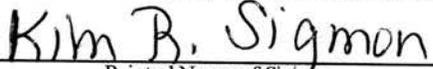
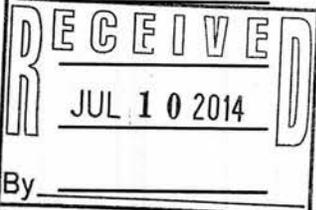


Disclosure Report Cover

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			07/08/2014	
			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)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
BRANCH BANKING AND TRUST COMPANY				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
MAINTAIN CAMPAIGN CONTRIBUTIONS AND EXPENDITURES	A			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 3612.38		\$	
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				
 Printed Name of Signer		 Signature of Appointed Treasurer		07/10/2014 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	
Date Postmarked:		Employee: _____		
Date Scanned:		Employee: _____		
Date Data Entered:		By _____	Employee: _____	<input type="checkbox"/> 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, <u>2013</u>		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)		\$ 10,384.51	\$ 22,504.86
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)		\$ 13,299.51	\$ 26,654.17
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)		\$ 5,699.51	\$ 8,813.22
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 12,853.62	\$ 22,595.90
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

Contributions from Individuals

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	
FLORIN (TONY) ADAM 1010 WILLOW CREEK DR NEWTON, NC 2868				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				CONTRACTOR		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Credit Card		02/19/2014		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BARBARA BOLTON 910 HIGHLAND AVE HICKORY, NC 28601				OWNER			
				c. Employer's Name/Specific Field			
				AUTO REPAIR		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Check		03/02/2014		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARGARET BOLTON 5260 37TH ST DR, NE HICKORY, NC 28601				RETIRED			
				c. Employer's Name/Specific Field			
				HOMEMAKER		e. Election Sum to Date	
						\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Cash		02/25/2014		\$ 10.00	
<input type="checkbox"/>	A	Check		02/25/2014		\$ 100.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 710.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 10,384.51	

Contributions from Individuals

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	
NANCY BOLTON 4232 6TH ST NW HICKORY, NC 28601				OWNER			
				c. Employer's Name/Specific Field			
				WRECKER SERVICE		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Check		03/31/2014		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168				DRIVER			
				c. Employer's Name/Specific Field			
				TRANSPORTATION		e. Election Sum to Date	
						\$ 1,182.97	
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	02/07/2014		\$ 43.87	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	02/08/2014		\$ 41.95	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	02/15/2014		\$ 53.29	
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	
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168				DRIVER			
				c. Employer's Name/Specific Field			
				TRANSPORTATION		e. Election Sum to Date	
						\$ 1,182.97	
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	02/21/2014		\$ 58.10	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	02/22/2014		\$ 58.66	
<input type="checkbox"/>	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)						\$ 10,384.51	

Contributions from Individuals

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	
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168				DRIVER			
				c. Employer's Name/Specific Field			
				TRANSPORTATION		e. Election Sum to Date	
						\$ 1,182.97	
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	03/02/2014		\$ 7.42	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	03/06/2014		\$ 5.77	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	03/06/2014		\$ 118.45	
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	
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168				DRIVER			
				c. Employer's Name/Specific Field			
				TRANSPORTATION		e. Election Sum to Date	
						\$ 1,182.97	
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	03/08/2014		\$ 35.29	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	03/13/2014		\$ 10.56	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	03/19/2014		\$ 21.13	
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	
FRANKIE BOYETT 8733 W NC 10 HWY VALE, NC 28168				DRIVER			
				c. Employer's Name/Specific Field			
				TRANSPORTATION		e. Election Sum to Date	
						\$ 1,182.97	
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	03/28/2014		\$ 220.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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)						\$ 10,384.51	

Contributions from Individuals

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	
JOHNSIE CALDWELL 1138 24TH ST NE HICKORY, NC 28601				RECEPTIONIST			
				c. Employer's Name/Specific Field			
				MEDICAL		e. Election Sum to Date	
						\$ 110.00	
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		09/28/2013		\$ 10.00	
<input type="checkbox"/>	A	Check		04/09/2014		\$ 100.00	
<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	
PAIGE DELLINGER 2897 HWY 321 S NEWTON, NC 28658				STUDENT			
				c. Employer's Name/Specific Field			
				SCHOOL		e. Election Sum to Date	
						\$ 64.00	
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		09/24/2013		\$ 14.00	
<input type="checkbox"/>	A	Cash		03/02/2014		\$ 50.00	
<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	
PATRICIA GABRIEL 2520 EAGLE DR NE CONOVER, CA 28613				HOMEMAKER			
				c. Employer's Name/Specific Field			
				HOMEMAKER		e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Check		01/16/2014		\$ 100.00	
<input type="checkbox"/>	A	Check		02/22/2014		\$ 50.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 10,384.51	

Contributions from Individuals

Pg 5 of 12

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	
JANET GREER 124 35TH AVE NE HICKORY, NC 28601				NURSE			
				c. Employer's Name/Specific Field			
				MEDICAL		e. Election Sum to Date	
						\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Check		03/23/2014		\$ 125.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RICHARD HARWELL 1381 GRAND OAKS LN HICKORY, NC 28602				REALESTATE			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED		e. Election Sum to Date	
						\$ 450.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Check		03/31/2014		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT HIBBITTS 2826 25TH ST NE HICKORY, NC 28601				RETIRED			
				c. Employer's Name/Specific Field			
				FINANCIAL CONSULTANT		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Check		02/16/2014		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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)						\$ 10,384.51	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAT HOUSER 4815 SPRINGS RD NE CONOVER, NC 28613			MEDICAL			
			c. Employer's Name/Specific Field			
			HOSPITAL		e. Election Sum to Date	
					\$ 145.00	
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		08/04/2013	\$ 25.00	
<input checked="" type="checkbox"/>	A	Cash		12/17/2013	\$ 20.00	
<input type="checkbox"/>	A	Check		01/06/2014	\$ 100.00	
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	
HOPE HOYT 1573 MAYLINE CIR HICKORY, NC 28601			HOMEMAKED			
			c. Employer's Name/Specific Field			
			HOMEMAKER		e. Election Sum to Date	
					\$ 230.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		03/21/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL JOHNSON 4220 4TH ST LN, NW HICKORY, NC 28601			OWNER			
			c. Employer's Name/Specific Field			
			RETAIL - CAR DEALERSHIP		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		03/25/2014	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 10,384.51	

Contributions from Individuals

Pg 7 of 12

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	
TOM KERN 1650 20TH AVE CT NE HICKORY, NC 28601			BROKER			
			c. Employer's Name/Specific Field			
			TRANSPORTATION		e. Election Sum to Date	
					\$ 3,993.17	
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	PRINTING	04/04/2014	\$ 568.17	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHRIS MCSWAIN 713 W 6TH ST NEWTON, NC 28658			HR MGR			
			c. Employer's Name/Specific Field			
			PROFESSIONAL		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Cash		01/10/2014	\$ 50.00	
<input type="checkbox"/>	A	Cash		02/21/2014	\$ 50.00	
<input type="checkbox"/>	A	Cash		03/26/2014	\$ 50.00	
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	
CHRIS MCSWAIN 713 W 6TH ST NEWTON, NC 28658			HR MGR			
			c. Employer's Name/Specific Field			
			PROFESSIONAL		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Cash		04/07/2014	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 10,384.51	

Contributions from Individuals

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	
					\$ 312.68	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Cash		01/10/2014	\$ 50.00	
<input type="checkbox"/>	A	Cash		02/21/2014	\$ 50.00	
<input type="checkbox"/>	A	Cash		03/26/2014	\$ 50.00	
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	
					\$ 312.68	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Cash		04/07/2014	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVEN MOTSINGER 5073 BUTNER DRIVE HICKORY, NC 28602			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			APPRAISER		e. Election Sum to Date	
					\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Credit Card		04/19/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 10,384.51	

Contributions from Individuals

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	
RAY RICHARDS 2298 SETTLEMYRE BRIDGE ROAD NEWTON, NC 28658				MECHANIC			
				c. Employer's Name/Specific Field			
				AUTO SERVICE			
				e. Election Sum to Date			
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Cash		02/19/2014		\$ 50.00	
<input type="checkbox"/>	A	Check		04/03/2014		\$ 100.00	
<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	
JAMES ROBINSON P. O. BOX 591 CONOVER, NC 28613				DRIVER			
				c. Employer's Name/Specific Field			
				TOW SERVICE			
				e. Election Sum to Date			
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Cash		02/28/2014		\$ 50.00	
<input type="checkbox"/>	A	Cash		03/26/2014		\$ 50.00	
<input type="checkbox"/>	A	Cash		04/07/2014		\$ 50.00	
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	
LAWRENCE ROBINSON 559 11TH AVE CIR NW HICKORY, NC 28601				RETIRED FINANCIAL CONSULTANT			
				c. Employer's Name/Specific Field			
				BANK			
				e. Election Sum to Date			
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	A	Check		04/01/2014		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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)						\$ 10,384.51	

Contributions from Individuals

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	
REBECCA ROBINSON PO BOX 591 CONOVER, NC 28613			MANAGER			
			c. Employer's Name/Specific Field			
			PROPERTY MANAGEMENT		e. Election Sum to Date	
					\$ 390.87	
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	OFFICE SUPPLIES	02/17/2014	\$ 35.50	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	02/24/2014	\$ 75.00	
<input type="checkbox"/>	A	Cash		02/28/2014	\$ 50.00	
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	
REBECCA ROBINSON PO BOX 591 CONOVER, NC 28613			MANAGER			
			c. Employer's Name/Specific Field			
			PROPERTY MANAGEMENT		e. Election Sum to Date	
					\$ 390.87	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Cash		03/26/2014	\$ 50.00	
<input type="checkbox"/>	A	In-Kind	SUPPLIES	03/31/2014	\$ 55.37	
<input type="checkbox"/>	A	Cash		04/07/2014	\$ 50.00	
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	
HARVEY SCOTT 1330 5TH ST NE HICKORY, NC 28601			VENDING			
			c. Employer's Name/Specific Field			
			FOOD SERVICE		e. Election Sum to Date	
					\$ 5,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		01/27/2014	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 10,384.51	

Contributions from Individuals

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			
				STATE OF NC		e. Election Sum to Date	
						\$ 8,582.66	
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	01/02/2014	\$ 100.00		
<input type="checkbox"/>	A	In-Kind	POST OFFICE	01/10/2014	\$ 26.00		
<input type="checkbox"/>	A	In-Kind	CLERK OF COURT FILING FEE FOR ELECTION	02/10/2014	\$ 1,037.00		
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	
						\$ 8,582.66	
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	02/17/2014	\$ 572.00		
<input type="checkbox"/>	A	In-Kind	PRINTING	02/19/2014	\$ 621.00		
<input type="checkbox"/>	A	In-Kind	PRINTING	02/19/2014	\$ 828.00		
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	
						\$ 8,582.66	
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	02/27/2014	\$ 621.00		
<input type="checkbox"/>	A	In-Kind	SUPPLIES	03/08/2014	\$ 62.50		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 3,867.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 10,384.51	

Contributions from Individuals

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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
JOHN TEETER 6762 BIG SKY LANE HICKORY, NC 28602			CEO		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			BEVERAGE DISTRIBUTIN		
					\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		02/14/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
DOROTHY TURNER 2468 EAGLE DRIVE CONOVER, NC 28613			HOMEMAKER		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			HOMEMAKER		
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		02/25/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
NANCY ZAGAROLI 970 18TH AVE CIR, NW HICKORY, NC 28601			FURNITURE DESIGN		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			FURNITURE		
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	A	Check		02/16/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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)					\$ 10,384.51