Do not use this form to 1. Committee Inform									
a. Full Name	ation								
SPENCER - REGIST	ER OF DEEDS		A SHEET THE SERVICE OF THE SERVICE O	To re	(10) [6	1757	c. ID Number 8YY-981		
				D) LE	. 16 15		011-901		
b. Mailing Address (includ	le City, State and Zip Code)			111)	JUL 2	1 2017 111	d. Date Filed		
2925 14 <sup>th</sup> AVE NE				ILIL			7/21/2017		
CONOVER, NC 2861	13			Ву_			e. Phone Number		
							828-312-4527		
2. Report Year 3	. Period Start Date (mm/d	ld/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer Fu	ıll Name		
2017	1/1/2017		6/30	0/2017		DONNA HICKS	S SPENCER		
6. Type of Committee	(Check One)	9. Typ	e of Report	(ci	heck on	ly one type of repo	ort from one category)		
Candidate Campaig	n Party	Municip			State/C		Referendum		
PAC Independent	Referendum		Organizational			Organizational	Organizational		
Independent Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five day		(	Quarterly	Pre-referendum		
	(if applicable, check one)	П	Pre-primary		П	First	☐ Final		
"Booster Fund"			Pre-election		П	Second	Supplemental Final		
Building Fund			Pre-runoff			Third	Annual		
			Semi-annual			Fourth	Special		
Other:		$\vdash$	Mid Year	- 1	(10000000)	Semi-annual			
U Oulei.		H	Year End Final		$\bowtie$	Mid Year	10. Special Report Name		
8. Number of Fundra	isers this Report	=	Special			Year End Final			
	0-		-p		=	Special			
11. Account Informat	ion			11. Ac	count I	nformation			
a. Financial Institution Full	Name					tution Full Name			
PEOPLES BANK									
b. Purpose	c. Account Code			b. Purpo	ose		c. Account Code		
CAMPAIGN CONTRIBUTION	DS								
and	d. Period Begin Balance						d. Period Begin Balance		
DISBURSEMENT	\$ 73.20						\$		
CERTIFICATION									
the NC General Statute:	s and that no funds are con orrect and that I have been	nmingle	d with profit	bited or tate Boa	other n	on-disclosed funds	3, & 22D-22M of Chapter 163 o s. I further certify that this repor 7/21/2017		
	Printed Name of Signer		Sig			ed/Treasurer	Date		
FOR OFFICE USE ONI	LY					/			
Date Received:		I	Employee:				Delivery Method  Normal Mail		
Date Postmarked:		I	Employee:				Registered Mail Hand Delivered		
Date Scanned:		I	Employee:		-		☐ Electronically Filed ☐ Signer has not received		
Date Data Entered:		H	Employee:			-	mandatory training		
		The second secon							

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

## **Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment
☐ Yes ⊠ No

1. Committee Full Name (and Fund if applicable) 2. T			3. ID Number
Spencer-Register of Deeds 201	7 Mid Year Re	eport	8YY981
Start of Election Cycle: January 1, 2	017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 73.20	\$ 73.20
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 500.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	(CD 0 1410)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d	and 11e)	\$	\$ 500.00
EXPENDITURES 13) Disbursements			
13) Disbursements 13a) Operating Expenditures	(CRO-1310)	\$	\$ 36.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 30.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a		\$	\$ 36.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract l	ine 18)	\$	\$ 537.20
ADDITIONAL INFORMATION  20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed by the Committee	The section of the section	\$	
	(CRO-1620)		
24) Account Transfers Within the Committee 25) Administrative Support	(CRO-1720)	\$	0
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded  CRO-1100 NC State Board of Elections	(CRO-1215)	\$	\$ August 200

## **Contributions from Other Political Committees**

			Amendi	ľ
1	of	1		١

 $\boxtimes$ 

No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)								2. ID Number			
SPENCER - REG	ISTER OF DEEDS								8YY-98		
3. Contributor In	formation	$\boxtimes$	Add		Remo	ove		emblen emer			
a. Full Name, Mailing				f Committee				d. Com	ments		
(include city, state,			$\boxtimes$	Candidate		P	PAC				
THE COMMITTE MITCHELL SET			a Laval P	Referendur Registered (Sp							
PO BOX 416	ZEK		C. Level N	Federal	Jeeny)		County:				
CATAWBA NC 2	28609		lH	State			Aunicipality:	e. Elect	ion Sum to Da	te	
								\$	500.00		
f. Account Code	g. Form of Payment	h. In-Kind	Descriptio	n	i	i. Date (	(mm/dd/yyyy)		j. Amount		
DS	CHECK						1/9/2017		\$ 500.	00	
							* #30 F		\$		
									\$		
3. Contributor In	formation		Add		Remo	ove					
a. Full Name, Mailing			b. Type of	f Committee		_		d. Com	ments		
(include city, state,	& zip)			Candidate		P	PAC				
			a Lavel P	Referendur	827						
			c. Level Registered (Specify Federal				County:		_		
			lH	State		100000	Aunicipality:	e. Elect	ion Sum to Da	te	
								\$			
f. Account Code	g. Form of Payment	h. In-Kind	Descriptio	n	i	i. Date (	(mm/dd/yyyy)		j. Amount		
									\$		
									\$		
									\$		
3. Contributor In	formation		Add		Remo	ove					
a. Full Name, Mailing	Address & Phone		b. Type o	f Committee				d. Com	ments		
(include city, state,	& zip)			Candidate		P	PAC				
			a Lavel D	Referendur Registered (S)	210						
			C. Level N	Federal	ecity)	П	County:				
			lH	State			Municipality:	e. Elect	ion Sum to Da	te	
								\$			
f. Account Code	g. Form of Payment	h. In-Kind	Descriptio	n	i	i. Date	(mm/dd/yyyy)		j. Amount		
									\$		
							W-34-08-08-08		\$		
									\$		
4. Total only this	Page		A -					\$	500.00		
5. Total of ALL C	CRO-1230 Pages In line 8 of Detailed Summary Page CRO	1100	18					\$	500.00		
(1 ms une must be 0	t and o of Detailed Summary Page CRO	-1100)	A STREET, STREET		WHEN SHOW	(B17) PS A 1					

				Amendment			
Disbursements	Pg	1	of <u>1</u>		Yes	$\boxtimes$	No
Use this form to report expanditures from the committee for expansion	avnancac	contrib	utions to sandis	lata/nalit	ical		

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								
SPENCER - RE	GISTER OF DEED	S				8YYY-981			
3. Type of Disb	ursement (Plea	se use separate C	CRO	)-1310 forms for each t	ype of Disbursem	ent.)			
Operating E				ates/Political Committees		ordinated Party Expenditures			
4. Payee Inform	ation		A	.dd 🔲	Remove				
	ng Address & Phone	9	-	Coordinated Committee N		d. Comments			
(include city, state, Peoples Bank			-	Coordinated Committee N	u. Comments				
PO Box 467			c.	Level Registered (Specify)	A THE PERSON	1			
Newton, NC 28	613			Federal 🖂	County:	1			
87				State	Municipality:	e. Election Sum to Date			
						\$ 36			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
DS	with drawal	0		1/24/2017	\$6	1 mo.serv.chrg to Peoples Bank			
					\$				
4. Payee Inform	ation		A	dd 🔲	Remove				
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments			
(include city, state,									
Peoples Bank			1						
PO Box 467			c.	Level Registered (Specify)		1			
Newton, NC 28	613		Г	Federal 🖂	County:	1			
Trewton, Ive 20	015		-	☐ State ☐	Municipality:	e. Election Sum to Date			
			-		within cipality.	C. Election Sum to Date			
			L,			\$ 36			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
DS	with drawal	0		2/28/2017	\$6	1 mo.serv.chrg to Peoples Bank			
					\$	AND CONTRACTOR OF THE CONTRACT			
4. Payee Inform	ation		A	dd	Remove	e desimante suma en			
	ng Address & Phone		b.	Coordinated Committee Na	d. Comments				
(include city, state,									
Peoples Bank	C Zip)		1						
PO Box 467			c. Level Registered (Specify)						
Newton, NC 28	613		F	Federal					
Newton, NC 200	313		-	State	County: Municipality:	e. Election Sum to Date			
			-	State	Municipanty.	\$ 36			
f. Account Code	g Form of Daymant	h. Purpose Code	1	i Data (mm/dd/www)	i Amount	k. Required Remarks			
1. Account Code	g. Form of Payment	ii. I ui pose coue		i. Date (mm/dd/yyyy)	j. Amount	1 mo.serv.chrg			
DS	with drawal	0		3/31/2017	\$6	to Peoples Bank			
					\$	. 0			
5. Total only thi	s Page					\$ 12.00			
	CRO-1310 Pages								
	line 13a of Detailed Sun	mary Page CRO-110	0 if (	Operating Expenses)		\$ 36.00			
(This line goes in	line 13b of Detailed Sun	mary Page CRO-110	0 if (	Contrib to Candidates/Politic	al Comm)	\$ 36.00			
	15	73 77	1500	Coordinated Party Expenditu					
	es (List detailed ex		_						
A* - Media	B* - Printing	C* - Fund			D - To Anothe	er Candidate			
E - Salaries	F* - Equipment	G - Politic	cal P	Party		Public Office Expenses			
I - Postage	J - Penalties	K* - Offic	ce E	Expenses	Q* - Donatio	n to Legal Expense Fund			
O* - Other									
* Codes require detailed explanation in required remarks field (k)									

## **Outstanding Loans**

	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
			g a previous reporting period and un	atil the loan is paid in fill.
	11 . C to non-out our	outstanding loops received during	s a previous reporting belied and u	Itil tile loan is paid in fam.
10	e this form to report ally	ouisianding loans received during	a previous reperming p	

. Committee Full Name (and Fund if applicable)							2. ID Number
SPENCER - REGISTER OF DEEDS							8YY-981
	reconstitutivenus. 23151912314555555555555		1 11111				
3. Lender Information	1	⊠ Ad	ld			Remove	
a. Full Name, Mailing Add				le/Profession			d. Comments
(include city, state, & zip		REGIS	TER OF DE	EDS	S		
DONNA HICKS SPE	NCER				-		e. Start Date (mm/dd/yyyy)
2925 14 <sup>th</sup> AVE NE				yer's Name/Spe			2/18/04
CONOVER, NC 2861	3		CATA	WBA COUN	ΙΥ		f. End Date (mm/dd/yyyy)
							967 - 1964 P. 1956 W. W.
							6/30/2017
- Dete	h. Security Pledge	1	1	i. Original Lo	an A	Amount	j. Remaining Loan Balance
g. Rate	ii. Security Freuges						¢ 15002.40
-0- %				\$ 15092.4	40		\$ 15092.40
k. Full Name of Lending I	stitution					,	I. Loan Number
m I un . mine o. Lending I		the second in the second second					
3. Lender Informatio	n	□ Ac	dd			Remove	
a. Full Name, Mailing Add			b. Job Ti	tle/Profession			d. Comments
(include city, state, & zi	p)						
							e. Start Date (mm/dd/yyyy)
			c. Emplo	yer's Name/Spe	ecifi	c Field	
							f. End Date (mm/dd/yyyy)
							I. Elid Date (illinada 3333)
D.4	h. Security Pledge	d		i. Original Lo	oan /	Amount	j. Remaining Loan Balance
g. Rate	n. Security Fleuge	u					
%				\$			\$
k. Full Name of Lending I	nstitution						I. Loan Number
						- 111	
3. Lender Information	n	□ A	dd			Remove	
a. Full Name, Mailing Ad			b. Job T	itle/Profession			d. Comments
(include city, state, & zi	p)						
							G . D . ( (11/)
							e. Start Date (mm/dd/yyyy)
			c. Emple	oyer's Name/Sp	ecifi	ic Field	_
							f. End Date (mm/dd/yyyy)
							I. End Date (initial day)
g. Rate	h. Security Pledge	ed .		i. Original L	oan	Amount	j. Remaining Loan Balance
	in Security Freug						¢
%				\$			\$
k. Full Name of Lending	Institution						l. Loan Number
							15002.10
4. Total only this Pa							\$ 15092.40
5. Total of ALL CR							\$ 15092.40
(This line must be on lin	ne 21 of Detailed Sun	nmary Page CF	RO-1100)				