Disclosure Report Cover

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 In	nformation	VII.	 				· · · · · · · · · · · · · · · · · · ·	
a. Full Name		, " "					c. ID Number	
Johnny Hutc	hins for Commis	sioner					BCB153	
b. Mailing Address	(include City, Star	te and Zip Code	2)				d. Date Filed	
		<u></u>			/4	.		
1436 Phifer Kings Mount	ka tain NC 28086						10/31/2016	
J	20000						e. Phone Number	
3 D 157							704-692-2966	
2. Report Year		Date (mm/dd	/yy) 4. Period	End Date	e (mm/dd/yy)	5. Treasure	er Full Name	
2016	06/30/2016		10/3	1/2016		Christina H	utchins	
6. Type of Com	mittee (Check (type of repo	ort from one category)	
Candidate Cam	· · · =	•	Municipal		State/County		Referendum	
PAC	_	erendum	Organization:		Organizat	ional	Organizational	
Independent Ex		tt Fundraiser	Thirty-five da	ıy	Quarterly		Pre-referendum	
Legal Expense I	rung		Pre-primary Pre-election		First		Final	
7. Type of Fund	(if applicable,	check and	Pre-runoff		Secon Third	•	Supplemental Final	
Booster Fund	(ij uppacume,	theck one)	Semi-annual		Four		Annual Special	
Building Fund			Mid Yea	, J	Semi-anni		Special	
°			Year En		Mid 1		10. Special Report Name	
Other:		:	Final		Year		To Special Report Name	
8. Number of Fi	ındraisers this	Report	Special	li	Final			
		,		li li	Special			
11. Account Info	ormation			11. Acc	ount Inform	ation		
a. Financial Institut					ial Institution			
Suntrust Bank	·· ···				<u></u>			
b. Purpose		c. Account Co	de	b. Purpos	e		c. Account Code	
		01						
Campaign				1				
Finance		d. Period Begi	n Balance				d. Period Begin Balance	
		\$ 1148.35					\$ 2428.66	
CERTIFICATION	ON			•				
of the NC Genera	Committee or Fur al Statutes and the e, true and correc	it no funds are	commingled with te been trained by	prohibite the NC S	d or other nor	n-disclosed fu	3 & 22D-22M of Chapter 163 ands. I further certify that this	
Christina M			(Mrs 10		<u> </u>	withher	3 10/31/2016	
	inted Name of Sign	er	Sig	nature of A	ppointed Treas	urer	Date	
FOR OFFICE U	SE ONLY							
Date Receive	ed: <u>11</u>	-1-16	_ Employ	/ck: (_,	$M \setminus M$		ivery <u>Method</u> Normal Mail	
Date Postmar	rked:		_ Employ	/ec:		- 💆	Registered Mail Hand Delivered	
Date Scanned	i:		Employ	/ee:	 .	-	Electronically Filed	
Date Data En	itered:		_ Employ	/ee:			Signer has not received mandatory training	
Please Not							mittee address, treasurer,	
			stodian of books					
Yo	ou must amend t	he Statement	of Organization	i (CRO-2	100A-E) to:	make comm	ittee changes.	

Detailed Summary

Amendment Yes X No

Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 2. Type of Report 1. Committee Full Name (and Fund if applicable) BCB153 Quarterly Johnny Hutchins for Commissioner Total this Total this January 1, Start of Election Cycle: 2016 Reporting Period Election Cycle 1148.35 \$ 4) Cash on Hand at Start RECEIPTS \$ 5) Aggregated Contributions from Individuals (CRO-1205) \$ 2050.00 6) Contributions from Individuals (CRO-1210) \$ (CRO-1220) 7) Contributions from Political Party Committees 600.00 \$ 8) Contributions from Other Political Committees (CRO-1230) \$ (CRO-1410) 1171.69 9) Loan Proceeds \$ \$ (0) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources 11a) Interest on Bank Accounts 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ (CRO-1250) 11c) Outside Sources of Income \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270)\$ \$ (CRO-1265) 11e) Exempt Purchase Price Sales 3821.69 \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) EXPENDITURES 13) Disbursements \$ \$ 13a) Operating Expenditures 1369.69 \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ (CRO-1315) \$ 14) Aggregated Non-Media Expenditures \$ \$ 1171,69 (CRO-1420) 15) Loan Repayments \$ \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ (CRO-1510) 17) In-Kind Contributions 2541.38 \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 2428.66 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees \$ (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ (CRO-1610) 22) Debts and Obligations owed by the Committee (CRO-1620) \$ 23) Debts and Obligations owed to the Committee \$ 24) Account Transfers Within the Committee (CRO-1720) (CRO-1710) 25) Administrative Support \$ \$ (CRO-1440) 26) Forgiven Loans \$ (CRO-2220) 27) 48-Hour Notice Reports Sum \$ 28) Contributions to be Refunded (CRO-1215) August 2008

Park of LOW

a - 12016 Amendment

Conti	ributions fr	om Individua	.1S	Pg Pg	1 of 3		Yes	™ No
Use this	form to report in	ndividual contributio e (ând Fund if app	ns over \$50 or co	ontributions and	er \$50 if form Cr	2.1	D Nitmbe	rseu rseide
_	ny Hutchins for C		iicabie) (1.45.04.14	7 5 C 10.15 C	<u> </u>		BCB15	
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aga mis h	me musi de on tine.	o of Theirdien Daimmin, A.	THE CHANGE WARRENGER	men des mattes es de troppe per de la company.	The state of the s			4 1000

Contributions from Individuals

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Amendment	#
□ Yes	No No

Contributions from Individuals

Pg 2 of 3 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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1. Com	nittee Full Nam	ie (and Fund if app	licable)	Charles and Aller	自己的 斯特特	2. ID Number	
Johnn	ny Hutchins for C	BCB153					
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	me, Mailing Addre			b. Job Title/Profession		d. Comments	
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Amendment

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		d if applicable)			ाकः भागः	Number
Johnny Hutch	hins for Commissioner		<u>fet grand</u>	<u></u>	 	Number 8 BCB153
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	iling Address & Phone	<u> </u>	b. Type of Comr	mittee	d. Conu	
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Aug William

CRO-1230 NC State Board of Elections April 2007

Disbursen	nents	127			Pg 1 o	of	1 Yes No
Use this form to	o report expenditures	s from the commi	ttee for	operating ex	rg v oenses, contribu	<i>7</i> 1	to candidate/political
committees and	d coordinated party ex	xpenditures				,tioin	to catatoato pontica
1. Committee	Full Name (and Fun	id if applicable)	Part Garage			1 2	2. ID Number
	chins for Commission						BCB153
3. Type of Disl	bursement (<u>Pleas</u>	e use separate Cl	RO-131	0 forms for			
Operating Exp	penses 🔲 Coi	ntributions to Candid	lates/Politi	ical Committee	es 🔲 Co		ated Party Expenditures
4. Payee Inform	mation		M	Add	Remove		
	Mailing Address & Ph	ione	_	b. Coordinat	ted Committee Nan	пе	d. Comments
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O. Oulci							

Amendment

The .					
Dis	m	ırc	em	en	TC

			Amendment	
Pg	1	of	 ☐ Yes	No 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	ull Name (and Fur	id if applicable)	Martin Vision	Mark Page		Unio?	2, ID Number
Johnny Hutc	hins for Commission	ner					BCB153
	ursement <u>(Pleas</u>						
Operating Exp		ntributions to Candid		27		ordina	ed Party Expenditures
4. Payee Inform	nation		M	Add∵□	Remove		
a. Full Name, M	Iailing Address & Pl	hone		b. Coordinat	ed Committee Nam	e	d. Comments
(include city, state,	, & zip)			_[
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(include city, sta	te, & zip)			-			
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1004 Howie I	Dr ¯			Federal	County:		
Shelby NC 28				State	Municipa	ality:	e. Election Sum to Date
704-484-246	7			_	<u> </u>		¢ 100.00
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Dis	bursemer	ite
NO 10	nar semier	113

Amendment

COMMINGES AND	coordinated party ex	Apenutures					
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-	chins for Commission						BCB153
3. Type of Dist	bursement (Please						
Operating Exp	penses Cor	ontributions to Candida		tical Committees	s 🔲 (Coordina	ated Party Expenditures
4. Payee Inform	and the control of th						
	Mailing Address & Ph	none			ted Committee N		d. Comments
(include city, state,	, & zip)					_	expenses for media
Johnny Hu	······································			7.7000	- 22 1000		and printing - see loan
Johnny Hu 1436 Phife			ı		istered (Specify)		repayments
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H MCCOTT.	CK	m	11 4/4 ,		\$ 1171.69	1	Eduli on vicini
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4. Payee Inform	CHEMOTOR AND STREET	and the second and th		L	Remove -	74.6\$	THE PROPERTY OF SECURITIONS OF SECUR
	mation ling Address & Phone	Martin our Windshie	<u> </u>		ed Committee Na	<u> </u>	d. Comments
a. Full Name, Maili include city, stat)	- ')	b. Coor oran.	d Commune	ime	d. Comments
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		,			\$		
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The second second	The Walter Street on Letters 4.0	**************************************	1 - 23 (19)		A CONTRACTOR OF THE PARTY OF TH		1474.00
5. Total only th			<u>A West</u>	Banka The	<u> Arthritz</u>	<u> </u>	\$ 1171.69
. was a little of the same of the same of	CRO-1310 Pages						,
(This line goes in	line 13a of Detailed Sum					Janes I	\$ 1369.69
(This line goes in	n line 13b of Detailed Sum	mmary Page CRO-110	100 if Conti	trib to Candidat	ates/Political Com	лт) 🧦	.
CONTRACTOR OF SECTION	i line 13c of Detailed Sum	tors in the content of the formation	na Diversi i Longo	rana 1940 ilay kampang mengangan	Expenditures)	الــــــــــــــــــــــــــــــــــــ	
	odes (List detailed						
A* - Media	B* - Printin	ing	C* - Fu	undraising			ther Candidate
E - Salaries	F* - Equipr	ment	G - Poli	litical Party	H* - 1	Holdin	ng Public Office Expenses
l - Postage	J - Penaltie		K* - O f	office Expens			tion to Legal Expense Fund
O* Other	ناون المناك فيده عدده عدد المادية		- 1 to constitution of the control	ه المراعات المساعدة المساعدة المساعدة	- consiste consiste a recognition of the constant of the const	and which	The second secon
* Codes roomir	as detailed bunlanet	an in pomiliped r	morke	field (k)	AND THE RESIDENCE OF THE PARTY.	建氯化	THE SECTION OF THE PARTY OF THE SECTION OF

Loan Repayments Use this form to report payments on an existing loan.

Pg 1 of 2 Amendment No

1. Committee Full Name	(and Fund if app	olicable)		2. ID Number			
Johnny Hutchins for Co	BCB153						
3. Lender Information		Add	Remove				
a. Full Name, Mailing Address	& Phone			b. Comments			
(include city, state, & zip)				Printin Press			
	Business Cards						
Johnny Hutchins 1436 Phifer Rd				c. Original Loan Date			
Kings Mountain NC 280	086						
· · · · · · · · · · · · · · · · · · ·	300			09/12/2016			
				d. Original Loan Amount			
				\$ 145.00			
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount			
\$ 0		CK 1008	10/06/2016	\$ 145.00			
\$				\$			
3. Lender Information	Take Companyable	Add	Remove	The state of the s			
a. Full Name, Mailing Address &				b. Comments			
(include city, state, & zip)				Screen Impressions			
		-		T's			
Johnny Hutchins				c. Original Loan Date			
1436 Phifer Rd				09/19/2016			
Kings Mountain NC 280	.086			d. Original Loan Amount			
				\$ 251.67			
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount			
\$ 0		CK 1006	10/06/2016	\$ 251.67			
\$				\$			
3. Lender Information 🦠		☐ Add	Rémoye	on The Comment of the			
a. Full Name, Mailing Address &	& Phone			b. Comments			
(include city, state, & zip)	<u></u>			Tractor Supply Yard Post			
Johnny Hutchins				c. Original Loan Date			
1436 Phifer Rd				09/20/2016			
Kings Mountain NC 28	3086			i			
				d. Original Loan Amount			
				\$ 67.80			
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h, Date (mm/dd/yyyy)	i. Repayment Amount			
\$ 0		CK 1007	10/06/2016	\$ 67.80			
\$				\$			
4. Total only this Page	esection			\$ 464.47			
5. Total of ALL CRO		TENNING TO THE	A MANAGEMENT OF THE	\$ 1171.69			
(This line must be on line 15 of	that were the contribute to the first that the con-	Page CRO-1100)		ू। \$ 1171.69			

Use this form to report pa	yments on an exis	ting loan.				
1. Committee Full Name Johnny Hutchins for Co		oncable)		2. ID Number		
				BCB153		
3. Lender Information		☐ Add	l Remove			
a. Full Name, Mailing Address (include city, state, & zip)	& Phone		•	b. Comments		
	Printin Press					
Johnny Hutchins 1436 Phifer Rd	c. Original Loan Date					
Kings Mountain NC 28	086			10/06/2016		
				d. Original Loan Amount		
				\$ 587.13		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h Date (
	n Account Code	CK 1009	h. Date (mm/dd/yyyy) 10/06/2016	i. Repayment Amount		
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3. Lender Information		☐ Add	Remove	TO ME TO SERVICE SALES OF THE SERVICES OF THE		
a. Full Name, Mailing Address	& Phone		***	b. Comments		
(include city, state, & zip)				Printin Press		
Johnny Hutchins				Stepstakes c. Original Loan Date		
1436 Phifer Rd				10/13/2016		
				10/13/2016		
Kings Mountain NC 28	8086			d. Original Loan Amount		
				\$ 120.09		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount		
\$ 0		CK 1010	10/26/2016	\$ 120.09		
\$				\$		
3. Lender Information	THE STATE AND STATES	☐ Add	Remove			
a. Full Name, Mailing Address	& Phone			b. Comments		
(include city, state, & zip)						
				c. Original Loan Date		
				To The state of th		
				i		

\$

e. Remaining Loan Balance

f. Account Code

4. Total only this Page

g. Form of Payment

d. Original Loan Amount

i. Repayment Amount

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h. Date (mm/dd/yyyy)

		and the second second						
Loan Proceeds		,	Pσ	1	of	Amendment Yes	No.	
Use this form to report proceeds from a loan	and loan e	endorser's informati	on		01		[4] 110	
A loan proceeds statement must accompany of	each loan t	that is from an india	zidne	1				

1. Commit	tee Full Name (and Fund if app	licable)	HOM an in	Advidual		2. ID Number		
	Hutchins for Commissioner		BCB153					
	Information		Add .	Remove] 			
a. Full Name,	, Mailing Address & Phone	200 San 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		le/Profession	77	d. Comments		
	ty, state, & zip)		Comr	missioner				
	y Hutchins Phifer Rd]	modere.		e. Start Date (mm/dd/yyyy)		
	Phifer Rd Mtn NC 28086		c. Employ	er's Name/Specific	Field	09/12/2016		
-								
					1	f. End Date (mm/dd/yyyy) 10/26/2016		
· 		<u></u>			- 	10/20/2010		
g. Rate	h. Security Pledged	i. Accov	unt Code	j. Form of Payn	nent	k. Amount		
0 %						\$ 1171.69		
l. Full Name o	of Lending Institution					m. Loan Number		
4 Endorse	rs/Makers _ (The people who guarant	THE SECTION OF THE SE	arkingkaji jiraji	escane and endergraphs	State of the Section	कर करोड़ के प्राप्त कर है के दिल्ला कर के दिल्ला कर के कि कि का क्षेत्र के कि		
	rs/Makers (The people who guarant Mailing Address & Phone	tee the toan	In Joh Title	e/Profession	21 (25, 5)3 Le. Et	mployer's Name/Specific Field		
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			d. Percentage e			Amount		
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THE REPORT OF THE PARTY OF THE	ist be on line 9 of Detailed Summary Pag	ge CRO-1100) =			Test	\$ 11/9.09		