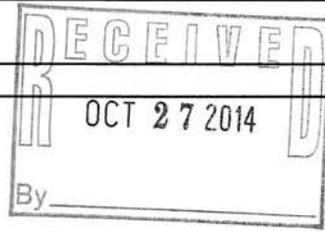


Disclosure Report Cover

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) PO BOX 757 CONOVER, NC 28613	d. Date Filed 10/27/2014
	e. Phone Number



2. Report Year 2014	3. Period Start Date (mm/dd/yy) 07/01/2014	4. Period End Date (mm/dd/yy) 10/18/2014	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	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"/> Legal Expense Fund	<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	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		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 \$ 5,308.04		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 B. Sigmon Kim R. Sigmon 10/27/2014
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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 Third Quarter	CAT-000000-C-001	
Start of Election Cycle: January 1, <u>2013</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5,308.04	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 1,692.36
6) Contributions from Individuals	(CRO-1210)	\$ 596.26	\$ 33,601.12
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	\$ 7,750.00
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)		\$ 2,646.26	\$ 43,045.43
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5,428.84	\$ 31,109.28
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)	\$ 0.00 \$ 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)	\$ 596.26 \$ 9,409.48
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,025.10	\$ 41,116.23
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

Aggregated Contributions from IndividualsPage 1 of 1

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	
<input type="checkbox"/> Add	A	Check		07/14/2014	\$ 50.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 50.00	
5. Total of ALL CRO-1205 Pages					\$ 50.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KATHY MCSWAIN 713 W 6TH ST NEWTON, NC 28658				LEGAL ASSISTANT			
				c. Employer's Name/Specific Field			
				LEGAL OFFICE		e. Election Sum to Date	
						\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	A	Cash		06/20/2014	\$ 50.00		
<input type="checkbox"/>	A	In-Kind	MEDIA	07/03/2014	\$ 5.00		
<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	
KIM SIGMON PO BOX 757 CONOVER, NC 28613				MAGISTRATE			
				c. Employer's Name/Specific Field			
				STATE OF NC		e. Election Sum to Date	
						\$ 591.26	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	In-Kind	SUPPLIES/PRINT CARTRIDGE	08/26/2014	\$ 21.38		
<input type="checkbox"/>	A	In-Kind	SUPPLIES/ VOL APPREC DINNER	09/06/2014	\$ 9.68		
<input type="checkbox"/>	A	In-Kind	SUPPL/ VOL APPREC DINNER	09/06/2014	\$ 57.19		
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	
KIM SIGMON PO BOX 757 CONOVER, NC 28613				MAGISTRATE			
				c. Employer's Name/Specific Field			
				STATE OF NC		e. Election Sum to Date	
						\$ 591.26	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A	In-Kind	SUPPL/FOOD VOL APPREC DINNER	09/06/2014	\$ 60.62		
<input type="checkbox"/>	A	In-Kind	SUPPLIES/FOOD/VOL APPREC DINNER	09/06/2014	\$ 383.94		
<input type="checkbox"/>	A	In-Kind	SUPPLIES/FOOD VOL APPREC DINNER	09/07/2014	\$ 55.39		
4. Total only this Page						\$ 593.20	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 596.26	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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. Election Sum to Date
			STATE OF NC		
					\$ 591.26
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	In-Kind	SUPPLY/ VOL APPREC DINNER	09/27/2014	\$ 3.06
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 3.06
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 596.26



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form

- Name of committee to receive loan: Kim Sigmon for Clerk of Superior Court
- Person or committee to make loan: Kim R. Sigmon
- Date of loan to committee: 07/08/14
- Name of lending institution and account number (source):

- Amount of loan: \$2000.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: 7/8/14 - 1/1/18
- Rate of interest of loan: 0%
- Security pledged for loan: None

I, Kim R. Sigmon, acknowledge that all of the information
(Person lending money to committee)

provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Kim R. Sigmon 07/08/14
 Signature of Lender Date Signed

Kim R. Sigmon 07/08/14
 Signature of Treasurer of Committee Date Signed

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.

Loan Proceeds

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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		07/08/2014	
				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	Check	\$ 2,000.00	
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
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 <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 2,000.00	

Disbursements

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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
ADVENTIVE, LLC 1020 9TH AVE NE HICKORY, NC 28601						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 214.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	B	07/09/2014	\$ 214.00	SUPPLIES	
				\$		
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
ALLEGRA PRINT & IMAGING 337 MAIN AVE NE HICKORY, NC 28601						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 2,314.82
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	B	07/07/2014	\$ 2,314.82	PRINTING	
				\$		
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
COFFEE NEWS 125 AIR PARK DRIVE MORGANTON, NC 28655						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 132.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	A	10/15/2014	\$ 132.00	ADVERTISING	
				\$		
5. Total only this Page						\$ 2,660.82
6. Total of ALL CRO-1310 Pages						\$ 5,428.84
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
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

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
DOLLAR GENERAL 428 CONOVER BLVD W CONOVER, NC 28613			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:		
					\$ 14.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Debit Card	O	08/17/2014	\$ 14.98	SUPPLIES/THANK YOU
				\$	DINNER

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
FACEBOOK 1601 WILLOW RD MENLO PARK, CA 94025 (605) 543-4800			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:		
					\$ 53.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Electric Funds Tran	A	07/10/2014	\$ 6.99	ADVERTISING
A	Electric Funds Tran	A	07/10/2014	\$ 25.25	ADVERTISING

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
FACEBOOK 1601 WILLOW RD MENLO PARK, CA 94025 (605) 543-4800			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:		
					\$ 53.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Electric Funds Tran	A	07/11/2014	\$ 6.99	ADVERTISING
A	Electric Funds Tran	A	07/13/2014	\$ 6.99	ADVERTISING

5. Total only this Page \$ 61.20

6. Total of ALL CRO-1310 Pages \$ 5,428.84
(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. 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

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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	
FACEBOOK 1601 WILLOW RD MENLO PARK, CA 94025 (605) 543-4800							
				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:			
						\$ 53.21	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Electric Funds Tran	A	07/13/2014	\$ 6.99	ADVERTISING		
				\$			
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	
FACEBOOK 1601 WILLOW RD MENLO PARK, CA 94025 (605) 543-4800							
				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:			
						\$ 21.36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Electric Funds Tran	A	07/31/2014	\$ 5.13	ADVERTISING		
A	Electric Funds Tran	A	07/31/2014	\$ 16.23	ADVERTISING		
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	
HPG 3197 HWY 127 S HICKORY, NC 28602							
				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:			
						\$ 151.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	B	08/06/2014	\$ 151.00	PRINTING		
				\$			
5. Total only this Page						\$ 179.35	
6. Total of ALL CRO-1310 Pages						\$ 5,428.84	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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	
ILLUMINATUS MARKETING 1050 21ST AVE NW, #45 HICKORY, NC 28601							
				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:			
						\$ 140.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	A	07/07/2014	\$ 140.03	ADVERTISING		
				\$			
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	
ILLUMINATUS MARKETING 1050 21ST AVE NW, #45 HICKORY, NC 28601							
				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:			
						\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	A	10/15/2014	\$ 1,000.00	ADVERTISING		
				\$			
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	
KRAFT SHOW 2013/OLD SOLDIER'S REUNION 101 N BRADY AVE NEWTON, NC 28658							
				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:			
						\$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	07/31/2014	\$ 25.00	OLD SOLDIER'S REUNION PARADE FEE		
				\$			
5. Total only this Page						\$ 1,165.03	
6. Total of ALL CRO-1310 Pages						\$ 5,428.84	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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) KIM SIGMON FOR CLERK OF SUPERIOR COURT	2. ID Number CAT-000000-C-001
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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC COMMUNITY NEWSPAPERS HICKORY DAILY RECORD 1100 11TH AVE BLVD SE HICKORY, NC 28602			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	Check	A	07/11/2014	\$ 450.00	ADVERTISING
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PARTY CITY 1942 CATAWBA VALLEY BLVD SE HICKORY, NC 28601			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date \$ 136.84		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Debit Card	O	07/25/2014	\$ 36.36	SUPPLIES/VOL THANK
A	Debit Card	O	08/17/2014	\$ 100.48	YOU DINNER SUPPLIES/ VOLUNTEER

THANK YOU DINNER

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) REITZEL EMBROIDERY 1528 N DEAL AVE NEWTON, NC 28658 (828) 381-1006			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date \$ 528.90		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	B	07/02/2014	\$ 174.14	PRINTING
				\$	

5. Total only this Page \$ 760.98

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)
 \$ 5,428.84

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

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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	
REBECCA ROBINSON PO BOX 591 CONOVER, NC 28613							
				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:			
						\$ 319.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	B	07/07/2014	\$ 66.97	LABELS/MAILERS		
				\$			
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	
USPS 201 1ST ST EAST CONOVER, NC 28613							
				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:			
						\$ 64.49	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	O	07/02/2014	\$ 64.49	PO BOX AND ONE		
				\$	STAMP		
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	
WHKY P. O. BOX 1059 HICKORY, NC 28603 (828) 485-5500							
				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:			
						\$ 270.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Debit Card	A	08/05/2014	\$ 270.00	ADVERTISING		
				\$			
5. Total only this Page						\$ 401.46	
6. Total of ALL CRO-1310 Pages						\$ 5,428.84	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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	
WNNC STEREO 1230 AM P. O. BOX 430 NEWTON, NC 28658				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date			
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A	Check	A	07/31/2014	\$ 200.00	ADVERTISING		
				\$			
5. Total only this Page						\$ 200.00	
6. Total of ALL CRO-1310 Pages						\$ 5,428.84	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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)							

In-Kind Contributions

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
KATHY MCSWAIN 713 W 6TH ST NEWTON, NC 28658		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 55.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MEDIA		07/03/2014	\$ 5.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 591.26
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES/PRINT CARTRIDGE		08/26/2014	\$ 21.38
SUPPLIES/ VOL APPREC DINNER		09/06/2014	\$ 9.68
SUPPL/ VOL APPREC DINNER		09/06/2014	\$ 57.19
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 591.26
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPL/FOOD VOL APPREC DINNER		09/06/2014	\$ 60.62
SUPPLIES/FOOD/VOL APPREC DINNER		09/06/2014	\$ 383.94
SUPPLIES/FOOD VOL APPREC DINNER		09/07/2014	\$ 55.39
4. Total only this Page			\$ 593.20
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 596.26

In-Kind Contributions

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
KIM SIGMON PO BOX 757 CONOVER, NC 28613		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 591.26	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
SUPPLY/ VOL APPREC DINNER	09/27/2014	\$ 3.06	
		\$	
		\$	
4. Total only this Page		\$ 3.06	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 596.26	

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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		e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field		05/29/2013
		STATE OF NC		f. End Date (mm/dd/yyyy)
				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 <input type="checkbox"/> Add <input type="checkbox"/> 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		e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field		03/28/2014
		STATE OF NC		f. End Date (mm/dd/yyyy)
				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
3. Lender 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
KIM SIGMON PO BOX 757 CONOVER, NC 28613		MAGISTRATE		e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field		04/28/2014
		STATE OF NC		f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
0.00%	N/A	\$ 3,000.00		\$ 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 <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>				\$ 7,750.00

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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	07/08/2014
			f. End Date (mm/dd/yyyy)
			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			\$ 2,000.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 7,750.00