

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 KIM SIGMON FOR CLERK OF SUPERIOR COURT	c. ID Number CAT-000000-C-001
b. Mailing Address (include City, State and Zip Code) 120 10TH AVE SE CONOVER, NC 28613	d. Date Filed 07/28/2016
	e. Phone Number

2. Report Year 2016	3. Period Start Date (mm/dd/yy) 01/01/2016	4. Period End Date (mm/dd/yy) 06/30/2016	5. Treasurer Full Name AMY LUCKADOO
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input checked="" type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name BRANCH BANKING AND TRUST COMPANY		a. Financial Institution Full Name	
b. Purpose MAINTAIN CAMPAIGN CONTRIBUTIONS AND EXPENDITURES	c. Account Code A	b. Purpose	c. Account Code
	d. Period Begin Balance \$ \$1929.20		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
Printed Name of Signer

Kim R. Sigmon
Signature of Appointed Treasurer

07/28/2016
Date

FOR OFFICE USE ONLY

Date Received: _____
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee _____
Employee _____
Employee _____
Employee _____

RECEIVED
JUL 28 2016
By _____

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		2016 Mid Year Semi-Annual		CAT-000000-C-001	
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,929.20		\$ 1,929.20	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 0.00	
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)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
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)		\$ 0.00		\$ 0.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
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)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00		\$ 0.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,929.20		\$ 1,929.20	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 7,750.00			
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	

Outstanding Loans

Page 1 of 2

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) KIM SIGMON FOR CLERK OF SUPERIOR COURT			2. ID Number CAT-000000-C-001	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) KIM SIGMON 120 10TH AVE SE CONOVER, NC 28613		b. Job Title/Profession MAGISTRATE		d. Comments
		c. Employer's Name/Specific Field STATE OF NC		e. Start Date (mm/dd/yyyy) 05/29/2013
				f. End Date (mm/dd/yyyy) 01/01/2018
g. Rate 0.00 %	h. Security Pledged NONE	i. Original Loan Amount \$ 750.00		j. Remaining Loan Balance \$ 750.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) KIM SIGMON 120 10TH AVE SE CONOVER, NC 28613		b. Job Title/Profession MAGISTRATE		d. Comments
		c. Employer's Name/Specific Field STATE OF NC		e. Start Date (mm/dd/yyyy) 03/28/2014
				f. End Date (mm/dd/yyyy) 01/01/2018
g. Rate 0.00 %	h. Security Pledged NONE	i. Original Loan Amount \$ 2,000.00		j. Remaining Loan Balance \$ 2,000.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) KIM SIGMON 120 10TH AVE SE CONOVER, NC 28613		b. Job Title/Profession MAGISTRATE		d. Comments
		c. Employer's Name/Specific Field STATE OF NC		e. Start Date (mm/dd/yyyy) 04/28/2014
				f. End Date (mm/dd/yyyy)
g. Rate 0.00 %	h. Security Pledged N/A	i. Original Loan Amount \$ 3,000.00		j. Remaining Loan Balance \$ 3,000.00
k. Full Name of Lending Institution				l. Loan Number
4. Total only this Page				\$ 5,750.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 7,750.00

Outstanding Loans

Pg 2 of 2

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) KIM SIGMON FOR CLERK OF SUPERIOR COURT		2. ID Number CAT-000000-C-001	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) KIM SIGMON 120 10TH AVE SE CONOVER, NC 28613		b. Job Title/Profession MAGISTRATE	d. Comments
		c. Employer's Name/Specific Field STATE OF NC	e. Start Date (mm/dd/yyyy) 07/08/2014
			f. End Date (mm/dd/yyyy) 01/01/2018
g. Rate 0.00%	h. Security Pledged NONE	i. Original Loan Amount \$ 2,000.00	j. Remaining Loan Balance \$ 2,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 7,750.00

CRO-1430

NC State Board of Elections

December 2007