Disclosure Repo					Yes No
•	ral report and committee i	nformation, must be	signed and sub	mitted along with oth	ner detailed forms.
Do not use this form to 1. Committee Information	art au respectives, et construences de souarité au la construe de				
a. Full Name	31101				c. ID Number
	hins for Cleveland County	Commissioner			
b. Mailing Address (include	e City, State and Zip Code)				d. Date Filed
1436 Phifer Rd					06/18/2021
Kings Mountain NC 2	8086				e. Phone Number
		,			704.692.2966
2. Report Year 3.	Period Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)	End Date	5; Treasurer Full	
2020	01/12/2021	06/1	8/2021	Christina Mae Hut	chins
6. Type of Committee		9. Type of Report		ily one type of report	
Candidate Campaign		Municipal	State/C		Referendum
PAC Independent	Referendum	Organizationa	1 —	Organizational	Organizational
Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum
man and a second and	if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election	一十一	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special D
		Mid Year	· -	Semi-annual	
Other:		Year End		Mid Year Year End	10. Special Report Name
8. Number of Fundrai	een this Descri	Final Special		r ear End Final	TO SMM
Servamber of standard	Mary may was put of the second	Б орески	1 =	Special	= ==
11. Account Informati	ion "		11. Account	Information	5 70
a. Financial Institution Full	Name		a. Financial Inst	itution Full Name	
Suntrust Bank	······································				· I
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign Finance	01				
	d. Period Begin Balance				d. Period Begin Balance
	\$ 1680.56				\$
CERTIFICATION					
	ittee or Fund is in compli	ance with all applica	ble provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of
the NC General Statute	s and that no funds are co	mmingled with prob	ibited or other:	non-disclosed funds.	I further certify that this report
is complete, true and co Christina Huto	orrect and that I have been	trained by the NC S	State Board of F		411/2020 U/18/21
	Printed Name of Signer		gnature of Appoint		Date
FOR OFFICE USE ON				0	
Date Received:	86-19-21	Employee:	$-\mathcal{J}$		Delivery Method Normal Mail
Date Postmarked:	하는데 10.0000 (1985년) 1985년 - 1985 년 (1985년)	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Entered		Employee:			mandatory training
Please Note: This f		end committee informat			ss, treasurer, assistant treasurer,

Amendment

Detailed	Summary	
Domiton	Juliini	

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

Use this form to summarize all disclosure reporting forms and to	STATES AND SOCIETY OF THE SECOND SECO		
	ype of Report		3. ID Number
Re-Elect Johnny Hutchins for Cleveland County Fin	al		
Commissioner		Total this	Total this
Start of Election Cycle: January 1,	2021	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 1680.56	\$
TERE MILITARY			
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)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 220.00	\$
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 Organizations	(CRO-1250)	\$	\$ 13 60
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 1
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$) - ETG
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	S I S
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11a	l and 11e)	\$ 1900.56	s V Ego
ARTER DE HERELE			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1680.56	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 220.00	\$
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	and 17)	\$ 1900.56	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ 0	\$
<u>Androng rapely a deal and least and a second and the second and t</u>			
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 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)	\$	\$

Amendment

Yes

 \boxtimes

No

Amendment **Disbursements** Yes Pg of <u>3</u>

No

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

1. Committee I	Full Name (and Fun	d if applicable)					2. ID Number
	y Hutchins for Cleve		TAXABLE DESCRIPTION OF THE PARTY OF THE PART				
	oursement (Plea						
Operating I	The second secon	Contributions to Car		tes/Political Committ	ees		ordinated Party Expenditures
4. Payee Inform			A	AA		Remove	
	ing Address & Phone		b. (Coordinated Comm	ittee N	ame	d. Comments
(include city, state,	& zip)		-				Bank Fees
Suntrust Bank			-	Lavel Danistanad (Ca			paper stmt fees
700 W King St Kings Mountai				Level Registered (Sp Federal		County:	
Kings Mountai	II NC 20000		=	State		Municipality:	e, Election Sum to Date
			┢	j Siace	.Ш.		
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
	bank draft	О		06/18/2021		\$9.00	3 months of
							\$3 Jan - March
						\$	<u> </u>
4. Payee Inform			A			Remove	
	ing Address & Phone		- C-9 (1-4-5)	Coordinated Comm	ittee N	MARKET AND AND ASSESSMENT AND ASSESSMENT	d. Comments CO
(include city, state,	그 통수의 강성 하느 등이 가장하다.					<u> </u>	Bank Fees comm
Suntrust Bank	<u> </u>		1				maintenance fee
700 W King st			c. I	Level Registered (Sp	ecify)		# 30
Kings Mountain	n NC 28086			Federal		County:	t ≺ss
				State		Municipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
		0				\$15.00	3 months of
	bank draft	О		06/18/2021		\$15.00	\$5 Jan - March
			Ì			 \$	
4. Payee Inform			GEORGY AND	ld Coordinated Comm	ttee N	Remove	d. Comments
	ing Address & Phone		10.	Coorumateu Commi	ince 14	ante	Lt Gov Mark
(include city, state, Johnny Hutchir			1				Reagan-Douglas
1436 Phifer Rd			c. Level Registered (Specify)			Dinner - GOP	
Kings Mountain		•		Federal	Ø	County:	
80 1110 4114				State	\Box	Municipality:	e. Election Sum to Date
			_				đ.
		*					\$
£ Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
	check #114	E		4/22/2020		\$220.00	GOP Dinner
				10-1		\$	
			singension		sa salasi		
5. Total only th						And the second second	\$ 244.00
TOTAL LANGUAGE AND	CRO-1310 Pages Line 13a of Detailed Sun	amary Paga CRO-110	o is o	maratina Evnancas)			
, ,	line 13b of Detailed Sun		-		/Politic	cal Comm)	\$ 1680.56
	line 13c of Detailed Sun		_				
	es (List detailed ex		California (VIII)	and the second s			
A* - Media	B* - Printing	C* - Fund			:-(-5:-00:1):-	D - To Anotho	
E - Salaries	F* - Equipment						Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offi	ce E	xpenses	SP 1	Q* - Donatio	n to Legal Expense Fund
			MEEZ.		erenene		

				Amendment	
Disbursements	Pg	<u>2</u>	of <u>3</u>	Yes	No No
				11 1 . / 11.1 1	

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

	Full Name (and Fun ry Hutchins for Cleve		nm		2. ID Number
	·		CRO-1310 forms for each t	pe of Disbursem	ent)
Operating 1		•	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	A CONTRACTOR OF THE PROPERTY O	T.	Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	The second secon	d. Comments
(include city, state,					Campaign salary
Buffy Murphey			-		,
Camelot Court			c. Level Registered (Specify)		
Kings Mountai			Federal 🛛	County:	
ixings iviounum	1110 20000	•	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
		1	4/00/0001	#500 00	campaign salary
	check #115	E	4/22/2021	\$500.00	
1				\$	
7 (4 D) (4 C) (4 C)	nation	 	Add• 🔲	Remove	
The state of the s	ing Address & Phone		b. Coordinated Committee Na		d. Comments
			b. Corunaca Commerce N	And the second second	Campaign salary
(include city, state, Christy Hutchin			-		
1506 Phifer Rd			c. Level Registered (Specify)		z jağ
			Federal S	County:	
Kings Mountai	II NC 28080			-	e. Election Sum to Date
			State	Municipality:	© COO
					s = ==
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
3.1.2000	check # 116	E	4/22/2021	\$500.00	campaign salary
	CIECK#110	1.5	4/22/2021	\$300.00	
				\$	
4. Payee Inform	nation -		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,		시나 자연동기			mileage
Johnny Hutchin			1		ge
1436 Phifer Rd			c. Level Registered (Specify)		
Kings Mountai			Federal 🛛	County:	
ixings iviountar	H 14C 20000		State	Municipality:	e. Election Sum to Date
					\$
			<u></u>	T	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	mileage	K .	4/22/2021	\$430.10	
				\$	
5. Total only th	is Dags				\$ 1430.10
	CRO-1310 Pages				Ф 1430.10
"As against a my start freeze and participation of the second second	Enthancement and an enthancement of the second seco	nmarv Page CRO-116	00 if Operating Expenses)		
, ,	~		00 if Contrib to Candidates/Politic	al Comm)	\$ 1680.56
			00 if Coordinated Party Expenditu		
, ,	les (List detailed ex				and the second of the second o
A* - Media	B* - Printing	C* - Fur		D - To Anoth	
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties	K* - Off	ice Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other	mine can esta constituiramen en a mentra en el mentra de la mentra de la mentra de la mentra de la mentra de l	construction and the second services and the second			

				Amendmen	t	
Disbursements	Pg	<u>3</u>	of <u>3</u>	Yes Yes	\boxtimes	No
To this form to more a compandition of from the committee for an areating of	******	contrib	urtiana ta candid	ota/palitical		

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

Territory of the state of the property of the state of th			-		2. ID Number
	y Hutchins for Cleve				
3. Type of Disb			RO-1310 forms for each t		
Operating E		Contributions to Can	didates/Political Committees		ordinated Party Expenditures
4. Payee Inform	the state of the s		Add	Remove	I
a. Full Name, Maili	ing Address & Phone	[100일] 기급 : 종기	b. Coordinated Committee Na	ame	d. Comments
(include city, state,					Bank Account
Johnny Hutchin		ļ			Closure / Wleak
1436 Phifer Rd			c. Level Registered (Specify)		/
Kings Mountain	n NC 28086		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
I. Account Code	g. Total of Layment	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		<u> </u>	bank acct /1.4.1
	closure	О	05/06/21	\$6.46	balance closure / Max
				\$, ,
4. Payee Inform	nation	×	Add	Remove	<u> </u>
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					<u> </u>
(,					2 503
			c. Level Registered (Specify)		∞ m <u>m</u>
		ļ	Federal T	County:	0 GE S
			State	Municipality:	e. Election Sum to Date
		ŀ			Section Sectio
	1			•	5 7 7
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform	ation	I ⊠	Add	Remove	
	ing Address & Phone	200000000000000000000000000000000000000	b. Coordinated Committee Na		d. Comments
(include city, state,	想带 化电子流 电流流电流系统 的			<u>an et en la la discolation de la colonia</u>	
(menuc city, state,	ск мр)				
			c. Level Registered (Specify)		
		ŀ	Federal	County:	
			State	Municipality:	e. Election Sum to Date
				Wallerpality.	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Code	g. roim of rayment		L Date (mm/dd/yyyy)	J. Amount	A. Rejureu Remarks
				\$	
				\$	
5. Total only th	is Page			1	\$ 6.46
At the technique of the company of the second of the secon	CRO-1310 Pages				
The second control of the control of	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		ft 1/00.5/
	=		if Contrib to Candidates/Politic	al Comm)	\$ 1680.56
			if Coordinated Party Expenditu		
Construction (Indicate Street Parks) (Construction Construction	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Politica	al Party		Public Office Expenses
I - Postage	J - Penalties	K* - Office	e Expenses	Q* - Donation	n to Legal Expense Fund
O* - Other					

Loan Repayments

	iems on an existing toan.			S D X
1. Committee Full Name (a				2. ID Number
Re-Elect Johnny Hutchins f	or Cleveland County Comm			
3. Lender Information		Add	Remove	I
a. Full Name, Mailing Address &	Phone	- 1901 - The Control of the Control		b. Comments
(include city, state, & zip)				campaign
Johnny Hutchins			- Company of the Comp	volunteers/work
1436 Phifer Rd				c. Original Loan Date
Kings Mountain NC 28086				
Kings Wouldan We 20000		٠.		4/14/21
				d. Original Loan Amount
	•			\$ 220.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 0	·	CK #114	4/22/21	\$ 220.00
· ·				€ Sam
\$	Construction and the same view of the sa			
3. Lender Information		☐ Add	Remove	
a. Full Name, Mailing Address &	Phone	등 경기 기가 되었다.	경기적 기막이 편하는 경기 내	b. Comments
(include city, state, & zip)				# 10
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$		4	.,. ,	\$
3. Lender Information	TO .	Add	Remove	Lia
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
,				d. Original Loan Amount
				\$
7 Y 7 T 1	6.4		T. W. C. (11/2)	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$,		!	\$
4. Total only this Page	1	•	· · · · · · · · · · · · · · · · · · ·	\$ 220.00
5. Total of ALL CRO-	1420 Pages			\$ 220.00
(This line must be on line 15 of .	Detailed Summary Page CRO-1100)			

Outstanding Loans

				Amer	ıdment		
g	1	of	1		Yes	\boxtimes	No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

% \$ \$ k. Full Name of Lending Institution L. Loan Number 4. Total only this Page \$ 220.00 5. Total of ALL CRO-1430 Pages \$ 220.00	1. Committee Full Na	ame (and Fund if applicable)		2.ID Number
a. Pull Name, Mailing Address & Phone (Include city, state, & 1p) Long Hutchins 1436 Phifer Rd Kings Mountain NC 28086 C. Employer's Name/Specific Field O 4/14/21 C C C. End Date (mm/dd/yyyy) Rate D 5 220.00 L Original Loan Amount L Loan Number S 1 Loan Plane (mm/dd/yyyy) C. End Date (mm	Re-Elect Johnny Huto	chins for Cleveland County Co	omm		
a. Pull Name, Mailing Address & Phone (Include city, state, & 1p) Long Hutchins 1436 Phifer Rd Kings Mountain NC 28086 C. Employer's Name/Specific Field O 4/14/21 C C C. End Date (mm/dd/yyyy) Rate D 5 220.00 L Original Loan Amount L Loan Number S 1 Loan Plane (mm/dd/yyyy) C. End Date (mm	3 Lender Informatio	ın Ar	14	T Remove	
Godd Comments GOP Dinner	ed to the average state of the research of the second state of the	and the state of t		and the Control of the State of the State of the State of the State of Stat	d. Comments
Johnny Hutchins 4. Start Date (amidd/yyyy) 5. Start Date (amidd/yyyy	and the second of the second o				
Add		<u> </u>			001 2111101
Employer's Name/Specific Field O4/4/21 S C. End Date (mm/dd/yyyy) S C. Employer's Name/Specific Field C. Employer's Name/Specific Field C. End Date (mm/dd/yyyy) C. Employer's Name/Specific Field C. End Date (mm/dd/yyyy) C. Employer's					e. Start Date (mm/dd/yyyy)
g. Rate h. Security Pledged L. Original Loan Amount J. Remaining Loan Ralance 0 % \$ 220.00 \$ 220.00 U CONTROL Loan Number 1. Full Name of Lending Institution 1. Loan Number 2. Early Name of Lending Institution 3. Lender Information a. Full Name of Lending Institution 4. Comments C. Employer's Name/Specific Field E. End Date (mm/dd/yyyy) 2. Employer's Name/Specific Field E. Full Name of Lending Institution 3. Lender Information 4. Comments 4. Comments 5. Security Pledged Add Remove 6. Start Date (mm/dd/yyyy) 6. Employer's Name/Specific Field 6. Comments 6. Comments 6. Comments 6. Comments 6. Employer's Name/Specific Field 6. Comments 6. Employer's Name/Specific Field 6. Comments 6. Comments 6. Lend Date (mm/dd/yyyy) 6. Employer's Name/Specific Field 7. Comments 8. Lender Information 8. Lender Information 8. Lender Information 9. Lender Information 1. Loan Number 1. Loan Number 8. Employer's Name/Specific Field 6. End Date (mm/dd/yyyy) 6. Employer's Name/Specific Field 8. Employer's Name/Specific Field 8. Employer's Name/Specific Field 6. End Date (mm/dd/yyyy) 6. Employer's Name/Specific Field 6. End Date (mm/dd/yyyy) 7. Employer's Name/Specific Field 8. Employer's Name/Specific		28086	c. Emplo	yer's Name/Specific Field	04/14/01 (757)
g. Rate h. Security Pledged L. Original Loan Amount j. Remaining Loan Fishmer J. S. Lender Information 3. Lender Information 3. Lender Information 3. Lender Information 4. Comments 6. Start Date (mm/dd/yyyy) 6. Employer's Name/Specific Field 7. End Date (mm/dd/yyyy) 7. End Date (mm/dd/yyyy) 8. Full Name of Lending Institution 7. Loan Number 8. Full Name of Lending Institution 8. Loan Number 9. Loan Number 1. Original Loan Amount j. Remaining Loan Balance 9. Loan Number 9. Loan Number 1. Loan Number 1. Loan Number 8. Start Date (mm/dd/yyyy) 9. End Date (mm/dd/yyyy) 1. End Date (mm/dd/yyyy) 1. End Date (mm/dd/yyyy) 1. Loan Number 1. Loan Number 1. Loan Number 8. Start Date (mm/dd/yyyy) 1. Loan Number 1. Loan Number 1. Loan Number 8. Start Date (mm/dd/yyyy) 1. Loan Number 8. Start Date (mm/dd/yyyy) 1. Loan Number 8. Full Name of Lending Institution 8. Sart Date (mm/dd/yyyy) 1. Loan Number 8. Full Name of Lending Institution 9. Sart Date (mm/dd/yyyy) 1. Loan Number 8. Full Name of Lending Institution 9. Sart Date (mm/dd/yyyy) 1. Loan Number 8. Sart Date (mm/dd/yyyy)					04/1821
g. Rate h. Security Fledged L. Original Loan Amount j. Remaining Loar Fladance 1.					f. End Date (mm/dd/yyyy)
Solution					04/22/21
Solution		la o Maria	<u> </u>		
k. Full Name of Lending Institution 1. Loan Number Add Remove a. Full Name, Mailing Address & Phone (include city, state, & ztp) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged 1. Original Loan Amount J. Remaining Loan Balance \$ k. Full Name of Lending Institution Add Remove a. Full Name, Mailing Address & Phone (include city, state, & ztp) c. Employer's Name/Specific Field E. End Date (mm/dd/yyyy) E. Full Name of Lending Institution J. Comments L. Loan Number E. Full Name of Lending Institution J. Comments L. Loan Number E. Full Name of Lending Institution J. Comments L. Loan Number E. Full Name of Lending Institution L. Loan Number S. Sart Date (mm/dd/yyyy) S. Sart Date (mm/dd/yyyy) E. Full Name of Lending Institution L. Loan Number E. Full Name of Lending Institution L. Loan Number S. Sart Date (mm/dd/yyyy)	g. Kate	h. Security Pleaged		1. Original Loan Amount	m omm
3. Lender Information a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged s. Loan Number L. Loan Number 3. Lender Information a. Full Name of Lending Institution J. Add J. Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) L. Loan Number f. End Date (mm/dd/yyyy) L. Loan Number s.	0 %			\$ 220.00	\$ 220.00
3. Lender Information Add Remove	k. Full Name of Lending I	nstitution			l. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged l. Original Loan Amount j. Remaining Loan Balance % k. Full Name of Lending Institution J. Loan Number Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged l. Original Loan Amount j. Remaining Loan Balance f. End Date (mm/dd/yyyy) s. Sart Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) s. Sart Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) s. Sart Date (mm/dd/yyyy)					2.0 S
a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged l. Original Loan Amount j. Remaining Loan Balance % k. Full Name of Lending Institution J. Loan Number Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged l. Original Loan Amount j. Remaining Loan Balance f. End Date (mm/dd/yyyy) s. Sart Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) s. Sart Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy) s. Sart Date (mm/dd/yyyy)		· Frankting von Skriver Schools for Schools (19			
(include city, state, & zip) c. Employer's Name/Specific Field c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged s. Original Loan Amount j. Remaining Loan Balance k. Full Name of Lending Institution Add a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance f. End Date (mm/dd/yyyy) L. Loan Number l. Loan Number 4. Total only this Page s. 220.00 s. 220.00 s. 220.00	Control of the contro		(200-0-03/02/98/2020));		
e. Start Date (mm/dd/yyyy) g. Rate h. Security Pledged L. Original Loan Amount j. Remaining Loan Balance % \$ \$ k. Full Name of Lending Institution L. Loan Number 3. Lender Information L. Loan Number Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ k. Full Name of Lending Institution l. Loan Number 4. Total only, this Page \$ 220.00 \$ 220.00 \$ 220.00			b. Job T	itle/Profession	d. Comments
c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged \$ k. Full Name of Lending Institution L. Loan Number 3. Lender Information a. Full Name, Mailing Address & Phone (include city, state, & zlp) b. Job Title/Profession d. Comments e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged j. Original Loan Amount j. Remaining Loan Balance f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged j. Original Loan Amount j. Remaining Loan Balance f. End Date (mm/dd/yyyy) s.	(include city, state, & zi	p)	4		
c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged \$ k. Full Name of Lending Institution L. Loan Number 3. Lender Information a. Full Name, Mailing Address & Phone (include city, state, & zlp) b. Job Title/Profession d. Comments e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged j. Original Loan Amount j. Remaining Loan Balance f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged j. Original Loan Amount j. Remaining Loan Balance f. End Date (mm/dd/yyyy) s.					e. Start Date (mm/dd/vvvv)
g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % S S k. Full Name of Lending Institution 3. Lender Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) 6. Start Date (mm/dd/yyyy) 6. Employer's Name/Specific Field 7. End Date (mm/dd/yyyy) 7. End Date (mm/dd/yyyy) 8. Start Date (mm/dd/yyyy) 8. S 8. S 8. S 8. Full Name of Lending Institution 8. S 8. S 8. S 8. Full Name of Lending Institution 8. S 8. S 8. S 8. Full Name of Lending Institution 9. S 8. S 8. S 8. S 8. Total only, this Page 8. 220.00 8. 200.00			c. Emplo	over's Name/Specific Field	3,337
g. Rate h. Security Pledged j. Original Loan Amount j. Remaining Loan Balance % \$ \$ k. Full Name of Lending Institution					
S S S S S S S S S S					f. End Date (mm/dd/yyyy)
S S S S S S S S S S					
S S S S S S S S S S			1	F 2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
k. Full Name of Lending Institution Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % k. Full Name of Lending Institution 1. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00	g. Kate	h. Security Pledged		1. Original Loan Amount	j. Remaining Loan Balance
3. Lender Information a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession c. Employer's Name/Specific Field c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged s. Original Loan Amount j. Remaining Loan Balance % k. Full Name of Lending Institution l. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00	%			\$	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % k. Full Name of Lending Institution l. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00	k. Full Name of Lending I	nstitution		1 (A. 18. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	l. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % k. Full Name of Lending Institution l. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00					
a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % k. Full Name of Lending Institution l. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00					
c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ k. Full Name of Lending Institution 1. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00	3. Lender Informatio	n 🗆 Ac	ld .	Remove	
e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field f. End Date (mm/dd/yyyy) g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ k. Full Name of Lending Institution l. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00			b. Job Ti	itle/Profession	d. Comments
g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ \$ k. Full Name of Lending Institution	(include city, state, & zi	p)	4		
g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ \$ k. Full Name of Lending Institution					Salut D. A. Alian (3.3 Aliana)
g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ k. Full Name of Lending Institution 1. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00			c. Emplo	ver's Name/Specific Field	e. Start Date (immun/yyyy)
g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ k. Full Name of Lending Institution l. Loan Number 4. Total only this Page \$ 220.00 5. Total of ALL CRO-1430 Pages \$ 220.00			- CA LAMPIO	yet 31 amospecino 1 text	-
g. Rate h. Security Pledged i. Original Loan Amount j. Remaining Loan Balance % \$ k. Full Name of Lending Institution l. Loan Number 4. Total only this Page \$ 220.00 5. Total of ALL CRO-1430 Pages \$ 220.00					f. End Date (mm/dd/yyyy)
% \$ \$ k. Full Name of Lending Institution L. Loan Number 4. Total only this Page \$ 220.00 5. Total of ALL CRO-1430 Pages \$ 220.00					37.75.75.75.75.75.75.75.75.75.75.75.75.75
% \$ \$ k. Full Name of Lending Institution L. Loan Number 4. Total only this Page \$ 220.00 5. Total of ALL CRO-1430 Pages \$ 220.00			<u> </u>	*	
k. Full Name of Lending Institution 1. Loan Number 4. Total only this Page 5. Total of ALL CRO-1430 Pages \$ 220.00	g. Rate	h. Security Pledged		i. Original Loan Amount	j. Remaining Loan Balance
4. Total only this Page \$ 220.00 5. Total of ALL CRO-1430 Pages \$ 220.00	%			\$	\$
4. Total only this Page \$ 220.00 5. Total of ALL CRO-1430 Pages \$ 220.00	k. Full Name of Lending Is	i estitution			l. Loan Number
5. Total of ALL CRO-1430 Pages \$ 220 00	-	· · · · · · · · · · · · · · · · · · ·		 	A SAFETY COLUMN TO THE PARTY OF
5. Total of ALL CRO-1430 Pages \$ 220 00					
5 220.00					\$ 220.00
(This line must be on line 21 of Detailed Summary Page CRO-1100).					\$ 220.00



(Certification to Close Committee
This Certification is used	to express the intent to close the committee after all funds have been properly disbursed.
This Certification is filed are filed.	at the Board of Elections office where the committee's campaign ports
FILED BY:	
Committee Name:	Ke-Elect Johnny Hutchins for Clercland Colomnissi
Treasurer Name:	Christina Hubeling
Treasurer Address:	1506 PhiRe ld
(include city, state, & zip)	Kings mm NC 2809C
•	
Treasurer Phone:	704.692.2966p
I certify that the above me	entioned Committee intends to close and cease existence. Upon signing this

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

Date Signed

Signature