Disclosure Re	port Cover				Amendment No
	neral report and committee	information, must be	e signed and sub	mitted along with	
	to update information				
1. Committee Infor	тацол				c. ID Number
Committee to Elect	John Stiver				c. 1D Number
	ude City, State and Zip Code)				d. Date Filed
502 South College A Newton, NC 28658					10/23/19
Newton, NC 20030					e. Phone Number
					828-612-0989
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	
2019	9/25/19	10	/21/19	John Mark Stive	r
6. Type of Committ		9. Type of Repor	t (check on	ly one type of repor	rt from one category)
Candidate Campa		Municipal	State/Ce		Referendum
PAC Independent	Referendum	Organizationa		Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five da	у	Quarterly	Pre-referendum
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Yea		Semi-annual Mid Year	10. Special Report Name
Lij Oulei.		I car che		IVHO YEAR	10. Special Kebort Name
		Final			Trade - Sept State
8. Number of Funda	raisers this Report	Final Special		Year End	
8. Number of Funda	raisers this Report	1 ==		Year End	
11. Account Inform	ation	1 ==		Year End Final Special	
11. Account Informa. Financial Institution F	ation	1 ==		Year End Final Special Information	
11. Account Inform a. Financial Institution F Peoples Bank	ation uli Name	1 ==	11. Account I	Year End Final Special Information	
11. Account Informa. Financial Institution F Peoples Bank b. Purpose	ation 'ull Name c. Account Code	Special	11. Account I	Year End Final Special Information	c. Account Code
11. Account Inform a. Financial Institution F Peoples Bank	ation uli Name	Special	11. Account I	Year End Final Special Information	
11. Account Informa. Financial Institution F Peoples Bank b. Purpose	ation 'ull Name c. Account Code	Special Special	11. Account I	Year End Final Special Information	
11. Account Informa. Financial Institution F Peoples Bank b. Purpose	ation 'ull Name c. Account Code JM	Special Special	11. Account I	Year End Final Special Information	c. Account Code
11. Account Informa. Financial Institution F Peoples Bank b. Purpose Campaign Fin	ation ull Name c. Account Code JM d. Period Begin Balance	Special Special	11. Account I	Year End Final Special Information	c. Account Code d. Period Begin Balance
11. Account Informa. Financial Institution F Peoples Bank b. Purpose Campaign Fin	c. Account Code JM d. Period Begin Balance \$ 472.67	Special Special	11. Account In a. Financial Institute. b. Purpose	Year End Final Special Information tution Full Name	c. Account Code d. Period Begin Balance
11. Account Informa. a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Comthe NC General Statu	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co	S Special ance with all applica mmingled with prob	a. Financial Insti	Year End Pinal Special Information Itution Full Name of Article 22A, 22B Inon-disclosed funds	c. Account Code d. Period Begin Balance
11. Account Informa. a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Comthe NC General Statutis complete, true and	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co-correct and that I have been	S Special ance with all applica mmingled with prob	a. Financial Insti	Year End Pinal Special Information Stution Full Name Of Article 22A, 22B Special Name Of Article 22A, 22B Special Name	c. Account Code d. Period Begin Balance \$ 3, & 22D-22M of Chapter 163 of 5. I further certify that this report
11. Account Informa. a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Comthe NC General Statu	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co-correct and that I have been yer	ance with all applicammingled with probatrained by the NC S	a. Financial Institute b. Purpose able provisions on bitted or other instate Board of E	Year End Final Special Information tution Full Name of Article 22A, 22B ton-disclosed funds lections.	c. Account Code d. Period Begin Balance \$ 3, & 22D-22M of Chapter 163 of 5. I further certify that this report 10/23/19
11. Account Informa. a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Comthe NC General Statutis complete, true and	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co- correct and that I have been yer Printed Name of Signer	ance with all applicammingled with probatrained by the NC S	a. Financial Insti	Year End Final Special Information tution Full Name of Article 22A, 22B ton-disclosed funds lections.	c. Account Code d. Period Begin Balance \$ 3, & 22D-22M of Chapter 163 of 5. I further certify that this report
11. Account Informa. a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Comthe NC General Statutis complete, true and John M. Stive FOR OFFICE USE Office Complete	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co- correct and that I have been yer Printed Name of Signer	ance with all applica mmingled with probatrained by the NC S	a. Financial Institute b. Purpose able provisions on bitted or other instate Board of E	Year End Final Special Information tution Full Name of Article 22A, 22B ton-disclosed funds lections.	c. Account Code d. Period Begin Balance \$ 3, & 22D-22M of Chapter 163 of 5. I further certify that this report 10/23/19 Date Delivery Method
a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Com the NC General Statu is complete, true andJohn M. Stiv FOR OFFICE USE Office USE Office Received:	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co-correct and that I have been yer Printed Name of Signer NLY	ance with all applicammingled with probatrained by the NC S	a. Financial Institute b. Purpose able provisions on bitted or other instate Board of E	Year End Final Special Information tution Full Name of Article 22A, 22B ton-disclosed funds lections.	c. Account Code d. Period Begin Balance \$ 8, & 22D-22M of Chapter 163 of s. I further certify that this report 10/23/19 Date Delivery Method Normal Mail
11. Account Informa. a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Comthe NC General Statutis complete, true and John M. Stive FOR OFFICE USE Office Complete	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co-correct and that I have been yer Printed Name of Signer NLY	ance with all applica mmingled with probatrained by the NC S	a. Financial Institute b. Purpose able provisions on bitted or other instate Board of E	Year End Final Special Information tution Full Name of Article 22A, 22B ton-disclosed funds lections.	c. Account Code d. Period Begin Balance \$ 3, & 22D-22M of Chapter 163 of 5. I further certify that this report 10/23/19 Date Delivery Method
a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Com the NC General Statu is complete, true and John M. Stiv FOR OFFICE USE O Date Received: Date Postmarked	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co-correct and that I have been yer Printed Name of Signer NLY	ance with all applicammingled with probatrained by the NC SEmployee:	a. Financial Institute b. Purpose able provisions on bitted or other instate Board of E	Year End Final Special Information tution Full Name of Article 22A, 22B ton-disclosed funds lections.	c. Account Code d. Period Begin Balance \$ 3, & 22D-22M of Chapter 163 of 5. I further certify that this report 10/23/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Com the NC General Statu is complete, true andJohn M. Stiv FOR OFFICE USE Office USE Office Received:	c. Account Code JM d. Period Begin Balance \$ 472.67 amittee or Fund is in compliates and that no funds are co-correct and that I have been yer Printed Name of Signer NLY	ance with all applica mmingled with probatrained by the NC S	a. Financial Institute b. Purpose able provisions on bitted or other instate Board of E	Year End Final Special Information tution Full Name of Article 22A, 22B ton-disclosed funds lections.	c. Account Code d. Period Begin Balance \$ 8, & 22D-22M of Chapter 163 of s. I further certify that this report 10/23/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Com the NC General Statu is complete, true and John M. Stiv FOR OFFICE USE O Date Received: Date Postmarked	c. Account Code JM d. Period Begin Balance \$ 472.67 mittee or Fund is in compliates and that no funds are co correct and that I have been yer Printed Name of Signer NLY	ance with all applicammingled with probatrained by the NC SEmployee:	a. Financial Institute b. Purpose able provisions on bitted or other instate Board of E	Year End Final Special Information tution Full Name of Article 22A, 22B ton-disclosed funds lections.	c. Account Code d. Period Begin Balance \$ 3, & 22D-22M of Chapter 163 of 5. I further certify that this report 10/23/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
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a. Financial Institution F Peoples Bank b. Purpose Campaign Fin CERTIFICATION I certify that the Com the NC General Statu is complete, true and John M. Stiv FOR OFFICE USE Of Date Received: Date Postmarked Date Scanned: Date Data Entere	c. Account Code JM d. Period Begin Balance \$ 472.67 mittee or Fund is in compliates and that no funds are concorrect and that I have been over Printed Name of Signer NLY l: ed: s form cannot be used to am	ance with all applica mmingled with prohatrained by the NC SEmployee: Employee: Employee: Employee:	a. Financial Institute b. Purpose able provisions on bibited or other in State Board of Elementary of Appoints mation such as the state of the sta	Year End Pinal Special Information Itution Full Name of Article 22A, 22B Inon-disclosed funds Inctions. ded Treasurer OCT 2 5 2019 the committee address	c. Account Code d. Period Begin Balance \$ 8, & 22D-22M of Chapter 163 of s. I further certify that this report 10/23/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

Amendment

Amendment Yes No

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 Report			3. ID Nu	mber
Committee to Elect John Stiver	2019 Pre-Election				
Start of Election Cycle: January 1,	2019	R ₄	Total this		Total this Election Cycle
4) Cash on Hand at Start		\$	472.67	\$	357.13
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	150.00	\$	3517.99
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					THE JOY N. B. LEWIS CO., LANSING
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizat	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, 1.	1c, 11d and 11e)	\$	150.00	\$	3517.99
EXPENDITURES			ad act		
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	8.00	\$	1712.46
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)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	1547.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	8.00	\$	3260.45
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$	614.67	\$	614.67
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	ns) (CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		11373	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

		n Individuals vidual contributions o	over \$50	Pg 0 or contributions unde	<u>1</u> of er \$50 if form CR		Amendment Yes ot used	t No
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Nun	nber	
Committe	ee to Elect John St	iver						
3. Contri	butor Informatio	n		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)			Business Owner				
Twella D 19 N Col				c. Employer's Name/Sp	acific Field			
	NC 28658			Carolina Vines	cenic Field			
110 11011,	10000					e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	JMS	Check			9/24/20)19	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Ren	nove			
a. Full Nam	ie, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)							
	V Touchette			Retired	asiGo Field	-		
1088 S B	rady Ave NC 28658			c. Employer's Name/Sp Education	ecinc rieid			
Newton,	NC 20030			Laucation		e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	JMS	Check			9/27/20)19	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Ren	nove			
a. Full Nan	e, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment	ts	
(include	city, state, & zip)							
				c. Employer's Name/Sp	ecific Field			
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Page	•				\$		150.00

\$

150.00

5. Total of ALL CRO-1210 Pages

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

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

	Full Name (and Fur	d if applicable)					2. ID Number
	Elect John Stiver						
3. Type of Dis	way to a secondary		CRO-1310 forms for				
Operating		Contributions to Ca	andidates/Political Comm	ittees		Coordinated	Party Expenditures
4. Payee Infor	CALL TO STATE OF STAT		Add		Remove		
	iling Address & Phone		b. Coordinated Com	mittee Na	ame	d. Comments	
(include city, state	e, & zip)						
Peoples Bank							
420 W A Stree			c. Level Registered (S	specify)			
Newton, NC 2	28658		Federal		County:		
			State		Municipality:	e. Elect	ion Sum to Date
						\$	
						Ψ	
f. Account Code	ode g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount		j. Amount	k. Req	ired Remarks		
JMS	Debit	0	9/30/19		\$8.00	Bank Fee	
	Book	0	7/50/17		ψο.υψ		
					\$		
4. Payee Infor	and the state of t		Add		Remove		
a. Full Name, Mai	ling Address & Phone		b. Coordinated Com	nittee Na	ıme	d. Com	ments
(include city, state	, & zip)	- I - College II					
			c. Level Registered (S	pecify)			
			Federal County:		County:		
			State		Municipality:	e. Elect	ion Sum to Date
						•	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount	k. Requ	ired Remarks
					•		
					\$		
					•		
					\$		
4. Payee Inform	mation		Add		Remove	ALUE U	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Comp	nittee Na	me	d. Com	ments
(include city, state	, & zip)						
			c. Level Registered (S	pecify)			
			Federal				
	State Municipality:			-	e. Elect	ion Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Requ	ired Remarks
					\$		
					\$		
5. Total only th	is Page					\$	8.00
	CRO-1310 Pages	4 2 11 1					
total alle composition and control and con	line 13a of Detailed Sun	mary Page CRO-110	0 if Operating Expenses)				
		0 if Contrib to Candidates/Political Comm)			\$	8.00	
	line 13c of Detailed Sum						
	les (List detailed ex						
A* - Media	B* - Printing	C* - Fund			D - To Anot	her Candid	ate
E - Salaries	F* - Equipment		2				Office Expenses
I - Postage	J - Penalties		ce Expenses				l Expense Fund
O* - Other							
* Codes requir	re detailed explanati	on in required r	emarks field (k)				