I. Committee Information I. Full Name RICHARD HOOKER FOR SCHOOL BOARD I. Mailing Address (include City, State and Zip Code) I. So KING ARTHUR COURT SHELBY, NC 28152 I. Report Year I. Period End Date (unwidd/yy) I. Period End Date (unwidd/yy) II. 10 2020 III. 2020 I		eport Cover neral report and committee in to update information	nformation, must be	signed and sub	10	Yes No er detailed forms.	
RICHARD HOOKER FOR SCHOOL BOARD Mailing Address (include City, State and Zip Code)							
RICHARD HOOKER FOR SCHOOL BOARD b. Mailing Address (include City, State and Zip Code) 1520 KING ARTHUR COURT SHELBY, NC 28152 2. Report Year 3. Period Start Date (um/dd/yy) 2. Report Year 3. Period Start Date (um/dd/yy) 4. Period End Date (um/dd/yy) 6. Type of Committee (Check One) 9. Type of Report Check only one type of report from one category) Check only one type of report from one category) Check only one type of report from one category Check only one type of report from one category Check only one type of report from one category Check only one type of report from one category Check only one type of report from one category Check only one type of report from one category Check only one type of report from one category Check only one type of report from one category Check only one type of report from one category Check only one type of report from one category Check o		mation				c. ID Number	
Mailing Address (Include City, State and Zip Code)		ER FOR SCHOOL BOARD	<u></u>				
SHELBY, NC 28152 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 6. Type of Committee (Check One) Condidate Campaign Party Pac Independent Expenditure Diof Pandraiser Diof Pandraiser Diof Equiplicable, check one) Diof Pandraiser Dioser Fund* Pre-referendum Dioser Fund* Diose	b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed	
SHELBY, NC 28152	1520 KING ARTH	UR COURT	13	100		07/10/2020	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 0/030/2020 RICHARD HOOKER, JR. 2020 02/16/2020 06/30/2020 RICHARD HOOKER, JR. 6. Type of Committee (Check Onc) 9. Type of Report (check only one type of report from one category) Candidate Campaign	SHELBY, NC 2815	52		JUL I U Z	020	07/10/2020	
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 6. October 5. Treasurer Full Name (mm/dd/yy) 6. October 6			LU			e. Phone Number	
2020 02/16/2020 06/30/2020 RICHARD HOOKER, JR.			Ву	AND ELECTRIC AND A SECRET STREET SECRET SECR		704-692-7840	
6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign	2. Report Year	3. Period Start Date (mm/c	Id/VV)	End Date			
Candidate Campaign	2020	02/16/2020	06/3	0/2020	RICHARD HOOK	ER, JR.	
PAC							
Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum							
Expenditure					Organizational		
Pre-primary	Expenditure		Thirty-five day	y '	Quarterly	Pre-referendum	
Building Fund			Pre-primary		First	Final	
Other:			Pre-election		Second	Supplemental Final	
Mid Year Semi-annual Mid Year Year End Mid Year Year End Special Final Final Special Final Final Special Final	Building Fund				Third		
Other:						Special	
Special Final Final Final Special Final	Other				to a constant	10 Special Report Name	
Special Spec						10. Special Report Plante	
11. Account Information a. Financial Institution Full Name ALLIANCE BANK & TRUST b. Purpose c. Account Code b. Purpose c. Maccount Code committee funds d. Period Begin Balance s 80.50 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections Printed Name of Signer Signature of Appointed Freasurer Date	8. Number of Fund	raisers this Report					
a. Financial Institution Full Name ALLIANCE BANK & TRUST b. Purpose c. Account Code b. Purpose c. Account Code COMMITTEE FUNDS d. Period Begin Balance \$ 80.50 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections Printed Name of Signer Signature of Appoints/ Treasurer Date							
ALLIANCE BANK & TRUST b. Purpose							
Delivery Method Date Postmarked: Employee: Employee: Employee: Date Postmarked: Employee: Employee: Date Postmarked: Employee: E				a. Financial Inst	itution Full Name		
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections FOR OFFICE USE ONLY Date Received:				b. Purpose		c. Account Code	
CERTIFICATION Certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer Signature of Appointed Treasurer Date							
\$ 80.50 CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer Printed Name of Signer Name of Signer Name of Signer Printed Name of Signer Printed Name of Signer Name of Signer Name of Signer Name of Name of Signer N	FUNDS	1					
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer FOR OFFICE USE ONLY Date Received: Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Employee: Date Scanned: Employee: Date Scanned: Employee: Employee: Date Scanned: Employee: Date Scanned: Employee: Date This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,		d. Period Begin Balance	2			d. Period Begin Balance	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer Signature of Appointed Treasurer Date		\$ 80.50				\$	
the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer Signature of Appointed Treasurer Date	CERTIFICATION						
is complete, true and correct and that I have been trained by the NC State Board of Elections. Printed Name of Signer Signature of Appointed Treasurer Date							
Printed Name of Signer Printed Name of Signer Signature of Appointed Treasurer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Postmarked: Employee: Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,						further certify that this report	
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Date Scanned: Date Data Entered: Employee: Electronically Filed Signer has not received mandatory training	Date Postmarke	d:	Employee:				
Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Scanned:		Employee:			Electronically Filed	
	Date Data Entered: Employee: mandatory training						
	Please Note: Th					s, treasurer, assistant treasurer,	

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes

Detailed Summary

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

Amendment

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		2020	3. ID Nu	mber
RICHARD HOOKER FOR SCHOOL BOARD	ORGANIZATION By	1			
Start of Election Cycle: January 1,	2019		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	80.50	\$	0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	850.00	\$	850.00
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$	11500.00	\$	11770.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources				21/2	
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizat	ions (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, 1	Ic, IId and IIe)	\$	12430.50	\$	12620.00
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	9298.39	\$	9487.89
13b) Contributions to Candidates/Political Commi	ittees (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1		\$	9298.39	\$	9487.89
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	btract line 18)	\$	3132.11	\$	3132.11
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	ns) (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 **Contributions from Individuals** JUE 1 0 12020 No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number RICHARD HOOKER FOR SCHOOL BOARD 3. Contributor Information M Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED WILLIE MCINTOSH 219 NEW BETHEL CHURCH ROAD c. Employer's Name/Specific Field LAWNDALE, NC 28090 704-418-5457 e. Election Sum to Date 300.00 f. Prior h. Form of Payment g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \Box 1 **CHECK** 04/28/2020 \$ 300.00 \$ \$ X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CEO TRACY MINTZ 414 MILLSAP ROAD c. Employer's Name/Specific Field SHELBY, NC 28150 RESTORATION LEARNING 704-300-0759 ACADEMY/CHILDCARE e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 CHECK 06/05/2020 \$ 250.00 \$ \$ X 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) LAWYER PETER GREAR 909 LORRAINE DRIVE c. Employer's Name/Specific Field **WILMINGTON, NC 28412** LAWYER & LAW FIRM/LAW 910-617-4543 e. Election Sum to Date \$ 150.00

f. Prior

g. Account Code

1

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

h. Form of Payment

CHECK

j. Date (mm/dd/yyyy)

06/12/2020

i. In-Kind Description

850.00

700.00

150.00

k. Amount

\$

\$

\$

\$

\$

				I.	TEDI	7 1 107 12 12		Amendment	
		m Individuals)EG,		2_	Yes	No
		ividual contributions of) or contri	butions un	den \$50 if form CRO			
1. Comm	ittee Full Name ((and Fund if applical	ole)	LIL		2020	2. ID Num	ber	
	RICHARD HOOKER FOR SCHOOL BOARD By								
	ibutor Informatio			Add		emove			
	ne, Mailing Address &	k Phone			tle/Profession		d. Comments	\$	
	city, state, & zip) M LUCAS			PLAN	MANAU	iEK			
	ANGLA DRIVE			c. Employ	yer's Name/S	Specific Field	1		
	OTTE, NC 28214			40	WES				
980-233-1	1425			,,,,	112		e. Election Su	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount	
	1	CHECK				06/15/20	020	\$	50.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add	☐ Re	emove			
	ne, Mailing Address &	k Phone			tle/Professio		d. Comments	5	
(include of	city, state, & zip) MS			FINAN	ICIAL SEI	RVICES			
	NG BRANCH RO	OAD		c. Employer's Name/Specific Field					
GROVER	R, NC 28073								
704-813-2	2945						e. Election Su	ım to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount	
	1	ONLINE				05/28/20	020	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add	☐ Re	emove			
	ne, Mailing Address &	k Phone		b. Job Tit	tle/Profession	n	d. Comments	}	
(include o	city, state, & zip)			-					
				c. Employ	ver's Name/	Specific Field			
							e. Election Su	ım to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	tion	j. Date (mm/dd/yy)	уу)	k. Amount	
								\$	
								\$	
								\$	
4. Total	only this Page	e					\$		150.00
5. Total	of ALL CRO-	-1210 Pages					\$		850.00
(This line	must he on line 6 of	Detailed Summary Page C	'RO_1100	2)			D.		830.00

Amendment **Disbursements** 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 applicable) 2. ID Number RICHARD HOOKER FOR SCHOOL BOARD 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) \boxtimes Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) L61 AGENCY ATLANTA, GA c. Level Registered (Specify) 404-889-6740 Federal County: State Municipality: e. Election Sum to Date **CLEVELAND** \$ 6805.00 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks STRATEGY & 1 CHECK A 02/26/2020 \$6125.00 MARKETING SOCIAL MEDIA 1 04/01/2020 \$680.00 4. Payee Information M Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) L61 AGENCY ATLANTA, GA c. Level Registered (Specify) 404-889-6740 Federal County: State Municipality: e. Election Sum to Date CLEVELAND 7652.14 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks **GRAPHICS &** 1 CHECK \$847.14 A 05/01/2020 **MARKETING** 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) KMB CONSULTING GREENSBORO, NC c. Level Registered (Specify) 336-987-3357 Federal \boxtimes County: State Municipality: e. Election Sum to Date **CLEVELAND** \$ 1000.00 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks **STRATEGY** 1 **CHECK** C 04/02/2020 \$1000.00 CALL TIME \$ 5. Total only this Page 8652.14 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

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

A* - Media

B* - Printing

C* - Fundraising

(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)

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

\$

9298.39

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* - Other

* Codes require detailed explanation in required remarks field (k)

						Amendment
Disbursem	ents				V2 E n of	2 Yes
Use this form to	report expenditures coordinated party ex	from the committee	ee for; operati	ng expenses,	contributions to	candidate/political
				JUL 10	2020	2. ID Number
	Full Name (and Fun OKER FOR SCHO		C) C)			2. ID Number
3. Type of Dish		ase use separate C	PO 1310 for	ue for each t	una of Dishursa	mant)
Operating I		Contributions to Car				oordinated Party Expenditures
4. Payee Inform			Add		Remove	
-	ling Address & Phone			d Committee Na		d. Comments
(include city, state,	_					
ANGELA LEA	CH					
SHELBY, NC	28152		c. Level Regis			
			Federa		County:	
			State		Municipality:	e. Election Sum to Date
			CLEVELA	ND		\$ 146.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	n/dd/vvvv)	j. Amount	k. Required Remarks
Il riccount couc						ADMIN SERVICES
1	CHECK	Е	05/15/20	20	\$146.25	
					\$	
4. Payee Inform	nation		Add		Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinate	d Committee Na	ame	d. Comments
(include city, state,	, & zip)					
THE DMJ GRO						
DURHAM, NO	27703		c. Level Regist			
336-891-0357			Federa State		County:	e. Election Sum to Date
			CLEVELA	ND L	Municipality:	e. Election Sum to Date
			CLEVELA	ND		\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	n/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	E	06/15/20	20	\$500.00	STRATEGY
					\$	
4. Payee Inform	nation		Add		Remove	
	ing Address & Phone			d Committee Na		d. Comments
(include city, state,						
(,	, ш _р)					
			c. Level Regist	ered (Specify)		
			Federa		County:	
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	n/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
5. Total only th	is Page					\$ 646.25
	CRO-1310 Pages					¥ 070.23
	line 13a of Detailed Sur	nmary Page CRO-1100	0 if Operating Ex	penses)		¢ 0208 20
(This line goes in	line 13b of Detail <mark>ed Su</mark> r	nmary Page CRO-1100	0 if Contrib to Ca	ndidates/Politic	cal Comm)	\$ 9298.39
The second second second second	line 13c of Detailed Sun			Party Expenditu	ires)	
	les (List detailed ex					
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic				her Candidate
I - Postage	J - Penalties		ce Expenses			g Public Office Expenses on to Legal Expense Fund
O* - Other			•		C 2011411	
* Codes requir	e detailed evnlanat	ion in required re	marks field	k)		

Loan Proceeds		F	Pg.	1 of	<u>2</u>	Amendment Yes No	
Use this form to report	t proceeds from a loan and ment must accompany each	l loan end	torser's inform	nation 5			
	ame (and Fund if application		JUL 1		ID Numb	ber	
RICHARD HOOKER	R FOR SCHOOL BOARD	L	JU				
3. Lender Informatio	n III		Add			Remove	
a. Full Name, Mailing Add	dress & Phone		b. Job Title/Pro	ofession		d. Comments	
(include city, state, & zip							
RICHARD HOOKER						Ctant Data (mm/dd/mmy)	
1520 ARTHUR COU SHELBY, NC 28152		}	c. Employer's	Name/Specific Field	TEST	e. Start Date (mm/dd/yyyy)	
Dilling 1, 110 zoic		1	C. Z. Z.	THE PERSON NAMED IN COLUMN TO THE PE		02/26/2020	
						f. End Date (mm/dd/yyyy)	
		1					
g. Rate	h. Security Pledged	i,	. Account Code	j. Form of Payme	nt	k. Amount	
	In overing a reage				iii.		
0 %			1	CHECK		\$ 6500	
l. Full Name of Lending In	stitution				m. Loan	Number	
4. Endorsers/Makers	(The people who gua	arantee the	loan.)				
a. Full Name, Mailing Add	dress & Phone		b. Job Title/	Profession	c. Emple	Employer's Name/Specific Field	
(include city, state, & zip	<u>p)</u>		d. Percentag	ge	e. Amou	unt	
				%	\$		
a. Full Name, Mailing Add			b. Job Title/	Profession	c. Emplo	oyer's Name/Specific Field	
(include city, state, & zip	<u>,)</u>						
			d. Percentag	je	e. Amou	nt	
				%	\$		
a. Full Name, Mailing Add			b. Job Title/	Profession	c. Emplo	oyer's Name/Specific Field	
(include city, state, & zip))						
			d. Percentag	e	e. Amour	nt	
				%	\$		
a. Full Name, Mailing Add	iress & Phone		b. Job Title/I	Profession	c. Emplo	oyer's Name/Specific Field	
(include city, state, & zip))						
			d. Percentage	e	e. Amour	nt	
				%	\$		
5. Total of ALL C	CRO-1410 Pages e 9 of Detailed Summary Page C	CRO-1100)			\$	11500	

Loan Proceeds		Pg	2 of	2 Yes No
Use this form to report	t proceeds from a loan and loa		_	
	nent must accompany each lo			
	ame (an <mark>d Fund</mark> if applicable) 3	2.	ID Number
RICHARD HOOKER	R FOR SCHOOL BOARD	LIL JUL	. 1 0 2020	
3. Lender Informatio	n	☐ Add		Remove
a. Full Name, Mailing Add	lress & Phone	b. Job Title/P	rofession	d. Comments
(include city, state, & zip		2 2 2		
RICHARD HOOKER				
1520 ARTHUR COU	RT			e. Start Date (mm/dd/yyyy)
SHELBY, NC 28152		c. Employer's	Name/Specific Field	03/30/2020
				f. End Date (mm/dd/yyyy)
				ii Did Date (iiiii da jijiji)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payme	nt k. Amount
0 %		1	CHECK	\$ 5000
		1	CHECK	
l. Full Name of Lending In	stitution			m. Loan Number
4. Endorsers/Makers	(The second subsequents	atas the Issue)		
a. Full Name, Mailing Add		b. Job Title	/Profession	c. Employer's Name/Specific Field
(include city, state, & zip		b. Job Title	Profession	c. Employer's Name/Specific Fleid
(merado esty) states es 22	.,			
		d. Percenta	ge	e. Amount
			%	\$
				Ψ
a. Full Name, Mailing Add		b. Job Title	Profession	c. Employer's Name/Specific Field
(include city, state, & zip))			
		d. Percenta	ge	e. Amount
			0/	d.
			%	\$
a. Full Name, Mailing Add	ress & Phone	b. Job Title	/Profession	c. Employer's Name/Specific Field
(include city, state, & zip	p)			
		d. Percenta	ge	e. Amount
			%	\$
a. Full Name, Mailing Add	ress & Phone	b. Job Title	/Profession	c. Employer's Name/Specific Field
(include city, state, & zip))			
		d. Percentag	ge	e. Amount
			%	\$
5. Total of ALL C	RO-1410 Pages			
	9 of Detailed Summary Page CRO	-1100)		\$ 11500

Amendment



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

•	Name of committee to receive loan: RIC	CHARD HOOKER FOR SCHOOL BOARD
•	Person or committee to make loan:	HARD HOOKER, JR.
•	Date of loan to committee: 02/26/2020	
• N	Name of lending institution and accoun	t number (source):
•	Amount of loan: \$6500	
•	Description (if in-kind loan): N/A	
• N	Names of all parties responsible for pay	ment of loan (guarantors):
•	Period of loan: N/A	
•	Rate of interest of loan: N/A	
•	Security pledged for loan: N/A	
I, _	Person lending money to committee) Ovided is complete, true, and accurate. I fu	_, acknowledge that all of the information
	at has an outstanding balance to any source	
	Efforh. ()	7/10/20
Sig	gnature of Lender	Date Signed
	Harher	7/10/27
•	gnature of Treasurer of Committee 0-6100 Loan Proceeds	Date Signed
VIL	Loun Proceeds	Diatement



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Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of committee to receive loan: RIC	CHARD HOOKER FOR SCHOOL BOARD
Person or committee to make loan: RIC	HARD HOOKER, JR.
• Date of loan to committee: 03/30/2020	
Name of lending institution and account N/A	t number (source):
• Amount of loan: \$5000	
Description (if in-kind loan): N/A	
Names of all parties responsible for pay N/A	ment of loan (guarantors):
Period of loan: N/A	
Rate of interest of loan: N/A	
Security pledged for loan: N/A	
I, Richard Hocker, Tr. (Person lending money to committee)	_, acknowledge that all of the information
provided is complete, true, and accurate. I futhat has an outstanding balance to any source	irther understand I may not forgive a loan
Etterhe .	7/10/20
Signature of Lender	Date Signed
Latterful .	7/10/25
Signature of Treasurer of Committee	Date Signed
CRO-6100 Loan Proceeds	Statement