Disclosure R	eport Cover					Amendment Yes No
Use this form for go	eneral report and com n to update informati	ımittee inform	ation, must b	e signed and sub	mitted along with	other detailed forms.
1. Committee Info	n to apaate mitoringti	On	-430			
a. Full Name	15. 15	. <u> </u>	<u> </u>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u> </u>	1
Re-Elect Johnny H	utchins Cleveland Co	ounty Commis	sioner			c. ID Number
b. Mailing Address (inc	lude City, State and Zip	Code)			· · · · · · · · · · · · · · · · · · ·	d. Date Filed
114 Camelot Ct Ki	ngs Mountain NC 28	086				
						12/04/2023 e. Phone Number
						704-692-2966
2. Report Year	3. Period Start Da	te (mm/dd/yy)	4. Period	End Date	5. Treasurer Fu	
2024	01/26/20	24		26/2024	Christy Hutchin	
6. Type of Commit	tee (Check One)	9. Tv	pe of Repor	t (check on)	v one time of rano	rt from one category)
Candidate Camp	aign Party	Muni		State/Co		Referendum
Independent	Referendur	n 🔲	Organizations	al 🛛 C	Organizational	Organizational
Expenditure Legal Expense F	Joint Funda	aiser 📗	Thirty-five da	ıy Ç	Quarterly	Pre-referendum
	- (if applicable, check on	e) 🔀	Pre-primary	\boxtimes	First	Final
Booster Fund			Pre-election		Second	Supplemental Final
Building Fund			Pre-runoff	ľ	Third	Annual
			Semi-annual		Fourth	Special
Other:			Mid Yea Year End	1	emi-annua! Mid Year	/10×0
			Final	" 【片	Year End	10. Special Report Name
8. Number of Fund	raisers this Report		Special	Fi	inal	
	0			□ s₁	pecial	
11: Account Inform		. = +		11. Account In	formation	Maria Cara Cara Cara Cara Cara Cara Cara
a. Financial Institution I	full Name			a. Financial Instit	ution Full Name	
b. Purpose	c. Account Cod			b. Purpose		
Campaign				D. Furpose		c. Account Code
Finance		01	<u> </u>			OF EVEL AND COUNTRIDOR
	d. Period Begin	Balance				d. Period Begin Belengen A NO. 31
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CERTIFICATION						
The second second	correct and that I have	are commoning	IPA WAITH HYAN	181707 AF Athau wa	see diaminand C J.	, & 22D-22M of Chapter 163 of I further certify that this report
	Printed Name of Signer			gnature of Appointed	Treasurer	02/26/2024 Date
FOR OFFICE USE O	_				 -	
Date Received:	<u> 2-27-</u>	24	Employee:	<u>\$ /-</u>		Delivery Method Normal Mail
Date Postmarked	l:	<u> </u>	Employee:			Registered Mail Hand Delivered
Date Scanned:	Date Scanned: Employee:				Electronically Filed Signer has not received	
Date Data Entere	:d;	 _	Employee:			mandatory training
Please Note: This	form cannot be used	to amend con	nmittee infor	mation such as th	ne committee addr	ess, treasurer, assistant treasurer,
	You must amend the	Statement of	Organization	(CRO-2100A-E) to make committ	ee changes
TPA 1000					, wommitt	::m:Pan:

Start of Election Cycle:

RECEIPTS

9) Loan Proceeds

EXPENDITURES:

15) Loan Repayments

18)

17) In-Kind Contributions

25) Administrative Support

26) Forgiven Loans

13) Disbursements

11) Other Receipt Sources

Cash on Hand at Start

6) Contributions from Individuals

11a) Interest on Bank Accounts

11c) Outside Sources of Income

11 e) Exempt Purchase Price Sales

13a) Operating Expenditures

13c) Coordinated Party Expenditures

16) Refunds/Reimbursements From the Committee

14) Aggregated Non-Media Expenditures

ADDITIONAL INFORMATION

Commissioner

Amendment

3. ID Number

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S

10

Total this

Reporting Period

1833.38

7238.98

Yes

Total this

Election Cycle

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7338.98

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305.87

No

\$ S \$ \$ 7238.98 \$ 10644.85 A STATE OF THE PARTY OF THE PAR 398.18 \$ 1664.80 \$ \$ \$ S 305.87 \$ 2138.98 2138.98 2537.16 4109.65 6535.20 \$ n/a

Detailed Summary	
Liga this farms to assess the state of	
Use this form to summarize all disclosure reporting	forms and to total monetany information
The same of the sa	tornia and to total indictally intofficially

1. Committee Full Name (and Fund if applicable)

5) Aggregated Contributions from Individuals

7) Contributions from Political Party Committees

8) Contributions from Other Political Committees

11b) Contributions from Not-for-Profit Organizations

12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)

13b) Contributions to Candidates/Political Committees

TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)

Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)

10) Refunds/Reimbursements To the Committee

11d) Legal Expense Fund - Other Sources

January 1,

Re-Elect Johnny Hutchins for Cleveland County

2. Type of Report

(CRO-1205)

(CRO-1210)

(CRO-1220)

(CRO-1230)

(CRO-1410)

(CRO-1240)

(CRO-1250)

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Quarterly

2024

The state of the s 20) Non-Monetary Gifts Given to Other Committees The Section . (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) CLEVELOND COLINTY BO FEB 27'24 AB:31 (CRO-1710) (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$ NC State Board of Elections August 2008

Use this	form to report ind	lividual contributions	over \$5	0 or contributions in	e <u>1 of</u> of nder \$50 if form CR	O 1205 in -	☐ Y of used	'es 🛭 No
1. Com	mittee Full Name	(and Fund if applica	ıble)	Jan Jan	2 × 43 6 5		mber	
Re-Elec	t Johnny Hutchins	for Cleveland County			<u> </u>		1 1	<u>-112 </u>
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	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	CLEVEL	AND COUNT 27'24 AM8:
Douglas	e city, state, & zip)			Business Owner			FEB	27 24 AMS:
-	one Gate Dr							
	NC 28150			c. Employer's Name/	Specific Field	-		
,						e. Election S	Sum to Date	
						\$	5,0000.0	_
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy		k. Amoun	
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	me, Mailing Address	& Phone		b. Job Title/Profession	n <u></u>	d. Comment		47 Et
Besty Ha	city, state, & zip)			Register of Deeds				
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Shelby N				c. Employer's Name/S	pecific Field			
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	ie, Mailing Address & city, state, & zip)	2 Phone		b. Job Title/Profession		d. Comments		
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118 Eagle	Теттасе			c. Employer's Name/S	necific Field			
Shelby No	C 28150		ľ		710.0			
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(This line	must be on line 6 of D	etailed Summary Page CR	0-1100	高麗 法共同证据	### A S	\$		7238.98

Contributions from Individuals

Amendment

		m Individuals			Pg _2	of 2	Amendmen Yes	
Use this	form to report ind	lividual contributions	over \$5	0 or contributions	under \$50 if form C	RO 1205 is n	ot used	⊠ No
1	minee ruii Name	(and Fund if applic	able)	1 1 1 1 1 1 1 1	Mary of the second	2. ID Nu		
		for Cleveland Count			- · · ·			
3. Conti	ributor Informati	on" * r of the second	×	Add 7. 🗆 🐳	Řemové			- Carlotte
a. Full Na	me, Malling Address	& Phone		b. Job Title/Profess	ion	d. Commen		<u>Landing of the second of the </u>
	e city, state, & zip)			Business Owner	<u> </u>		ns QTY 500	
DeWayr 324 Yari						_	•	
	lountain NC 28086	ξ		c. Employer's Name	e/Specific Field	_		
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	city, state, & zip)			D. 000 Title? Folessi	<u> </u>	d. Comment	<u> </u>	
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	ie, Mailing Address &	Phone	<u> </u>	b. Job Title/Profession		d. Comment		<u>र १ ल्या छन्। अप्र</u>
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(This line	must be on line 6 of D	etailed Summary Page Ci	RO-1100)			\$		7238.98

Disbursements Use this form to report expenditures from the committees and coordinated party expenditures	Pg Dittee for: operating expense	1 of	Amendment I Yes No
expellutures.		s, commountions to	o candidate/political
1. Committee Full Name (and Fund if applicable))		2. ID Number
Re-Elect Johnny Hutchins for Cleveland County Co	0mm		
3. Type of Disbursement : (Please use separate	CRO-1310 forms for each	tune of Dichurca	ment.)
Contributions to	Candidates/Political Committees	T) (Coordinated Party Expenditures
4. Payee Information		Remove	A STATE OF THE PROPERTY OF THE
a. Full Name, Mailing Address & Phone	b. Coordinated Committee !		d. Comments
(include city, state, & zip)			campaign shirts
Dale Advertising	7		campaign sints
2523 Taylor Rd	c. Level Registered (Specify)		-
Shelby NC 28152	Federal 🔀	County:	-
	State	Municipality:	e. Election Sum to Date
		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
01 ck #104 B			
ck #104 B	02/09/2024	\$398.18	campaign shirts
			
	1	\$	
4. Payee Information	Add	Remove	1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a. Full Name, Mailing Address & Phone	b. Coordinated Committee N		d. Comments
(include city, state, & zip)	S CONTAINE COMMITTEE IN	<u> </u>	a. Comments
	c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Summitted Parand COUNTY BO s FEB 27'24 AM8:32
Account Code g. Form of Payment h. Purpose Code	i. Date (mm/dd/yyyy)	Tt 4	<u> </u>
	i. Date (min/dd/yyyy)	J. Amount	k. Required Remarks
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(This line goes in line 13a of Detailed Summary Page CRO-110		ه په څخه څخه ک	

7. Purpose Codes (List detailed expenditure code in (h.) above)

A*-Media B*-Printing C*-Fundraising A* - Media E - Salaries I - Postage

B* - Printing F* - Equipment J - Penalties

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

In-Kind Contributions		P	. 1	of	Amendment 1 Yes No	
Use this form to report non-monetary contributions, donations, Use CRO-1215 if In-Kind Contributions were or will be referen	, goods or		Maria de la companya della companya	the cor	1	
	ded within	7 days			or raile.	
1. Committee Full Name (and Fund if applicable) Re-Elect Johnny Hutchins for Cleveland County	11:15			2. 1	D Number	
Commissioner Commissioner						
3.6.4.11						
a. Full Name, Mailing Address & Phone	Remove		14. 75.			
(include city, state, & zip)		pe of Cor		c. C	omments	
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Kings Mountain NC 28086		Party			1	
		PAC	9			
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			er Receipt Source		\$ 2138.98	
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Yard Signs QTY 500		- 1.			g. Fair Market Amount	
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					\$	
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3. Contributor Information	Remove		N Salet Seal	T. T.	10 1877 高級學術	
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(include city, state, & zip)		Individu		1		
		Candida	te		1	
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		_		-	FEB 27 '24 AMB : 3	
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Full Name, Mailing Address & Phone	b. Type	of Contr	ibutor	c. Con	nments	
(include city, state, & zip)		Individua	ıl			
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		Party				
		PAC				
		Referendum		d. Elec	ction Sum to Date	
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Description		f. I	ate (mm/dd/yy		g. Fair Market Amount	
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5. Total of ALL CRO-1510 Pages

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