Use this form for g Do not use this for	Report Cover general report and committed m to update information	e information, mus	t be signed and s	ubmitted along w	Amendment Yes No ith other detailed forms
1. Committee Info	ormation				
a. Full Name					
Re-Elect Johnny H	Hutchins Cleveland County (Commissioner			c. ID Number
b. Mailing Address (in	clude City, State and Zip Code)				d Data Files
114 Cameiot Ct K	ings Mountain NC 28086				d. Date Filed
					12/04/2023
					e. Phone Number
					704-692-2966
2. Report Year	3. Period Start Date (mm/	4. Perio	d End Date		
		(mm/dd/y		5. Treasurer 1	Full Name
2024	12/04/2023	01	/26/2024	Christy Hutch	ins
6. Type of Commit	tee (Check One)	9. Type of Repo	et (obsolvi	7	
Candidate Camp	aign Party	Municipal	State/0	ruy one type of rep	port from one category)
PAC Independent	Referendum	Organization		Organizational Organizational	Referendum Organizational
Expenditure	Joint Fundraiser	Thirty-five	. 1 —	Quarterly	
Legal Expense F		,		Quarterry	Pre-referendum
7. Type of Fund "Booster Fund"	(if applicable, check one)	Pre-primary		First	Final
Building Fund		Pre-election		Second	Supplemental Final
		Pre-runoff		Third	Annual
<u> </u>		Semi-annual Mid Ye	_ 🗆	Fourth	Special
Other:		Year Er	.	Semi-annual	
	·	Final	"	Mid Year	10. Special Report Name
8. Number of Funda	aisers this Report	Special		Year End Final	İ
	0			Special	
11. Account Informa	ation		11. Account I	<u>-</u>	
a. Financial Institution F Truist	ull Name		a. Financial Insti		
b. Purpose					CLEVELAND COUNTY BO
Campaign	c. Account Code		b. Purpose		c. Account. IAN 25'24 AM 10:23
Finance	01				
	d. Period Begin Balance				
	\$ 3000				d. Period Begin Balance
CRD	3 3000				\$
CERTIFICATION					
the NC General Status	nittee or Fund is in complian	nce with all applica	ble provisions of	f Article 22 A 22 F	3, & 22D-22M of Chapter 163 of
is complete, true and c	es and that no funds are com	mingled with proh	ibited or other no	on-disclosed fund	3, & 22D-22M of Chapter 163 of s. I further certify that this report
_Christy Hutch	correct and that I have been thins	rained by the NCS	tate Beard of El	ections.	and report
	Printed Name of Signer	<u> </u>	Mule	M.	01/25/2024
FOR OFFICE USE ON	LY	31	gnature of Appointed	Treasurer	Date
Date Received:	01/26/2024	Employee:	Gima &	En que	Delivery Method
Date Postmarked:	(proyec.			Normal Mail
Daw i Osunarked:		Employee:			Registered Mail
Date Scanned:	·	Employee			Hand Delivered
· ·		Employee:			Electronically Filed Signer has not received
Date Data Entered		Employee:			mandatory training
Please Note: This for	orm cannot be used to	A			
	custodian	a committee inform	nation such as th	e committee addr	ess, treasurer, assistant treasurer,
CRO-1000	ou must amend the Statemen	NC State Board of Fi	(CRO-2100A-E)	to make committ	ee changes.

Detailed Summary

Amendment

Use this form to summarize all disclosure reporting forms and to total monetary information. Yes No 1. Committee Full Name (and Fund if applicable) 2. Type of Report Re-Elect Johnny Hutchins for Cleveland County 3. ID Number Quarterly Commissioner Start of Election Cycle: January 1, Total this 2024 Total this Reporting Period Cash on Hand at Start Election Cycle 3000.00 \$ RUGBIRIS 3000.00 Aggregated Contributions from Individuals (CRO-1205) \$ Contributions from Individuals (CRO-1210) \$ 100.00 \$ 100.00 Contributions from Political Party Committees (CRO-1220) \$ \$ 3000.00 Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) 305.87 \$ 305.87 Refunds/Reimbursements To the Committee 10) (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ \$ 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, 11c, 11d and 11e) 405.87 \$ EXTRINITIONERS 3405.87 13) Disbursements 13a) Operating Expenditures (CRO-1310) 1266.62 \$ 1266.62 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) \$ 305.87 \$ 305.87 Refunds/Reimbursements From the Committee 16) (CRO-1320) \$ \$ 17) **In-Kind Contributions** (CRO-1510) \$ TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 1572.49 \$ Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 1572.49 19) \$ 1833.38 ADDINONALINFORMATION: 1833.38 Non-Monetary Gifts Given to Other Committees 20) (CRO-1330) \$ Outstanding Loans (incl. ones from other campaigns) 21) (CRO-1430) \$ 305.87 Debts and Obligations owed By the Committee 22) GEORGE MARKETENTY ROE (CRO-1610) \$ Debts and Obligations owed To the Committee 23) (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) \$ \$

l. Con	nmittee Full Name	dividual contribution e (and Fund if appli	cokla)				
		for Cleveland Coun				2. ID	Number
Charles Street address.	All the second s		ity Comn	n .			
	tributor Informat		\square	Add 🔲	Remove		
	lame, Mailing Address de city, state, & zip)	& Phone		b. Job Title/Profe		d. Com	ments
	estmoreland II		-	Business Own	er		
349 W	Marion St			c. Employer's Nar	ne/Specific Field		
Shelby	NC 28150			projet situal	nerspecial Field		
						e. Election	on Sum to Date
						\$	100.00
Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd		
		CK # 3959				7/2024	k. Amount
\Box					01/1/	72024	\$ 100.00
$\overline{}$							\$
							\$
	ributor Informatio			Add 🔲	Remove		
	me, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profess		d. Comm	ents
				c. Employer's Nam	e/Specific Field		a Sum to Date
Prior	g Assount Code				e/Specific Field	e. Election	n Sum to Date
Prior	g. Account Code	h. Form of Payment	i. In-K	c. Employer's Nam	e/Specific Field j. Date (mm/dd/	\$	n Sum to Date k. Amount
Prior	g. Account Code	h. Form of Payment	i. In-K			\$	
Prior	g. Account Code	h. Form of Payment	i. In-K			\$	k. Amount
			i. In-K			\$	k. Amount
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	butor Information		i. In-K	ind Description	j. Date (mm/dd/)	\$	k. Amount \$
Contri			i. In-K	ind Description	j. Date (mm/dd/)	\$	k. Amount \$ \$ \$
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Contri	butor Information			ind Description	j. Date (mm/dd/)	s (yyyy)	k. Amount \$ \$ \$ \$ s
Full Nam	butor Information			ind Description Add R b. Job Title/Profession	j. Date (mm/dd/)	\$ d. Comme	k. Amount \$ \$ \$ nts CLEVELAND COUNTY JAN 26 '24 AM10:
Contri	butor Information ne, Mailing Address & city, state, & zip)			ind Description Add R b. Job Title/Profession	j. Date (mm/dd/)	\$ d. Comme	k. Amount \$ \$ \$ \$ s
Contri	butor Information ne, Mailing Address & city, state, & zip)			ind Description Add R b. Job Title/Profession	j. Date (mm/dd/)	d. Commer	k. Amount \$ \$ \$ nts CLEVELAND COUNTY JAN 26 '24 AM10:
Contri	butor Information ne, Mailing Address & city, state, & zip)	Phone		ind Description Add R b. Job Title/Profession	j. Date (mm/dd/	d. Commer	k. Amount \$ \$ \$ nts CLEVELAND COUNTY JAN 26 '24 AM10: Sum to Date
Contri	butor Information ne, Mailing Address & city, state, & zip)	Phone		ind Description Add R b. Job Title/Profession	j. Date (mm/dd/	d. Commer	k. Amount \$ \$ \$ sum to Date
Contri	butor Information ne, Mailing Address & city, state, & zip) g. Account Code	Phone		ind Description Add R b. Job Title/Profession	j. Date (mm/dd/	d. Commer	k. Amount \$ \$ \$ sunts CLEVELAND COUNTY JAN 26 '24 AM10: Sum to Date k. Amount \$
Contri Gull Nam include of	butor Information ne, Mailing Address & city, state, & zip)	Phone h. Form of Payment		ind Description Add R b. Job Title/Profession	j. Date (mm/dd/	d. Commer	k. Amount \$ \$ \$ s s cLEVELAND COUNTY JAN 26 '24 AM10: Sum to Date k. Amount \$

1. Committee Full Name (and Fund if applicab Re-Elect Johnny Hutchins for Cleveland County	1-1	rmation individual	2. ID Nun	nber
	Comm			
3. Lender Information	⊠ Add			
a. Full Name, Mailing Address & Phone		b. Job Title/Profession		Remove
(include city, state, & zip)		Commissioner		d. Comments
Johnny Hutchins 1436 Phifer Rd				business cards, filing fee
Kings Mountain NC 28086	,			e. Start Date (mm/dd/yyyy)
20000	c. Employer's	Name/Specific Field	12/04/2023	
				f. End Date (mm/dd/yyyy)
. Rate h. Security Pladrad				01/26/2024
- Southly Theugett	i. Account Code	j. Form of Pay	ment	k. Amount
0 %				\$ 305.87
Full Name of Lending Institution				
			m. Loan	1 Number
Endorsers/Makers (The people who guaran	tee the loan.)			
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/	Profession	c. Emplo	oyer's Name/Specific Field
(include city, state, & Zip)				-y - y - tautor specific Field
	d. Percentage			,
			e. Amour	nt
P. H. S.		%	\$	
Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/P	b. Job Title/Profession c. Em		yer's Name/Specific Field
include city, state, & zip)				y or o reamerspecific Field
	d. Percentage		e. Amoun	4
				CLEVELAND COUN JAN 26 '24 AM1
ull Name Matter A L		%	\$	JAN 26 24 AM I
ull Name, Mailing Address & Phone nclude city, state, & zip)	b. Job Title/Pr	ofession	c. Employ	er's Name/Specific Field
estate try, state, & zip)			T	operate Pick
	d. Percentage		a Amount	
			e. Amount	
ull Moreo M. W.		%	\$	
ull Name, Mailing Address & Phone nclude city, state, & zip)	b. Job Title/Pro	ofession	c. Employe	r's Name/Specific Field
crude city, state, & zip)			pidye	s vame/specific Field
				ł
	d. Percentage		a America	
			e. Amount	
otal of ALL CRO-1410 Pages		%	\$	<u> </u>

Loan Proceeds

Amendment

Dispurse	-		n		Amendment
Use this form	to report expenditur	es from the commi	ttee for; operating expens	g <u>1</u> o ses, contributions	of 2
	ra occi amateu party	expenditures.			to candidate/pontical
Po Float John	Full Name (and F	und if applicable)			2. ID Number
3. Type of Di	nny Hutchins for Cle	veland County Co	mm		
	g Expenses	ease use separate	CRO-1310 forms for eac	h type of Disburs	sement.)
4. Payee Info			andidates/Political Committees		Coordinated Party Expenditures
	ailing Address & Phone	\boxtimes	Add	Remove	
(include city, stat			b. Coordinated Committe	e Name	d. Comments
Westmoreland	d Printers		+		business cards
2020 E Dixon			c. Level Registered (Special	G.A	
Shelby NC 28	3152		Federal Special	**	
			State	Municipality:	e. Election Sum to Date
				j wanterparty.	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Loan Proceed	В	12/04/2023	\$192.15	business cards
	J Hutchins			\$	
4. Payee Infor			Add	Remove	
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state					business cards
Westmoreland					
2020 E Dixon			c. Level Registered (Specify		
Shelby NC 28	132		Federal	County:	
			State	Municipality:	e. Election Sum to Date
				1	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK 102	В	01/09/2024	\$192.15	business cards
				\$	
4. Payee Inform	nation		Add \square	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,					filing fee
Cleveland Cour	nty BOE				
215 Patton Dr Shelby NC 281	5 1		c. Level Registered (Specify)	CLEVELAND COUNTY B
Sholoy 14C 281	31		☐ Federal ☐	County:	JAN 26 '24 AM 10: 24
		}	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
	Loan Proceed	Н	12/04/2023	\$113.72	filing fee
	J Hutchins				
5. Total only th				\$	
o. Total of All	CRO-1310 Pages				\$ 498.02
(This line goes in	line 13a of Detailed Sun	marv Page CRO-1100	if Operating Every		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidates/Polisi	cal Comm)	\$ 1266.62
(Inis une goes in	une 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expendit	ures)	
- Furpose Code * - Media	es. (List detailed exp B* - Printing	penditure code in (1	ı.) above)		
C - Salaries	F* - Equipment	C* - Fundr G - Politica	aising I Pa rt v	D - To Anoth	ner Candidate
- Postage I Denelties			Q* - Donatio	g Public Office Expenses on to Legal Expense Fund	

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

Amendment

Yes

N

Committees and coordinated party expenditures.

Re-Elect Johnn	y Hutchins for Cla	und if applicable) eveland County Co	<u> </u>		2. ID Number
3. Type of Disb	ursement <i>(P</i>	lease use senguate	IIM C PO 1210 c		
Operating I		Contributions to Co	CRO-1310 forms for eac andidates/Political Committees	<u>h type of Disbur</u>	sement.)
4. Payee Inforn	nation		Add Committees		Coordinated Party Expenditures
	ing Address & Phone			Remove	
(include city, state,	& zip)		b. Coordinated Committee	Name	d. Comments
Go Big Prin					signage
PO Box 248			C I evel Posistanal (Co		
Shelby NC 281:	52		c. Level Registered (Specif	`	
			Federal State		
			Ottate	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	In Description 1 P
	CK 103	В			k. Required Remarks
		В	01/09/2024	\$768.60	signage
				0	
4. Payee Inform	ation			\$	
	g Address & Phone		Add	Remove	
include city, state, &	g zin)		b. Coordinated Committee	Name	d. Comments
			c. Level Registered (Specify		
		i	Federal Federal		
			State	County:	TI d
				Municipality:	e. Election Sum to Date
A					\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Alegan eu Menai RS
				\$	
				\$	
. Pavee Informa	tion				
. Full Name, Mailing	Address & Phone		Add	Remove	
nclude city, state, &	zip)	}	b. Coordinated Committee N	ame	d. Comments
		-	c. Level Registered (Specify)		
		<u> </u>	Federal Specify	County:	_
			State	Municipality:	o Floring San (P
		[amorpancy.	e. Election Sum to Date
Account Code g	P				\$ CLEVELAND COUNT
secount Code g	. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	JAN 26 '24 AM 10 k. Required Remarks
				\$	
				Φ	
				\$	
Total only this I	age				
Total of ALL C	RO-1310 Pages				\$ 768.60
I his line goes in line	2 13a of Detailed Sum	nary Page CRO-1100 ij	Operating Expenses)		
r nis une gues in line	? 130 of Detailed Sum	nary Page CDA 1100 :	Canality of the	ıl Comm)	\$ 1266.62
- 100 the goes in time	130 oj Detatiea Sumi	nary Page CRO-1100 it	Coordinated Danty France Stee	es)	
rurpose Codes - Media	(List detailed exp B* - Printing	enditure code in (h.) above)		
- Salaries	F* - Equipment	C* - Fundra G - Political	ising	D - To Anoth	er Candidate
Postage	J - Penalties	K* - Office 1	H* - Holding Public Office Expenses		
CAL.		Onice i	-npenses	Q" - Donatio	n to Legal Expense Fund
- Other	water to get a company of the company	n in required rem			S Poisso I dild

Loan Repayments Use this form to report payments on an existing loan. 1. Committee Full Name (and Fund if applicable) Amendment Pg 1 of 1 Yes N

Re-Elect Johnny Hutchir	e (and Fund if applications for Cleveland County)	ole)		2. ID Number
		Comm		
3. Lender Information		☐ Add	Remove	
a. Full Name, Mailing Address	s & Phone			b. Comments
(include city, state, & zip) Johnny Hutchins				business cards,
1436 Phifer Rd				filing fee
Kings Mountain NC 2808	36			c. Original Loan Date
				12/04/2023
				d. Original Loan Amount
e. Remaining Loan Balance	f. Account Code			\$ 305.87
\$ 0	1. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
		CK # 101	01/09/2024	\$ 305.87
\$				\$
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address ((include city, state, & zip)	& Phone			b. Comments
Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	d. Original Loan Amount \$ i Repayment Amount
- San Danie	1. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
				\$
Lender Information				\$
Full Name, Mailing Address &	Phone	☐ Add	Remove	
(include city, state, & zip)	- HOME			b. Comments
				c. Original Lean Rate COUNTY JAN 26 '24 AM10:2 d. Original Loan Amount
Remaining Loan Balance	f. Account Code	la Francis		\$
	- Cour	g. Form of Payment	n. Date (mm/dd/yyyy)	i. Repayment Amount
				\$
Total only this Page				\$
Total only this Page Total of ALL CRO-1	420 Pages			\$ 305.87
This line must be on line 15 of D	-40 1 ages etailed Summary Page CRO-	7100)		\$ 305.87

Outstanding Loans

Amendment Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full. No

Re-Elect John	ny Hu	Name (and Fund if appli tchins for Cleveland Cou	nty Comm	2. ID Number
			my Comm	
3. Lender Inf	The second of the second of	VV	Add Pamovo	
a. Full Name, M		dress & Phone	Add Remove b. Job Title/Profession	
(include city, s		ip)	Commissioner	d. Comments
Johnny Hutch			- Commissioner	filing fee
1436 Phifer R				o Start Day
Kings Mounta	in NC	28086	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
				12/04/2023
			}	f. End Date (mm/dd/yyyy)
g. Rate	Rate h. Security Pledged			01/26/2024
0	0.4	Trouged	i. Original Loan Amount	j. Remaining Loan Balance
0	%		\$ 113.72	\$ 113.72
k. Full Name of Lending Institution				
				I. Loan Number
	Toglast or dis			
3. Lender Info			Add Remove	
a. Full Name, Mail	ing Add	ress & Phone	b. Job Title/Profession	d. Comments
(include city, sta Johnny Hutchir	te, & zip		Commissioner	business cards
1436 Phifer Rd				ousiness cards
Kings Mountain		RUSE		e. Start Date (mm/dd/yyyy)
8	11102	3080	c. Employer's Name/Specific Field	
				12/04/2023
				f. End Date (mm/dd/yyyy)
				01/26/2024
. Rate		h. Security Pledged	i. Original Loan Amount	
0	%			j. Remaining Loan Balance
Full Name of Law			\$ 192.15	\$ 192.15
Full Name of Len	aing Ins	fitution		I. Loan Number
Lender Inform	nation			
Full Name, Mailir	g Addre	ss & Phone	Add Remove	
	, & zip)	so to a none	b. Job Title/Profession	d. Comments
(include city, state				
(include city, state				
(include city, state				
(include city, state			c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
(include city, state			c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy) CLEVELAND CDUN
(include city, state	•		c. Employer's Name/Specific Field	ULEVELAND COUNT JAN 26 '24 AM 10
(include city, state			c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy) CLEVEL AND CDUN JAN 26 '24 AM 10 f. End Date (mm/dd/yyyy)
		Security Pladana		ULEVELAND COUNT JAN 26 '24 AM 10
Rate	h	Security Pledged	c. Employer's Name/Specific Field i. Original Loan Amount	ULEVELAND COUNT JAN 26 '24 AM 10
Rate	% h			GLEVELAND CDUN JAN 26 '24 AM 10 f. End Date (mm/dd/yyyy)
Rate	% h		i. Original Loan Amount	JAN 26 '24 AM 10 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance
Rate	% h		i. Original Loan Amount	GLEVELAND COUNTY JAN 26 '24 AM 10 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance
Rate Full Name of Lend	% h		i. Original Loan Amount	JAN 26 '24 AM 10 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance
Rate Full Name of Lend Total only this	% h	tution	i. Original Loan Amount	JAN 26 '24 AM 10 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance \$ I. Loan Number
Full Name of Lend Total only this Total of ALL C	h % Insti	tution	i. Original Loan Amount \$	JAN 26 '24 AM 10 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance