	Ame	ndment	
Disclosure Report Cover		Yes	No
	41 1	1 . 21 1.0	

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 Committee to Elect John Stiver **RDU317** b. Mailing Address (include City, State and Zip Code) d. Date Filed 502 South College Ave. 9/30/19 Newton, NC 28658 e. Phone Number 828-612-0989 2. Report Year 4. Period End Date 3. Period Start Date (mm/dd/yy) 5. Treasurer Full Name (mm/dd/yy) John Stiver 2017 9/27/17 10/23/17 9. Type of Report 6. Type of Committee (Check One) (check only one type of report from one category) Candidate Campaign Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Expenditure Legal Expense Fund (if applicable, check one) 7. Type of Fund Pre-primary First Pre-election "Booster Fund" Second Supplemental Final **Building Fund** Pre-runoff Third Annual Semi-annual Fourth Special Mid Year Semi-annual Year End Other: 10. Special Report Name Mid Year Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Peoples Bank b. Purpose c. Account Code c. Account Code b. Purpose Campaign **JMS** Acct d. Period Begin Balance d. Period Begin Balance 524.10 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 of Elections. John Stiver 9/30/19 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered **Electronically Filed** Date Scanned: Employee: Signer has not received mandatory training 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.

Amendment  $\boxtimes$ Yes No

**Detailed Summary**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	
Committee to Elect John Stiver	n RDU317			
Start of Election Cycle: January 1,		Total this Reporting Period	Total this d Election Cycle	
4) Cash on Hand at Start		\$ 524.10	\$ 0	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$ 2342.90	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
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				
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizati	ions <i>(CRO-1250)</i>	\$	\$	
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, 11	lc, 11d and 11e)	\$	\$ 2342.90	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 6.00	\$ 472.00	
13b) Contributions to Candidates/Political Commi	ttees (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)	\$	\$ 673.90	
17) In-Kind Contributions	(CRO-1510)	\$	\$ 678.90	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 6.00	\$ 1824.80	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		\$ 518.10	\$ 518.10	
ADDITIONAL INFORMATION			W. 1	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$	(2) (1) (2)	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	\$	The second second		
25) Administrative Support	\$	\$		
· · · · · · · · · · · · · · · · · · ·	(CRO-1710) (CRO-1440)	\$	\$	
,				
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

			4	ē.					Amendment	
Disbursements					Pg	1	of	1	⊠ Yes [	No
					_	_		_		

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	2. ID Number							
	Elect John Stiver				RDU317			
3. Type of Disb	nent.)							
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								
	nation		Add					
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N	ame	d. Comments			
(include city, state,	& zip)							
Peoples Bank								
420 W A Street	t		c. Level Registered (Specify)					
Newton, NC 28658			Federal	County:				
1			State Municipality:		e. Election Sum to Date			
					\$ 6.00			
f. Account Code	g. Form of Payment	h. Purpose Code			k. Required Remarks			
1. Account code	g. rorm orrayment	ar ar pose code	i. Date (mm/dd/yyyy) j. Amount		Service Charge			
JMS	Debit	0	9/30/17	\$6.00	Service Charge			
				\$				
4. Payee Inforn	nation		Add:	* Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,	& zip)							
			c. Level Registered (Specify)					
			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
				\$				
				\$				
4. Payee Inform	etion		Add	Remove				
	ng Address & Phone	309	b. Coordinated Committee Na	d. Comments				
(include city, state,	•				u. Comments			
(include city, state,	« ир)		•					
			c. Level Registered (Specify)	-				
				-				
			Federal State	County:	Electer Com A. D.A.			
			State	Municipality:	e. Election Sum to Date			
					\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
				\$				
				\$				
S/Total Tall at								
5. Total only the					\$ 6.00			
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 13h of Detailed Summary Page CRO-1100 if Countil to Constitute (Page 11 to 1 County)  \$ 6.00								
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes in line 13a of Detailed Summary Page CRO 1100 if Coordinated Party Fungeditures)								
(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)								