Disclosure Report Cover

Amendment

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 |)n | | | | | |
|---|--|--|---------------------------------------|------------------------|----------------|---|
| a. Full Name | | | | | | D Number |
| Re-Elect Johnny Hutchins | s for Cleveland County Com | missioner | | | (c. 1) | D Number |
| b. Mailing Address (include Ci | ty, State and Zip Code) | | | | | |
| 1436 Phifer Rd | , | | | | d. I) | Pate Filed |
| Kings Mountain NC 2808 | 36 | | | - 0000 | | 2/35/20 |
| | | | FFR | 2 5 20 20 | e. P | hone Number |
| The provided and the party that the past of the provided and the party of the past of the | | | 1 60 | | | 704.692.2966 |
| 2. Report Year 3, Pe | riod Start Date (mm/dd/yy) | 4. Period (mm/dd/yy) | End Date | 5. Treasurer I | Full Name | |
| 2020 02 | 11/20 | 02/25 | 5/20 | Christina Mae | Hutchins | Manager and the second |
| 6. Type of Committee (Cl | neck One) 9. Tv | pe of Report | (check on | lly one type of rej | nort from | OWA Catacons |
| Candidate Campaign | Party Munic | The state of the s | State/C | | | erendum |
| ☐ PAC | Referendum | Organizationa | | Organizational | | Organizational |
| Independent Expenditure | Joint Fundraiser | Thirty-five day | y | Quarterly | | Pre-referendum |
| Legal Expense Fund | | | | | | |
| | plicable, check one) | Pre-primary | iXI) | First | | Final |
| "Booster Fund" | | Pre-election | | Second | | Supplemental Final |
| Building Fund | | Pre-runoff | | Third | | Annual |
| | | Semi-annual | | Fourth | | Special |
| Other: | | Mid Year | _ | Semi-annual | 450.024.235.36 | |
| Coulci. | | Year End | ' | Mid Year | 10. | Special Report Name |
| S Number of E. | 1: n | Final | 14 . | Year End | | |
| 8. Number of Fundraisers | s this Report | Special | | Final | | |
| 11. Account Information | | | 11. Account I | Special Information | | · |
| a. Financial Institution Full Nan | ne | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | itution Full Name | | |
| Sun trust Bar | nK | | | | | |
| b. Purpose | c. Account Code | | b. Purpose | | c. A | Account Code |
| Campaign | 01 | | | | | |
| thance | d. Period Begin Balance | | | | d. 1 | Period Begin Balance |
| | TOCA DO | | | | | 8 |
| | \$ 1950.5 | | | | \$ | |
| CERTIFICATION | | | | | | |
| I certify that the Committee the NC General Statutes an | e or Fund is in compliance wi d that no funds are comming | ith all applica | ble provisions of | of Article 22A, 2 | 2B, & 22I | O-22M of Chapter 163 of |
| is complete, true and correct | ct and that I have been trained | by the NC \$ | tate Board of E | Elections. | - 1 | |
| Christine the | hhirs | _ (| pullen | | 2 | 25/30 |
| | ed Name of Signer | Si | gnature of Appoint | ed Treasurer | 1 | Date |
| FOR OFFICE USE ONLY | ^ | | (00) | | ~ | |
| Date Received: | 2-25-2020 | Employee: | (04) | <u></u> | | ry <u>Method</u> Normal Mail |
| Date Postmarked: | | Employee: | | | | Registered Mail |
| | | Employee. | - | | | Hand Delivered |
| Date Scanned: | | Employee: | | | | Electronically Filed Signer has not received |
| Date Data Entered: | | Employee: | | | | mandatory training |
| Please Note: This form | cannot be used to amend con | nmittee infor | mation such as t | the committee ad | ldress, trea | asurer, assistant treasurer, |
| | custodian of bo | oks informati | on, or account i | information | | |

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

| 1. (| Committee Full Name (and Fund if applicable) 2. Ty | pe of Report | Comment of the last of the las | PLANTA DE PARTO DE LA COMPANSION DE LA C | ID Number |
|--------------------|--|--|--|--|------------------------------|
| Re- | Ti . T | rterly | | | TO TAMBLE |
| Sta | rt of Election Cycle: January 1, | 020 | T | Total this Reporting Period | Total this Election Cycle |
| 4) | Cash on Hand at Start | | \$ | 1950,00 | \$ |
| RE | CEIPTS | | | | |
| 5) | Aggregated Contributions from Individuals | (CRO-1205) | \$ | | \$ |
| 6) | Contributions from Individuals | (CRO-1210) | \$ | 1695.00 | \$ |
| 7) | Contributions from Political Party Committees | (CRO-1220) | \$ | | \$ |
| 8) | Contributions from Other Political Committees | (CRO-1230) | \$ | | \$ |
| 9) | Loan Proceeds 420, 35 418, 54 | (CRO-1410) | \$ | 918.89 | \$ |
| 10) | Refunds/Reimbursements To the Committee | (CRO-1240) | \$ | | \$ |
| 11) | Other Receipt Sources | | | | |
| | 11a) Interest on Bank Accounts | (CRO-1250) | \$ | | \$ |
| 1 | 11b) Contributions from Not-for-Profit Organizations | (CRO-1250) | \$ | ~^^^ | \$ |
| | 11c) Outside Sources of Income | (CRO-1250) | \$ | FEB 2 5 2020 | \$ |
| 1 | 11d) Legal Expense Fund – Other Sources | (CRO-1270) | \$ | | \$ |
| 1 | 1 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | | \$ |
| 12) | TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d at | nd 11e) | \$ | 2613.89 | \$ |
| CAMPANA MANAGEMENT | <u>PENDITURES</u> | | | | |
| 13) | Disbursements | CONTROL OF THE PARTY OF THE PAR | | 0.4.50 | |
| | 13a) Operating Expenditures | (CRO-1310) | \$ | 918.89 | \$ |
| 1 | 3b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | | \$ |
| 1 | 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | 300,00 | \$ |
| 14) | Aggregated Non-Media Expenditures | (CRO-1315) | \$ | | \$ |
| 15) | Loan Repayments | (CRO-1420) | \$ | 1597.19 | \$ |
| 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 | | \$ | 2816.08 | \$ |
| 19) | Cash on Hand at End (Add lines 4 and 12 together, then subtract line | z 18) | \$ | 1747.81 | \$ |
| Personal as a se | <u>DITIONAL INFORMATION</u> | | | | |
| 20) | Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | | |
| 21) | Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | φ | |
| 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) | \$ | 7 | \$ |

Amendment

Yes

| Use this f | form to report indi | vidual contributions o | ver \$50 | or contributions unde | r \$50 if form CRO | O 1205 is not | t used | |
|--|--|---|-------------|--|---|---|--|-------|
| 1. Comm | ittee Full Name (| and Fund if applicat | ole) | | 2. ID Number | | | |
| Re-Elect Johnny Hutchins for Cleveland County Commis | | | | issioner | | | | |
| 3. Contri | ibutor Informatio | on . | \boxtimes | Add Rem | iove | dance mount of the second | | |
| a. Full Nan | ne, Mailing Address & | & Phone | | b. Job Title/Profession | | d. Comments | S | |
| | city, state, & zip) | | | | | | | |
| Larry Ha | | | | Insurance - Busine | | EED ' | 2 5 2020 | |
| | ountain St In NC 28086 | | | c. Employer's Name/Spe Warlick and Hamric | | LED | 2 0 2.020 | |
| Kings Wi | III NC 20000 | | | Warnek and Hamile | ck insurance | e. Election St | um to Date | |
| | | | | | | | | |
| | | | | 1 | | \$ | 20.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | Kind Description | j. Date (mm/dd/yy | уу) | k. Amount | |
| | | cash | | * | 01/31/2 | 20 | \$ | 20.00 |
| | | | | | | | \$ | |
| | | | | H.S | | 1 | \$ | |
| | butor Informatio | | \boxtimes | Add Rem | ove | · | | |
| | ne, Mailing Address & | & Phone | | b. Job Title/Profession | | d. Comments | 5 | |
| | city, state, & zip) | | | | | | | |
| Mary Wade O'Kelly Smith 505 Garrison Dr | | | | c. Employer's Name/Spe | cific Field | | | |
| | | c. Employer s Ivanicospe | cinc retu | | | | | |
| Kings Mountain NC 28086 | | | | e. Election St | um to Date | | | |
| | | | | 1 | | C. Election Di | | |
| | | | | i V | | \$ | 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | Lind Description | j. Date (mm/dd/yy | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment check #7923 | i. In-K | and Description | j. Date (mm/dd/yy | \$ | 50.00 | 50.00 |
| f. Prior | g. Account Code | | i. In-K | and Description | | \$ | 50.00 k. Amount | 50.00 |
| f. Prior | g. Account Code | | i. In-K | and Description | | \$ | 50.00 k. Amount | 50.00 |
| | g. Account Code | check #7923 | i. In-k | Add Rem | 02/01/2 | \$ | 50.00 k. Amount \$ | 50.00 |
| 3. Contri | butor Informatio | check #7923 | | | 02/01/2 | \$ | 50.00 k. Amount \$ | 50.00 |
| 3. Contri | butor Informatio ne, Mailing Address & city, state, & zip) | check #7923 | | Add Rem | 02/01/2 | \$ 20 | 50.00 k. Amount \$ | 50.00 |
| 3. Contri a. Full Nam (include: Shirley B | butor Informatione, Mailing Address & city, state, & zip) | check #7923 | | Add Rem b. Job Title/Profession retired | 02/01/2 | \$ 20 | 50.00 k. Amount \$ | 50.00 |
| 3. Contri a. Full Nam (include of Shirley B PO Box 9 | butor Informatione, Mailing Address & city, state, & zip) rutko | check #7923 | | Add Rem | 02/01/2 | \$ 20 | 50.00 k. Amount \$ | 50.00 |
| 3. Contri a. Full Nam (include of Shirley B PO Box 9 | butor Informatione, Mailing Address & city, state, & zip) | check #7923 | | Add Rem b. Job Title/Profession retired | 02/01/2 | \$ 20 | 50.00 k. Amount \$ \$ \$ \$ | 50.00 |
| 3. Contri a. Full Nam (include of Shirley B PO Box 9 | butor Informatione, Mailing Address & city, state, & zip) rutko | check #7923 | | Add Rem b. Job Title/Profession retired | 02/01/2 | \$ yy) 20 d. Comments | 50.00 k. Amount \$ \$ \$ \$ | 50.00 |
| 3. Contri a. Full Nam (include of Shirley B PO Box 9 | butor Informatione, Mailing Address & city, state, & zip) rutko | check #7923 | | Add Rem b. Job Title/Profession retired | 02/01/2 | \$ yy) 20 d. Comments e. Election Su | 50.00 k. Amount \$ \$ \$ \$ am to Date | 50.00 |
| 3. Contri a. Full Nam (include Shirley B. PO Box 9 Kings Mt | butor Informatione, Mailing Address & city, state, & zip) rutko 068 n NC 28086 | check #7923 | | Add Rem b. Job Title/Profession retired c. Employer's Name/Spe | 02/01/2 | s yy) 20 d. Comments e. Election Su \$ | 50.00 k. Amount \$ \$ \$ \$ | 25.00 |
| 3. Contri a. Full Nam (include Shirley B. PO Box 9 Kings Mt | butor Informatione, Mailing Address & city, state, & zip) rutko 068 n NC 28086 | check #7923 | | Add Rem b. Job Title/Profession retired c. Employer's Name/Spe | 02/01/2 ove cific Field j. Date (mm/dd/yy | s yy) 20 d. Comments e. Election Su \$ | 50.00 k. Amount \$ \$ \$ \$ sum to Date 25.00 k. Amount | |
| 3. Contri a. Full Nam (include Shirley B. PO Box 9 Kings Mt | butor Informatione, Mailing Address & city, state, & zip) rutko 068 n NC 28086 | check #7923 | | Add Rem b. Job Title/Profession retired c. Employer's Name/Spe | 02/01/2 ove cific Field j. Date (mm/dd/yy | d. Comments e. Election St \$ yy) | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 25.00 |
| 3. Contri a. Full Nam (include contribute of the state of | butor Informatione, Mailing Address & city, state, & zip) rutko 168 n NC 28086 g. Account Code | check #7923 The Phone h. Form of Payment check #829 | | Add Rem b. Job Title/Profession retired c. Employer's Name/Spe | 02/01/2 ove cific Field j. Date (mm/dd/yy | s yy) 20 d. Comments e. Election Su \$ | 50.00 k. Amount \$ \$ \$ \$ sum to Date 25.00 k. Amount \$ | |
| 3. Contri a. Full Nam (include contribute of the state of | butor Informatione, Mailing Address & city, state, & zip) rutko 168 n NC 28086 g. Account Code | check #7923 The Phone h. Form of Payment check #829 | | Add Rem b. Job Title/Profession retired c. Employer's Name/Spe | 02/01/2 ove cific Field j. Date (mm/dd/yy | d. Comments e. Election St \$ yy) | 50.00 k. Amount \$ \$ \$ \$ sum to Date 25.00 k. Amount \$ | 25.00 |

Contributions from Individuals

Amendment

Yes 🖂

| | | n Individuals | | Pg | of | 4 | Amendment Yes No |
|---|---|--------------------------|-------------------------|-------------------------|-------------------|----------------|-------------------|
| Use this form to report individual contributions over \$50 or contributions under \$50 if form CR | | | | | | | |
| 1. Comm | 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Num | iber |
| Re-Elect | Johnny Hutchins f | for Cleveland County | Comm | issioner | | | |
| 3. Contri | butor Informatio | n | \boxtimes | Add Rem | nove | L | |
| | ne, Mailing Address & | k Phone | | b. Job Title/Profession | | d. Comment | s |
| Thomas 7 | city, state, & zip) | | | | | | - 2020 |
| 912 Sher | | | | c. Employer's Name/Spe | ecific Field | FEB 2 | 5 2020 |
| | n NC 28086 | | | et Employer s rame/spe | ceme riciu | | |
| | | | | | | e. Election St | um to Date |
| | | | | | | \$ | 200.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-k | Cind Description | j. Date (mm/dd/yy | yy) | k. Amount |
| | | ck #5193 | | P | 1/31/2 | 20 | \$ 200.00 |
| | | | | | | | \$ |
| | | | | | | | \$ |
| 3. Contri | butor Informatio | n | \boxtimes | Add Rem | nove | | |
| a. Full Name, Mailing Address & Phone | | | b. Job Title/Profession | | d. Comments | š | |
| (include city, state, & zip) | | | | business owr | ner | | |
| Betty Carrigan 320 Range Rd | | | c. Employer's Name/Spe | | | | |
| Kings Mountain NC 28086 | | Cherokee Auto Auc | | | | | |
| 1211260 1112 | Kings Mountain NC 28086 | | | | | e. Election St | um to Date |
| | | | | | | \$ | 500.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | ind Description | j. Date (mm/dd/yy | уу) | k. Amount |
| | | check #9507 | | | 02/01/2 | 20 | \$ 500.00 |
| | | | | 4 | | | \$ |
| | | | | į. | | | \$ |
| 3. Contri | butor Informatio | n | \boxtimes | Add Rem | ove | | |
| | e, Mailing Address & | Phone | | b. Job Title/Profession | 10.000 | d. Comments | |
| (include of Richard K | city, state, & zip) | | | business owner | | | |
| 500 Down | | | | c. Employer's Name/Spe | cific Field | | |
| | n NC 28086 | | | | | | |
| | | | | | | e. Election Su | ım to Date |
| | | | | 9. 9 | | \$ | 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | ind Description | j. Date (mm/dd/yy | yy) | k. Amount |
| | | ck# 1219 | | | 2/5/20 |) | \$ 100.00 |
| | | | | - | | 1 | \$ |
| | | | | | | | \$ |
| | only this Page | | | | | \$ | 800.00 |
| 5. Total | of ALL CRO- | -1210 Pages | | | | \$ | 1695.00 |
| (This line | must be on line 6 of 1 | Detailed Summary Page CR | O-1100) | 2 | | Ψ | |

Amendment

| | | III IIIUIVIUUAIS | | | Pg | 3 0 | f 4 | ☐ Ye | s 🛛 No |
|-------------------------|------------------------|-------------------------|-------------|-------------|------------------|--|----------------|-------------|--------|
| Use this | form to report inc | dividual contributions | over \$5 | 0 or cont | ributions und | der \$50 if form CI | RO 1205 is n | ot used | . N |
| 1. Com | mittee Full Name | (and Fund if applica | ıble) | | | | 2. ID Nu | - | VIII. |
| Re-Elec | t Johnny Hutchins | for Cleveland County | y Comn | nissioner | | | | | |
| | ributor Informati | | \boxtimes | Add | □ Re | emove | | | |
| | me, Mailing Address | & Phone | | b. Job T | Title/Profession | | d. Comme | nte | |
| | e city, state, & zip) | | | | | | u. comme, | 113 | |
| • | E Conner | | | retired | 1 | | gen gan | 0 2 5 20 | าวก |
| PO Box | | | | c. Empl | oyer's Name/S | pecific Field | 7 rt | B 2 5 20 | JZV |
| Kings M | Itn NC 28086 | | | | | | | | |
| | | | | | | | e. Election | Sum to Date | |
| | | | | | | | \$ | 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In- | Kind Descr | iption | j. Date (mm/dd/y | ууу) | k. Amount | |
| | | ck# 2559 | | | | 1/28/ | 20 | \$ | 250.00 |
| | | | | | | 17207 | | \$ | 250.00 |
| | | | 1 | | | | | \$ | |
| 3. Contr | ibutor Informatio | nn | | Add | □ Pa | | | | T |
| | ne, Mailing Address | | | | | move | T | | |
| | city, state, & zip) | a I none | | D. 300 1 | itle/Profession | | d. Commen | ts | |
| | / Stallings | | | doctor | | | | | |
| | 1418 Merrimont Ave | | | | yer's Name/Sp | necific Field | - | | |
| Kings Mountain NC 28086 | | | diatrics | TOTAL TALL | 1 | | | | |
| | | | | | | | e. Election S | um to Date | |
| | | | | | | | \$ | 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-k | (ind Descri | ption | j. Date (mm/dd/yy | уу) | k. Amount | |
| | | ck# 5316 | | | | 1/31/2 | 20 | \$ | 100.00 |
| | | | | | | |) | \$ | |
| | | | | | | | | \$ | |
| | butor Informatio | | \boxtimes | Add | Ren | nove | | | |
| | e, Mailing Address & | Phone | | b. Job Tit | le/Profession | | d. Comments | 3 | |
| Mike But | city, state, & zip) | | | horain | | | | | |
| 806 Rhod | | | | | ess owner | | | | |
| | n NC 28086 | | | c. Employ | er's Name/Spe | ecinc Field | | | |
| Ü | | | | | | | e. Election Si | ım to Doto | |
| | | | | Butler | Mech Sho | op | | | |
| f. Prior | g. Account Code | h. Form of Payment | i In K | ind Descrip | tion | j. Date (mm/dd/yy | \$ | 50.00 | |
| \neg | | | 1- 111-12 | mu Descrip | | | | k. Amount | |
| | | ck# 5486 | | | | 2/11/2 | 0 | \$ | 50.00 |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | only this Page | | | | | | \$ | | 400.00 |
| | of ALL CRO- | | | | 2 | | \$ | 4.60= 5= | |
| (1nis une | must be on line 6 of D | etailed Summary Page CR | O-1100) | | | | 7 | 1695.00 | 1 |

Contributions from Individuals

Amendment

| | | m Individuals | | Pg | _4 of | 4_ | Amendment Yes | t 🛭 No |
|----------------------------|------------------------|--------------------------|-----------------|--|--------------------|-------------------|---|---------|
| Use this | form to report indi | ividual contributions of | over \$50 | 0 or contributions unde | er \$50 if form CR | O 1205 is no | t used | |
| 1. Comm | nittee Full Name | (and Fund if applical | ble) | | | 2. ID Nun | aber | |
| | | for Cleveland County | Comm | issioner | | | | |
| | ibutor Informatio | | \boxtimes | Add Ren | nove | | | |
| | me, Mailing Address & | & Phone | | b. Job Title/Profession | | d. Comment | ts | |
| | city, state, & zip) | | | | | | V | |
| Michael (| Cheng thshore Dr | | | business owner | | | 2 5 2021 | Λ |
| | ille NC 28021 | | | Chang Dostavrant | ecific Field | 1 FFR | 2 5 2021 | j |
| Chorry | 10 IVC 20021 | | | Chens Restaurant | | e. Election S | to Data | |
| | | | | | | | | |
| | | | - | 3 | | \$ | 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-l | Kind Description | j. Date (mm/dd/yy | уу) | k. Amount | |
| | | ck# 3330 | | | 2/4/2 | 0 | \$ | 100.00 |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| 3. Contributor Information | | | Add Rem | nove | | | | |
| a. Full Nam | ne, Mailing Address & | & Phone | | b. Job Title/Profession | | d. Comments | S | |
| | city, state, & zip) | | | | | | | |
| David Ro | | | | technician | | | | |
| | tingtowne Dr | | | c. Employer's Name/Spe | cific Field | | | |
| Kings Mo | ountain NC 28086 | 1 | | Parker Hannifan | | | | |
| | | | | | | e. Election St | ım to Date | |
| | T | • | | 1 | | \$ | 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | Kind Description | j. Date (mm/dd/yy | Date (mm/dd/yyyy) | | |
| | | ck# 5753 | | | 2/5/20 |) | \$ | 100.00 |
| | | | | 1 | | | \$ | |
| | | | | | | | \$ | |
| | butor Information | | \boxtimes | Add Reme | ove | | | |
| | ne, Mailing Address & | z Phone | | b. Job Title/Profession | | d. Comments | | |
| Larry Doo | city, state, & zip) | | | | 1 | | | |
| 14 Heritag | • | | | retired c. Employer's Name/Spec | 10 - FM -1.2 | | | |
| Shelby NO | | | | c. Employer's Name/Spec | cinc rieid | | | |
| Dileioy | 20130 | | 1 | | | e. Election Su | m to Date | |
| | | | | | | \$ | 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | and Description | j. Date (mm/dd/yyy | yy) | k. Amount | |
| | | ck# 1802 | | | 2/5/20 |) | \$ | 200.00 |
| | | | | i i | | | \$ | |
| | | | | | | | \$ | |
| 4. Total | only this Page | ð | | manus and or the second | | \$ | | 400.00 |
| 5. Total | of ALL CRO- | -1210 Pages | | 4 | | \$ | *************************************** | 1695.00 |
| (This line | must be on line 6 of D | Detailed Summary Page CR | <i>(0-1100)</i> | , | | Ф | | 1093.00 |

Amendment

Outstanding Loans

| | 1 | 1 | Amendment | × |
|----|----------|----|-----------|-------|
| Pg | ↓ | of | ☐ Yes | No No |

| Use this form to repo | rt any outstanding loans rece | ived durin | g a previous reporting period : | and until the loan is paid in full. |
|--|--|----------------------|--|--|
| 1. Committee Full N | lame (and Fund if applicab | le) | | 2. ID Number |
| Re-Elect Johnny Hut | tchins for Cleveland County | Comm | | The second of the second secon |
| 3. Lender Informati | on Til | A da | | |
| a. Full Name, Mailing Ad | Secretary and the second of th | Add b. Job 7 | L Remove Citle/Profession | d. Comments |
| (include city, state, & 2 | | 1 | • | |
| Johnny H | utchins | 7 00 | hmissibreal | a78.30 |
| 1936 Phila | cld | c Empl | loyer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| 1936 Phifus | 28084 | С. Ешра | oyer's rame/specific Fierd | W 24 20 |
| | | | | f. End Date (mm/dd/yyyy) |
| | | | | 2/25/20 |
| g. Rate | h. Security Pledged | | i. Original Loan Amount | j. Remaining Loan Balance |
| () % | | | \$ 18.14 | 1 |
| k. Full Name of Lending | F_414_42 | | 10117 | \$ 696,44 |
| K. Fun ivame of Lending | Institution | | | l. Loan Number |
| | | | | FFD 2 5 2020 |
| 3. Lender Information | | Add | Remove | FEB 2 5 2020 |
| a. Full Name, Mailing Ad (include city, state, & zi | | b. Job T | Title/Profession | d. Comments |
| | | Cor | mmismer | |
| Johnny Hukhins 1436 Phita Ld | | | * 1 | e. Start Date (mm/dd/yyyy) |
| 1436 Phite | u Ld | c. Emple | oyer's Name/Specific Field | 1/18/20 |
| Tind Mu. | NC 28087 | | | |
| * | | | | f. End Date (mm/dd/yyyy) |
| | | | | 415/20 |
| g. Rate | h. Security Pledged | | i. Original Loan Amount | j. Remaining Loan Balance |
| O % | | | \$ 38.41 | \$ 734.85 |
| k. Full Name of Lending I | nstitution | | | I. Loan Number |
| | | | 1 | |
| 3. Lender Informatio | .n. [] A | dd | Remove | |
| a. Full Name, Mailing Add | Color of the Color | ACCOMPANIES BUILDING | itle/Profession | d. Comments |
| (include city, state, & zi | | | mmissioner | |
| Johnny Hut | chis | | | Court D. A. Court and Co. |
| 1436 Ph | this full nNC 28086 | c. Emplo | oyer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| Kingo Mt | NC 38086 | | *************************************** | - 411120 |
| , | • | | | f. End Date (mm/dd/yyyy) |
| | | | | 2/25/20 |
| g. Rate | h. Security Pledged | | i. Original Loan Amount | j. Remaining Loan Balance |
| % | v | | \$ 343.80 | \$ 1098.65 |
| k. Full Name of Lending I | astitution | | | l. Loan Number |
| | | | | |
| 4. Total only this Pag | e | | | \$ 420,35 |
| 5. Total of ALL CRO | -1430 Pages | | | |
| (This line must be on line | 21 of Detailed Summary Page CR | O-1100) | The second secon | \$ 19100 1597,19 |

Outstanding Loans

| 1 | 7 | Amendment | \ | |
|----|----|-----------|-------|--|
| Pg | of | Yes | No No | |
| | | | 3 | |

| Use this form to repo | rt any outstanding loans re | eceived durin | g a previous reporting period | and unti | I the loan is paid in full | | | |
|---|--|--|--|--|--|--|--|--|
| 1. Committee Full N | lame (and Fund if applic | able) | | THE PERSON NAMED OF THE PARTY O | ID Number | | | |
| Re-Elect Johnny Hu | tchins for Cleveland Coun | ty Comm | | | | | | |
| 3. Lender Informati | on T | Add | FI D | | | | | |
| a. Full Name, Mailing Ac | And the second of the supplied of the second | THE STREET STREET, STR | Remove | T a | d Comments = 0.000 | | | |
| (include city, state, & 2 | cip) | | | | LD 25 2020 | | | |
| Bathy M | ursher | | | L | | | | |
| 114 (07) | No Coh | a Empl | oyer's Name/Specific Field | e. | e. Start Date (mm/dd/yyyy) | | | |
| 1 Cano | urphey lot Cet | c. Empi | oyer's Name/Specific Field | - | 124/20 | | | |
| mo | 03.9 | | | f. | End Date (mm/dd/yyyy) | | | |
| | | | | | 7/25/20 | | | |
| g. Rate | h. Security Pledged | | i. Original Loan Amount | | Por siring I was 1 | | | |
| % | | | a 11/11 C | | Remaining Loan Balance | | | |
| | | | \$ -10418 1 | \$ | 789181 | | | |
| k. Full Name of Lending | Institution | | | l. | Loan Number | | | |
| | | | | | | | | |
| 3. Lender Information | on 🗀 - | Add | Remove | | and the state of t | | | |
| a. Full Name, Mailing Ad | | b. Job T | itle/Profession | d. | . Comments | | | |
| (include city, state, & z | ip) | | | | | | | |
| Oughy M | uply | | | - | Start Date (mm/dd/yyyy) | | | |
| 114 Carnele | of Opt | c. Emplo | yer's Name/Specific Field | - | 7 1 2 0 | | | |
| VALAY | of Cet | | | | 43/10 | | | |
| D190 190 | | | | | f. End Date (mm/dd/yyyy) | | | |
| | | | | | 425/20 | | | |
| g. Rate | h. Security Pledged | | i. Original Loan Amount | j. | j. Remaining Loan Balance | | | |
| % | | | \$ 18.67 | \$ | 443,54 | | | |
| k. Full Name of Lending I | nstitution | | | 1, 1 | Loan Number | | | |
| | | | | | | | | |
| 3. Lender Informatio | m 🖂 | Add | Domana | | | | | |
| a. Full Name, Mailing Add | THE RESERVE OF THE PROPERTY OF | STREET STREET, | L Remove | d. | Comments | | | |
| (include city, state, & zi | | | | | | | | |
| \$100m | MILLONG | | | | | | | |
| 100 M | · compress | c Emplo | yer's Name/Specific Field | e. | Start Date (mm/dd/yyyy) | | | |
| 114 Can | UST CRF | c. Diapio | yer s name/opecine riciu | | 14/20 | | | |
| VALAN | L 28084 | | | f.] | End Date (mm/dd/yyyy) | | | |
| LM 10 | C 00084 | | | | 2/25/20 | | | |
| g. Rate | h. Security Pledged | | i. Original Loan Amount | j.] | Remaining Loan Balance | | | |
| % | | | \$ 55.W | \$ | 49854 | | | |
| k. Full Name of Lending Is | estitution | | · • • • • • • • • • • • • • • • • • • • | | [10,0] | | | |
| - and a man of Louding 11 | A CONTRACTOR OF THE CONTRACTOR | | | 1.1 | oan Number | | | |
| | | Section of Algorithms consider 20 | SEATON AND THE SEATON | | | | | |
| 4. Total only this Pag 5. Total of ALL CRO | | | | | \$ 498,54 | | | |
| | 21 of Detailed Summary Page | CRO-1100) | | | 8 PLACESTY UT | | | |

1597,19 December 2007

| Disbursements | | 1 | | 2 | Amendment | 4 | |
|--|-------|-----------|------|-----------|---------------|-------|----|
| the terror expenditures from the committee for oppositor and | Pg | | of | | Yes | X | No |
| committees and coordinated party expenditures | Clise | s. colini | Cult | ins to c. | indidate/poli | tical | |

| 1. Committee Full Name (and Fund if applicable) | | | | | |
|---|--|--|--|--|--|
| (a Cl) | 2. ID Number | | | | |
| 12- Elect Johnny Hukhing of | | | | | |
| Type of Disbursement (Please use separate CRO-131) | 0 forms for each type of Disbursement.) | | | | |
| Contributions to Candidates Politi | ical Committees Coordinated Party Expenditures | | | | |
| 4. Payee Information | Add Remove | | | | |
| 2. Full Name, Mailing Address & Phone | b. Coordinated Committee Name d. Comments | | | | |
| (include city, state, & zip) | | | | | |
| Office Max Shellon NC 28150 | c. Level Registered (Specify) FEB 2 5 2020 | | | | |
| Shella LV 28150 | | | | | |
| S. Say NC SGISS | Federal County: | | | | |
| | State Manleipality: e. Election Sum to Date | | | | |
| | 15 18,14 | | | | |
| t. Account Code g. Form of Payment h. Purpose Code i. Date in | nm/dd/yyyy) j. Amount , k. Required Remarks | | | | |
| John Shirt SK 113 | 4/20 5 18.14 Chrelopes | | | | |
| Loan | 15 | | | | |
| 4. Payee Information | | | | | |
| Full Name Malling Million and Di | G. H. A.G. | | | | |
| (include city, state, & zip: | b. Coordinated Committee Name d. Comments | | | | |
| Shelly NC 28150 | | | | | |
| 2015A | . Level Registered (Specify) | | | | |
| Shelly NC 00100 | Federal County: | | | | |
| | State Municipality: e. Election Sum to Date | | | | |
| | | | | | |
| f. Account Code 2. Form of Payment . dh. Purpose Code i. Date (mm | 5 38.41 | | | | |
| Show a way | n/dd/yyyy) j. Amount k. Required Remarks | | | | |
| 1118 | 120 538.41 Office supplies | | | | |
| Loan out | 3 | | | | |
| 4. Payee Information | dd Remove | | | | |
| Full Name Mading Add a Di | | | | | |
| (include city, state, & zip) | Coordinated Committee Name d. Comments | | | | |
| the Don't La Donce | | | | | |
| Thetailtin tress | evel Registered (Specify) | | | | |
| | Federal County: | | | | |
| | State Municipality: e. Election Sum to Date | | | | |
| and in the source | 5 21.2 (1) | | | | |
| Account Code g. Form of Payment h. Purpose Code i. Date (mm/o | 362.00 | | | | |
| Account Code g. Form of Payment h. Purpose Code i. Date (mm/c | dd/yyyy) J. Amount k. Required Remarks | | | | |
| J. H. M. D. L. | 120 5 363.80 | | | | |
| Lown delpi | 5 | | | | |
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| This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating | Expenses | | | | |
| This line gaes in line 13h of Detailed Summary Page CRO-1100 if Contrib to | Candidates/Political Comm. | | | | |
| This line goes in line 15c of Detailed Summary Page CRO-1190 if Coordinated Party Expenditures: | | | | | |
| Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| - Media B* - Printing C* - Fundra | | | | | |
| - Salaries F* - Equipment G - Political | | | | | |
| Postage J - Penalties K* - Office I | Expenses Q* - Donation to Legal Expense Fund | | | | |
| Other | gar and a sind | | | | |
| Codes require detailed explanation in required remarks field (| (k) | | | | |

Disbursements

| D., | 2 | | 2 | Amendment | / |
|-----|---|----|---|-----------|------|
| Pg | | of | | L Yes | × 70 |

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 applicabl | 1.1 |
|--|---|
| | 1 To Hamoer |
| 3. Type of Disbursement (Please use senurate | CRO-1310 forms for each type of Disbursement.) |
| Contributions to Car. | fidures Political Committees |
| H. Payee Information | Add Remove |
| 1. Full Name, Mailing Address & Phone | b. Coordinated Committee Name d. Comments |
| include city, state, & zip) | |
| Dale Adverbing Shelloy NL 2015 a | c. Level Registered (Specify) FEB 2 5 202 |
| Shelloy NL 2952 | - Ispecing |
| 1 | Federal County: State Managinality: e Election Sum to Date |
| | State Municipality: e. Election Sum to Date |
| | 5 424281 |
| 1. Account Code g. Form of Payment h. Purpose Code | i. Date (mm/dd/yyyy) j. Amount k. Required Remarks |
| Difference 1 | 1174120 542489 Shirts |
| Loan | 15 |
| 4. Payee Information | ☐ Add ☐ Remove |
| a. Full Name, Mailing Address & Phone | b. Coordinated Committee Name d. Comments |
| (include city, state, & zip | |
| Office Max Shelby NC 28150 | |
| Shelby NC 28150 | c. Level Registered (Specify) |
| | ☐ Federal ☐ County: ☐ State ☐ Municipality: e. Election Sum to Date |
| | |
| Account Code Form of Payment h. Purpose Code | s 18.67 |
| Account Code 2 Form of Payment h. Purpose Code | i. Date (mm/dd/yyyy) j. Amount k. Required Remarks |
| Town Winds | 2/3/20 5/8/67 othe supplies |
| Loan | 5 |
| A. Payee Information | ☐ Add ☐ Remove |
| Full Name, Mailing Address & Phone | 5. Coordinated Committee Name d. Comments |
| (include city, state, & zip) | |
| LISPS | |
| WO1 9 | c. Level Registered (Specify) |
| | Federal County: State Manicipality: e. Election Sum to Date |
| | 5 55 W |
| | , 33. |
| Account Code g. Form of Payment h. Purpose Code i. | Date (mm/dd/yyyy) j. Amount k. Required Remarks |
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| 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 Contrib to Candidates/Political Comm. |
| This line goes in line 13c of Detailed Summary Page CRO-1190 (| if Coordinated Party Expenditures |
| Purpose Codes (List detailed expenditure code in | |
| | * - Fundraising D - To Another Candidate |
| 2 - Ampirem | - Political Party H* - Holding Public Office Expenses |
| Other S - Fendines R | - Office Expenses Q* - Donation to Legal Expense Fund |
| Codes require detailed explanation in required rema | arks field (k) |
| 0-1310 | |

| Diahuraam | onto | | | 1 | Amendment | |
|--|--|--|--|-------------------------|--|--|
| Disbursemo | | from the committe | ree for; operating expen | es contributions to | | |
| | coordinated party ex | | c ioi, operating expen | ses, contributions to | candidate/political | |
| | ull Name (and Fund | | | | 2. ID Number | |
| | A PARTY OF THE PAR | tchins-for | Cleveland W 4 | | | |
| 3. Type of Disbu | | | RO-1310 forms for eaddidates/Political Committee | | nent.) oordinated Party Expenditures | |
| 4. Payee Inform | | Contributions to Can | Add [| Remove | oordinated Party Expenditures | |
| | ing Address & Phone | | b. Coordinated Committee Name | | d. Comments | |
| (include city, state, | | | | , | 0 > - | |
| CGOD | | | | | Lacun Day Dinner | |
| CCIOP | | | c. Level Registered (Spec | County: | | |
| | | | State | Municipality: | e. Election Sum to Date | |
| | | | | | s 300.00 | |
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| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | 平101 | \mathcal{C} | 2/19/20 | \$ 300. ¹⁰ | | |
| | | | | \$ | | |
| 4. Payee Inform | ation | | Add [| Remove | The state of the s | |
| a. Full Name, Mailing Address & Phone | | b. Coordinated Committee Name | | d. Comments | | |
| (include city, state, | & zip) | | | | - 5 2020 | |
| | | | c. Level Registered (Spec | ifv) | FEB 2 5 2020 | |
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| *. | | | | \$ | | |
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| 4. Payee Inform | ation | 11 | Add | Remove | | |
| | ing Address & Phone | | b. Coordinated Committ | | d. Comments | |
| (include city, state, & zip) | | | | | | |
| | | 7 10 14 16 | 20.3 | 4 | | |
| | | c. Level Registered (Specify) Federal County: | | - | | |
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5. Total only this Page 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 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) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate A* - Media B* - Printing C* - Fundraising H* - Holding Public Office Expenses E - Salaries F* - Equipment G - Political Party I - Postage

Q* - Donation to Legal Expense Fund

K* - Office Expenses

J - Penalties

O* - Other

| Loan Repayments Use this form to report paym | nents on an existing loan | 1. | P | g o | Amendment f Yes N |
|---|---------------------------|--------------------|--|-------------------------------|---|
| 1. Committee Full Name (a Re-Elect Johnny Hutchins f | or Cleveland County C |) ~~~~ | | | 2. ID Number |
| 2014 4 6 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | or eleverand county Co | omm | | | |
| 3. Lender Information | | Add | Ren | iove | |
| a. Full Name, Mailing Address & | Phone | | and the second s | | b. Comments |
| include city, state, & zip) Johnny Hutzl 1436 Phifur I Vingo Mh No | nins | | | | |
| 1436 Phifur 1 | La con C. | 8 | EB 2 5 2 | 020 | c. Original Loan Date |
| Kingo Mm No | J 800 84 | Bush | EDZJZ | UZU | |
| 4 | | | | | d. Original Loan Amount |
| | | | | | \$ 600.00 1098. |
| e. Remaining Loan Balance | f. Account Code | g. Form of Payment | h. Date (mm/e | ld/yyyy) | i. Repayment Amount |
| \$ 100960 PM | K1B1410 | Check to 104 | 2/24 | 20 | \$ 9000000 1098. |
| \$ | | N ₁ | | | \$ |
| 3. Lender Information | | Add | Rem | ove | |
| a. Full Name, Mailing Address & I (include city, state, & zip) | Phone | | g have de god Panel on William (Greek) | (1566) 4 (40) 16 (46) 46 (46) | b. Comments |
| Bugg Mung 113 Camelor XM NC 38 | her Cult 2081 | | <u> </u> | | c. Original Loan Date d. Original Loan Amount \$ 498.54 |
| e. Remaining Loan Balance | f. Account Code | g. Form of Payment | h. Date (mm/d | d/yyyy) | i. Repayment Amount |
| \$ 40.00 | BILIT | and fr 102 | 2/19/ | 20 | \$ 458.54 |
| \$ | | | | | \$ |
| 3. Lender Information | | ☐ Add | Remo | ve | |
| a. Full Name, Mailing Address & P | hone | | | | b. Comments |
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| 113 camelor- KN NC 28 | Noy Clef | | | | c. Original Loan Date |
| VN N1 28 | 5085 | | | | |
| D1-C | - 1 | | | | d. Original Loan Amount |
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4. Total only this Page

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