Disclosure Report Cover					Amendment		
Use this form for ge	eneral report and committee	information, must l	ne signed and st	ahmitted along with c	│		
Do not use this form	in to update information	88		ibilities along	ther detailed forms.		
1. Committee Infor	rmation						
a. Full Name	T. C.				c, ID Number		
Committee to Elect					RDU317		
	clude City, State and Zip Code)				d. Date Filed		
502 S College Ave Newton, NC 28658					09/29/2017		
Newton, The 2000.	3				e. Phone Number		
					828-612-0989		
2. Report Year	3. Period Start Date (mm/c	/dd/yy) 4. Period (mm/dd/yy)	d End Date	5. Treasurer Full	Name		
2017	07/07/2017		/26/2017	John Stiver			
6. Type of Committ		9. Type of Repor	rt (check o	nly one type of report	t from one category)		
Candidate Campa		Municipal	State/C	County	Referendum		
PAC Independent	Referendum	Organizationa		Organizational	Organizational		
Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five da	ay	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First			
Booster Fund"	13.71	Pre-election		First Second	Final Supplemental Final		
Building Fund		Pre-runoff		Third	Supplemental Final Annual		
ĺ		Semi-annual		Fourth	Special		
		Mid Yea		Semi-annual			
U Other:	,	Year End	d	Mid Year	10. Special Report Name		
8. Number of Fundr	die Demont	Final	니니	Year End			
	Medical Control of the Control of th	Special Special	15	Final			
11. Account Informa	none			Special			
a. Financial Institution Fo			11. Account I				
	Bank		a. Financial Inst	titution Full Name			
b. Purpose	c. Account Code		b. Purpose		- Assessed Code		
10magina			Di I Mipo		c. Account Code		
Campaign	ZMS						
	d. Period Begin Balance	i			d. Period Begin Balance		
	\$ 0.00	/			\$		
CERTIFICATION					Φ		
I certify that the Com	imittee or Fund is in compli	ance with all applies	able provisions	of Article 22 A 22D	& 22D-22M of Chapter 163 of		
the rec ocheral Statut	ites and that no lunds are cor	mmingled with proh	ubited or other n	non-disclosed funds	& 22D-22M of Chapter 163 of I further certify that this report		
is complete, true and t	correct and that I have been	trained by the NC 5	State Board of	lections.	I further certify that this report		
John Stiver			John XII	m o	09/27/2017		
EOD OFFICE LISE OF	Printed Name of Signer	Sti	ignature of Appointe		Date		
FOR OFFICE USE ON	NLY	V		т.			
Date Received:	-	Employee:			Delivery Method Normal Mail		
Date Postmarked:	MEGELY	Employee:	í-		Registered Mail		
Date Scanned:		-		F	☐ Hand Delivered Electronically Filed		
Date Scalined.	SEP 2 9 2017	Employee:	V. 	—	Signer has not received		
Date Data Entered	d: D:	Employee:			mandatory training		
Please Note: This form cannot be used to amend committee in formation							
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 SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. Type of R			oort 3. ID Number			
Committee to Elect John Stiver	2017 35-Day Rep		RDU317			
Start of Election Cycle: January 1,	2017		Total this		Total this	
4) Cash on Hand at Start		\$	Reporting Period 0.00	\$	Election Cycle 0.00	
RECEIPTS			9.00	Ψ	0.00	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$		
6) Contributions from Individuals	(CRO-1210)	\$	2342.90	\$	2342.90	
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	23 .2.90	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$		
9) Loan Proceeds	(CRO-1410)	\$		\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$		
11) Other Receipt Sources	(-112.121.5)			φ 		
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$		
11b) Contributions from Not-for-Profit Organization	ons (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	c, 11d and 11e)	\$	2342.90	\$	2342.90	
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	466.50	\$	466.50	
13b) Contributions to Candidates/Political Committee	tees (CRO-1310)	\$		\$		
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)	\$	678.90	\$	678.90	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$	1145.40	\$	1145.40	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	act line 18)	\$	1197.50	\$	1197.50	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430)	\$				
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
4) Account Transfers Within the Committee	(CRO-1720)	\$				
5) Administrative Support	(CRO-1710)	\$		\$		
6) Forgiven Loans	(CRO-1440)	\$		\$		
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$		
8) Contributions to be Refunded	(CRO-1215)	\$		e		

Amendment

 \boxtimes

No

Contributions from Individuals Amendment Pg \bowtie of 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 Committee to Elect John Stiver RDU317 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retire John Stiver 502 S College Ave c. Employer's Name/Specific Field Newton, NC 28658 Public Education e. Election Sum to Date \$ 2167.90 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind Filing Fee 07/07/2017 \$ 5.00 П **JMS** Transfer 08/21/2017 \$ 1014.00 П **JMS** CHeck 09/25/2017 \$ 500.00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired John Stiver 502 S College Ave c. Employer's Name/Specific Field Newton, NC 28658 Public Education e. Election Sum to Date \$ 2167.90 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind Political Ad 08/25/2017 \$ 125.00 П In-Kind Political Ad 08/25/2017 \$ 175.00 In-Kind Soldier Reunion 08/25/2017 \$ 25.00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired John Stiver 502 S College Ave c. Employer's Name/Specific Field Newton, NC 28658 Public Education e. Election Sum to Date \$ 2167.90 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind Craft Show 09/20/2017 \$ 25.00

CRO-1210 NC State Board of Elections April 2007

09/20/2017

\$

\$

\$

\$

323.90

2192.90

2342.90

Signs

П

4. Total only this Page

5. Total of ALL CRO-1210 Pages

In-Kind

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Cont Use thi	tributions fro	om Individuals	S	50 11 -:	Pg <u>2</u>	of <u>2</u>	Amendme		
1. Con	ımittee Full Nam	e (and Fund if appli	cable)	30 or contributions	under \$50 if form	The state of the s			
Committee to Elect John Stiver					2. ID N	2. ID Number RDU317			
3. Con	tributor Informa	tion		Add 🗍			KDU31/	**	
	ame, Mailing Addres			Add b. Job Title/Profess	Remove				
(inclu	de city, state, & zip)			Retired	sion	d. Comme	ents		
	O. Gargis								
	entwood Cir			c. Employer's Nam	e/Specific Field				
Newton	n, NC 28658			Furniture		-			
					e. Election	e. Election Sum to Date			
						\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In	-Kind Description	j. Date (mm/do	- 1	k. Amount	No.	
	JMS	Check			08/28/20		\$	150.00	
							\$	150.0	
3. Cont	ributor Informat	ion		A11 🗆 ,			\$		
	me, Mailing Address				Remove				
	e city, state, & zip)			b. Job Title/Professi	on	d. Comme	nts		
				c. Employer's Name			Sum to Date		
f. Prior	g. Account Code	h. Form of Payment	1: 1-1	Kind Description		\$			
		I Torm of Layment	1. 111-1	Kind Description	j. Date (mm/dd/	уууу)	k. Amount		
П							\$		
							\$		
2 C							\$		
	ibutor Informatione, Mailing Address &				emove				
	city, state, & zip)	x Phone		b. Job Title/Professio	n	d. Commen	ts		
				c. Employer's Name/S	Specific Field				
						e. Election S	um to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y		k. Amount		
					-		\$		
							\$		
							\$		
. Total	only this Page					\$	1375	150.00	
. Total	of ALL CRO-	1210 Pages				Ψ		150.00	

\$

2342.90

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Disbursen Use this form t		C d. s. samue		Pg	<u>1</u> o	Amendment Yes N
committees an	to report expenditures and coordinated party ex	3 from the commi	ttee for; operating	; expense	s, contributions	to candidate/political
1. Committee	Full Name (and Fur	nd if applicable)			Section Section 1	
Committee to	Elect John Stiver	It it applicable)				2. ID Number
3. Type of Dis		ease use separate	CPO_1310 forms	for agal	CDichum	RDU317
	g Expenses	Contributions to C	Candidates/Political Con	101 eucn		
4. Payee Infor			Add	Illinaces	Remove	Coordinated Party Expenditures
	ailing Address & Phone		b. Coordinated Co	'ommittee		d. Comments
(include city, state Peoples Bank	e, & zip)			Jimmin	Name	d. Comments
420 West 'A' S			c. Level Registere	ed (Specify	1	\dashv
Newton, NC 2	28658		Federal		County:	\dashv
			State		Municipality:	e. Election Sum to Date
						\$ 18.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	1/уууу)	j. Amount	k. Required Remarks
JMS	Draft	О	08/30/2017		\$18.70	Checks Ordered
					\$	
4. Payee Inform	STATE A PROCESS OF THE STATE OF		Add		Remove	
	iling Address & Phone		b. Coordinated Co	ommittee N		d. Comments
(include city, state,	, & zip)					
BuildASign 11525A Stoneh	1 -11, D.,					
Suite 100	Iollow Dr		c. Level Registered	I (Specify)		
Austin, TX 787	750		Federal	\vdash	County:	
Ausun, 172 /0/	38		State Municipality:		Municipality:	e. Election Sum to Date
f. Account Code	T	T				\$ 412.80
I. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	/yyyy)	j. Amount	k. Required Remarks
JMS	Debit Card		09/22/2017	09/22/2017 \$412.80		Yard Signs
4 Davis Inform	1000 1 • 00000				\$	
4. Payee Inform			Add		Remove	
a. Full Name, Maili (include city, state,	ing Address & Phone	7	b. Coordinated Committee Name			d. Comments
Observer News			4			
PO Box 48	Enterprise	1	T D -d-town d			
Newton, NC 28	8658	J	c. Level Registered	(Specify)	Story 16	
110111011, 1	1036	1	Federal	님	County:	
		J	State		Municipality:	e. Election Sum to Date
		J	1			\$ 210.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvvv)	j. Amount	k. Required Remarks
JMS	Check			3337		Ad Ad
JIVIS	Спеск		09/25/2017		\$35.00	Au
5. Total only this	ic Dago				\$	
	CRO-1310 Pages					\$ 466.50
(This line goes in	line 13a of Detailed Sumr	mary Page CRO-1100	Constant Evans	ANDERSON		
(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)					\$ 466.50	
Purpose Code	es (List detailed expe	- ditura code in (if Coordinated Party I	Expenditur	res)	
* - Media	B* - Printing	C* - Fundr				

E - Salaries

I - Postage

O* - Other

B* - Printing

F* - Equipment
J - Penalties

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

In-Kind Contributions Use this form to report non-monetary contributions, donations, g Use CRO-1215 if In-Kind Contributions were or will be refunded	oods or	serv	Pg <u>1</u> or ices provided to the sys.	f he com	Amendment 1 Yes No mittee or fund.			
1. Committee Full Name (and Fund if applicable)	ny di	11/10/2019		2.11) Number			
Committee to Elect John Stiver					RDU317			
3. Contributor Information Add	Remov	/e						
a. Full Name, Mailing Address & Phone			Contributor	C.Co	mments			
(include city, state, & zip)			ividual		······································			
John Stiver			ndidate					
502 S College Ave		Par	tv	1				
Newton, NC 28658		PA		1				
		Ref	erendum	d. Ele	ection Sum to Date			
		Oth	er Receipt Source	\$	2167.90			
e. Description			f. Date (mm/dd/yy					
Filing Fee					g. Fair Market Amount			
			07/07/201	7	\$ 5.00			
Political Ad		¥3	08/25/201	17	\$ 125.00			
Political Ad			08/25/201	7	\$ 175.00			
3. Contributor Information Add	Remov	e		TELESCO.				
a. Full Name, Mailing Address & Phone			Contributor	c. Co	mments			
(include city, state, & zip)			vidual	- C. CO.	ments			
John Stiver		Can	didate					
502 S College Ave	ΙĦ	Part						
Newton, NC 28658		PAC						
		Refe	erendum	d. Ele	ction Sum to Date			
		Othe	er Receipt Source		9800 9			
c. Description			*	\$	2167.90			
Solider Reunion Parade			f. Date (mm/dd/yy	yy)	g. Fair Market Amount			
			08/25/201	7	\$ 25.00			
Solider Reunion Craft Show			08/25/201	7	\$ 25.00			
Signs			09/20/201	7	\$ 323.90			
3. Contributor Information Add	Remove	9			Western also in the second second second			
a. Full Name, Mailing Address & Phone		-	ontributor	c. Con	nments			
(include city, state, & zip)			ridual		·····			
	10	Cano	lidate					
		Party						
		PAC						
li		Refe	rendum	d. Election Sum to Date				
		Othe	r Receipt Source	\$				
e. Description			f. Date (mm/dd/yyy	(y)	g. Fair Market Amount			
			***		\$			
					\$			

(This line must be on line 17 of Detailed Summary Page CRO-1100) CRO-1510

4. Total only this Page 5. Total of ALL CRO-1510 Pages \$

678.90

678.90

\$

\$