Add ☐ Remove	A	Cash		02/15/2014	$ 50.00
☐ Add ☐ Remove	A	Check		03/20/2014	$ 50.00
☐ Add ☐ Remove	A	Cash		04/04/2014	$ 50.00

4. Total only this Page	$	$915.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$915.00

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FLORIN (TONY) ADAM 1010 WILLOW CREEK DR NEWTON, NC 2868	SELF EMPLOYED	CONTRACTOR		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Credit Card		02/19/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BARBARA BOLTON 910 HIGHLAND AVE HICKORY, NC 28601	OWNER	AUTO REPAIR		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/02/2014	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARGARET BOLTON 5260 37TH ST DR, NE HICKORY, NC 28601	RETIRED	HOMEMAKER		$ 110.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		02/25/2014	$ 10.00
☐	A	Check		02/25/2014	$ 100.00
☐					$

4. Total only this Page	$ 710.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NANCY BOLTON 4232 6TH ST NW HICKORY, NC 28601	OWNER	WRECKER SERVICE		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/31/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	DRIVER	TRANSPORTATION		$ 1,182.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	SUPPLIES	02/07/2014	$ 43.87
☐	A	In-Kind	SUPPLIES	02/08/2014	$ 41.95
☐	A	In-Kind	SUPPLIES	02/15/2014	$ 53.29

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	DRIVER	TRANSPORTATION		$ 1,182.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	SUPPLIES	02/21/2014	$ 58.10
☐	A	In-Kind	SUPPLIES	02/22/2014	$ 58.66
☐	A	In-Kind	SUPPLIES	02/25/2014	$ 423.48

4. Total only this Page	$ 929.35
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	DRIVER	TRANSPORTATION		$ 1,182.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	SUPPLIES	03/02/2014	$ 7.42
☐	A	In-Kind	SUPPLIES	03/06/2014	$ 5.77
☐	A	In-Kind	SUPPLIES	03/06/2014	$ 118.45

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	DRIVER	TRANSPORTATION		$ 1,182.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	SUPPLIES	03/08/2014	$ 35.29
☐	A	In-Kind	SUPPLIES	03/13/2014	$ 10.56
☐	A	In-Kind	SUPPLIES	03/19/2014	$ 21.13

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	DRIVER	TRANSPORTATION		$ 1,182.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	SUPPLIES	03/28/2014	$ 220.00
☐					$
☐					$

4. Total only this Page	$ 418.62
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHNSIE CALDWELL 1138 24TH ST NE HICKORY, NC 28601	RECEPTIONIST	MEDICAL		$ 110.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	Cash		09/28/2013	$ 10.00
☐	A	Check		04/09/2014	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PAIGE DELLINGER 2897 HWY 321 S NEWTON, NC 28658	STUDENT	SCHOOL		$ 64.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	Cash		09/24/2013	$ 14.00
☐	A	Cash		03/02/2014	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PATRICIA GABRIEL 2520 EAGLE DR NE CONOVER, CA 28613	HOMEMAKER	HOMEMAKER		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		01/16/2014	$ 100.00
☐	A	Check		02/22/2014	$ 50.00
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JANET GREER 124 35TH AVE NE HICKORY, NC 28601	NURSE	MEDICAL		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/23/2014	$ 125.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD HARWELL 1381 GRAND OAKS LN HICKORY, NC 28602	REALESTATE	SELF EMPLOYED		$ 450.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/31/2014	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT HIBBITTS 2826 25TH ST NE HICKORY, NC 28601	RETIRED	FINANCIAL CONSULTANT		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/16/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 425.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-00000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PAT HOUSER 4815 SPRINGS RD NE CONOVER, NC 28613	MEDICAL	HOSPITAL		$ 145.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	Cash		08/04/2013	$ 25.00
☒	A	Cash		12/17/2013	$ 20.00
☐	A	Check		01/06/2014	$ 100.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HOPE HOYT 1573 MAYLINE CIR HICKORY, NC 28601	HOMEMAKER	HOMEMAKER		$ 230.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/21/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL JOHNSON 4220 4TH ST LN NW HICKORY, NC 28601	OWNER	RETAIL-CAR DEALERSHIP		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2014	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM KERN 1650 20TH AVE CT NE HICKORY, NC 28601	BROKER	TRANSPORTATION		$ 3,993.17

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	PRINTING	04/04/2014	$ 568.17
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRIS MCSWAIN 713 W 6TH ST NEWTON, NC 28658	HR MGR	PROFESSIONAL		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		01/10/2014	$ 50.00
☐	A	Cash		02/21/2014	$ 50.00
☐	A	Cash		03/26/2014	$ 50.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHRIS MCSWAIN 713 W 6TH ST NEWTON, NC 28658	HR MGR	PROFESSIONAL		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		04/07/2014	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 768.17
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KATHY MCSWAIN 713 W 6TH ST NEWTON, NC 28658	LEGAL ASSISTANT	LEGAL OFFICE		$ 312.68

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		01/10/2014	$ 50.00
☐	A	Cash		02/21/2014	$ 50.00
☐	A	Cash		03/26/2014	$ 50.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KATHY MCSWAIN 713 W 6TH ST NEWTON, NC 28658	LEGAL ASSISTANT	LEGAL OFFICE		$ 312.68

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		04/07/2014	$ 50.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEVEN MOTSINGER 5073 BUTNER DRIVE HICKORY, NC 28602	SELF EMPLOYED	APPRAISER		$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Credit Card		04/19/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RAY RICHARDS 2298 SETTLEMYRE BRIDGE ROAD NEWTON, NC 28658	MECHANIC	AUTO SERVICE		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		02/19/2014	$ 50.00
☐	A	Check		04/03/2014	$ 100.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES ROBINSON P. O. BOX 591 CONOVER, NC 28613	DRIVER	TOW SERVICE		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		02/28/2014	$ 50.00
☐	A	Cash		03/26/2014	$ 50.00
☐	A	Cash		04/07/2014	$ 50.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LAWRENCE ROBINSON 559 11TH AVE CIR NW HICKORY, NC 28601	RETIRED FINANCIAL CONSULTANT	BANK		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		04/01/2014	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
REBECCA ROBINSON PO BOX 591 CONOVER, NC 28613	MANAGER	PROPERTY MANAGEMENT		$ 390.87

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	OFFICE SUPPLIES	02/17/2014	$ 35.50
☐	A	In-Kind	SUPPLIES	02/24/2014	$ 75.00
☐	A	Cash		02/28/2014	$ 50.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
REBECCA ROBINSON PO BOX 591 CONOVER, NC 28613	MANAGER	PROPERTY MANAGEMENT		$ 390.87

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		03/26/2014	$ 50.00
☐	A	In-Kind	SUPPLIES	03/31/2014	$ 55.37
☐	A	Cash		04/07/2014	$ 50.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HARVEY SCOTT 1330 5TH ST NE HICKORY, NC 28601	VENDING	FOOD SERVICE		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		01/27/2014	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 1,315.87
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KIM SIGMON PO BOX 757 CONOVER, NC 28613	MAGISTRATE	STATE OF NC		$ 7,545.66

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	SUPPLIES	01/02/2014	$ 100.00
☐	A	In-Kind	POST OFFICE	01/10/2014	$ 26.00
☐	A	In-Kind	SUPPLIES	02/17/2014	$ 572.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KIM SIGMON PO BOX 757 CONOVER, NC 28613	MAGISTRATE	STATE OF NC	HPG SIGNS - 150 YARD SIGNS 18" X 24"	$ 7,545.66

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	PRINTING	02/19/2014	$ 621.00
☐	A	In-Kind	PRINTING	02/19/2014	$ 828.00
☐	A	In-Kind	SUPPLIES	02/27/2014	$ 621.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KIM SIGMON PO BOX 757 CONOVER, NC 28613	MAGISTRATE	STATE OF NC		$ 7,545.66

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	SUPPLIES	03/08/2014	$ 62.50
☐					$
☐					$

4. Total only this Page	$ 2,830.50
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Contributions from Individuals

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN TEETER 6762 BIG SKY LANE HICKORY, NC 28602	CEO	BEVERAGE DISTRIBUTIN		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/14/2014	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DOROTHY TURNER 2468 EAGLE DRIVE CONOVER, NC 28613	HOMEMAKER	HOMEMAKER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/25/2014	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NANCY ZAGAROLI 970 18TH AVE CIR, NW HICKORY, NC 28601	FURNITURE DESIGN	FURNITURE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/16/2014	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 9,347.51

Loan Proceeds

Amendment ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)	2. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
KIM SIGMON PO BOX 757 CONOVER, NC 28613	MAGISTRATE	
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
	STATE OF NC	03/28/2014
		f. End Date (mm/dd/yyyy)
		01/01/2018

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0.000 %	NONE	A	Cash	$ 2,000.00

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	**e. Amount**
	%	$

5. Total of ALL CRO-1410 Pages *(This line must be on line 9 of Detailed Summary Page CRO-1100)*	$ 2,000.00

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ALLEGRA PRINT & IMAGING 337 MAIN AVE NE HICKORY, NC 28601	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,879.98

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	A	03/28/2014	$ 1,879.98	MAILERS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
COFFEE NEWS 125 AIR PARK DRIVE MORGANTON, NC 28655	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 297.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	A	03/10/2014	$ 297.00	ADVERTISEMENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
HPG 3197 HWY 127 S HICKORY, NC 28602	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3,844.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	B	01/31/2014	$ 621.00	SIGNS
A	Check	B	02/19/2014	$ 621.00	SIGNS

5. Total only this Page	$ 3,418.98
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)*	$ 7,120.91

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)**

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
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
HPG 3197 HWY 127 S HICKORY, NC 28602	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3,844.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	B	03/20/2014	$ 1,242.00	SIGNS
A	Check	B	04/09/2014	$ 539.00	SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
NC COMMUNITY NEWSPAPERS HICKORY DAILY RECORD 1100 11TH AVE BLVD SE HICKORY, NC 28602	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 450.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Debit Card	A	02/19/2014	$ 450.00	CAMPAIGN AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
USPS 201 1ST ST EAST CONOVER, NC 28613	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,488.69

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Debit Card	I	01/21/2014	$ 46.00	
A	Check	I	03/28/2014	$ 1,424.93	

5. Total only this Page	$ 3,701.93
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)*	$ 7,120.91

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)**

Aggregated Non-Media Expenditures

Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of $50 or less.

1. Committee Full Name (and Fund if applicable)	2. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	A	Check	O	03/04/2014	$ 30.00	REAGAN DAY PICNIC BOOTHS
☐ Add ☐ Remove	A	Draft	O	02/19/2014	$ 3.20	TRANSACTION FEE

4. Total only this Page	$ 33.20
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 33.20

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (g)**

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 1,182.97

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES	02/07/2014	$ 43.87
SUPPLIES	02/08/2014	$ 41.95
SUPPLIES	02/15/2014	$ 53.29

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 1,182.97

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES	02/21/2014	$ 58.10
SUPPLIES	02/22/2014	$ 58.66
SUPPLIES	02/25/2014	$ 423.48

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 1,182.97

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES	03/02/2014	$ 7.42
SUPPLIES	03/06/2014	$ 5.77
SUPPLIES	03/06/2014	$ 118.45

4. Total only this Page	$ 810.99
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 4,662.51

In-Kind Contributions

 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 1,182.97

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES	03/08/2014	$ 35.29
SUPPLIES	03/13/2014	$ 10.56
SUPPLIES	03/19/2014	$ 21.13

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 1,182.97

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES	03/28/2014	$ 220.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
TOM KERN 1650 20TH AVE CT NE HICKORY, NC 28601	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 3,993.17

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTING	04/04/2014	$ 568.17
		$
		$

4. Total only this Page	$ 855.15
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 4,662.51

In-Kind Contributions

 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
REBECCA ROBINSON PO BOX 591 CONOVER, NC 28613	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 390.87

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
OFFICE SUPPLIES	02/17/2014	$ 35.50
SUPPLIES	02/24/2014	$ 75.00
SUPPLIES	03/31/2014	$ 55.37

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KIM SIGMON PO BOX 757 CONOVER, NC 28613	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 7,545.66

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES	01/02/2014	$ 100.00
POST OFFICE	01/10/2014	$ 26.00
SUPPLIES	02/17/2014	$ 572.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KIM SIGMON PO BOX 757 CONOVER, NC 28613	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	HPG SIGNS - 150 YARD SIGNS 18" X 24" **d. Election Sum to Date** $ 7,545.66

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTING	02/19/2014	$ 621.00
PRINTING	02/19/2014	$ 828.00
SUPPLIES	02/27/2014	$ 621.00

4. Total only this Page	$ 2,933.87
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 4,662.51

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KIM SIGMON PO BOX 757 CONOVER, NC 28613	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 7,545.66

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES	03/08/2014	$ 62.50
		$
		$

4. Total only this Page	$ 62.50
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 4,662.51

Outstanding Loans

Amendment ☐ 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 Name (and Fund if applicable)	2. ID Number
KIM SIGMON FOR CLERK OF SUPERIOR COURT	CAT-000000-C-001

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
KIM SIGMON PO BOX 757 CONOVER, NC 28613	MAGISTRATE	STATE OF NC		05/29/2013	01/01/2018

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%	NONE	$ 750.00	$ 750.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
KIM SIGMON PO BOX 757 CONOVER, NC 28613	MAGISTRATE	STATE OF NC		03/28/2014	01/01/2018

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%	NONE	$ 2,000.00	$ 2,000.00

k. Full Name of Lending Institution	l. Loan Number

4. Total only this Page	$ 2,750.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 2,750.00