## 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 Inform	nation							
a. Full Name						c. ID Number		
Citizens To Elect Ro	n Humphries							
	de City, State and Zip Code)					d. Date Filed		
913 Sharon Drive Kings Mountain, NC	28086					2-1	8-2020	
						e. Phone Number	er	
						704-4	472-2764	
2. Report Year	3. Period Start Date (mm/dd	/yy)	4. Period l	End Date	5. Treasurer Ful			
2020	1/1/2020			5-2020	Ronald E. Hump	hries		
6. Type of Committee	e (Check One)	9. Type	e of Report	(check on	ly one type of repor	rt from one categor	עי	
X Candidate Campai	gn Party	Municip	al	State/C		Referendum	22	
□ PAC	□ Referendum		Organizational		Organizational	☐ Organizati	ional	
☐ Independent Expenditure	☐ Joint Fundraiser		Thirty-five day		Quarterly	☐ Pre-refere	ndum	
☐ Legal Expense Fur								
7. Type of Fund  "Booster Fund"	(if applicable, check one)	-	Pre-primary	120	First	☐ Final		
☐ "Booster Fund" ☐ Building Fund			Pre-election	1 10	Second	Supplemen	ntal Final	
		-	Pre-runoff Semi-annual		Third	☐ Annual		
		_	Mid Year		Fourth Semi-annual	☐ Special		
☐ Other:			Year End			10.0		
Suici.			Final		Mid Year	10. Special Re	eport Name	
8. Number of Fundra	gisars this Papart		Special		Year End			
o, ivamper of Fundi	0	-	Special		inal	1 300		
					Special			
11. Account Informa				11. Account I				
a. Financial Institution Fu	ill Name			a. Financial Insti	tution Full Name			
SunTrust Bank b. Purpose	I . A							
Campaign Finance	c. Account Code			b. Purpose	TERM BE	c. Account Cod	е	
Campaign Finance	01							
	d. Period Begin Balance			FEB <b>18</b> 2020		d. Period Begin Balance		
	\$ 88.46			MA L		\$		
CERTIFICATION				ByE				
NC General Statutes a		gled with	prohibited of NC State B	or other non-discourt of Election	closed funds. I furth	her certify that this 2-18-2020	oter 163 of the report is	
EOD OFFICE HOP OF	Printed Name of Signer		Sig	gnature of Appointe	ed Treasurer	Date		
FOR OFFICE USE ON	2/10/1200			Al	1	Delivery Method		
Date Received:	410/1010	I	Employee:	-10/	<u> </u>	□ Normal M		
Date Postmarked:		Ι	Employee:			☐ Registered	Mail	
Date Scanned:		F	Employee:			☐ Electronica	ally Filed s not received	
Date Data Entered	l:	F	Employee:			mandatory		
Please Note: This form can	not be used to amend committee info	ormation suc	sh as the commi	ittee address trass	rar assistant too	matedian of the their C		

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

## **Detailed Summary**

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3 ID Number
Citizens To Elect Ron Humphries	2. 1) pe of Report		3. ID Number
Start of Election Cycle: January 1,	2020	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 88.46	Election Cycle
RECEIPTS		\$ 88.46	\$
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1800.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 203.94	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ DEC	DE INCO
11b) Contributions from Not-for-Profit Organization	ns (CRO-1250)	\$	DE UE
11c) Outside Sources of Income	(CRO-1250)	\$ FI	EB \$1.8 2020
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	BA
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$ 7
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 2003.94	\$
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committee	ees (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)	\$	\$
<b>18)</b> TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 1700.87	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 391.53	\$
<u>ADDITIONAL INFORMATION</u>	<b>.</b>		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	) (CRO-1430)	\$ 2000.00	
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)	\$	\$

Committee Full Name (and Fund if applicable)   Citizens To Elect Ron Humphries			om Individuals			Pg	_1 of		Amendmer  □ Yes	[52] N	
Citizens To Elect Ron Humphries  3. Contributor Information	Use thi	s form to report in	ndividual contributions	over \$5	0 or contributions	under \$	50 if form CR	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OWNE	the Real Property lies and the Person of the	cathorite-incompanies-incompanies score con consequence	
3. Contributor Information	1			able)				2. ID Nu	mber		
A. Full Name, Mailing Address & Phone (include city, state, & zip)											
Consultant   Con							e	1.0			
Sararon Drive   C. Employer's Name/Specific Field   TGS Engineers   C. Employer's Name/Specific Field   TGS Engineers   C. Election Sum to Date   Sararon of Date   Sararon	(inclu	de city, state, & zip)				SIOH		d. Commer	nts		
Kings Mountain, NC 28086 704-472-2764  TGS Engineers  c. Election Sum to Date \$ 1800.00  f. Prior g. Account Code b. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount    01							***************************************				
E. Election Sum to Date \$ 1800.00  E. Prior g. Account Code h. Form of Payment   L. In-Kind Description   J. Date (mm/dd/yyyy)   k. Amount      01   Check   1-22-2020   \$ 1800.00    3. Contributor Information   Add   Remove			086				c Field				
\$ 1800.00  f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount    O1   Check   1-22-2020   \$ 1800.00    S   S     S   S     S   S   S     S   S					103 Eligineers			e. Election Sum to Date			
f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount    O1								\$ 1800.00			
O1 Check   1-22-2020   \$ 1800.00	f. Prior	g. Account Code	h. Form of Payment	i. In-	 Kind Description	i.	Date (mm/dd/vv				
S. Contributor Information		01	Check		•					1900.00	
3. Contributor Information				_		_			-	1800.00	
3. Contributor Information	<u> </u>	<del> </del>				_			\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Committee To Elect David Allen 1405 Merrimont Dr.  Kings Mountain, NC 28086 704-739-3092  E. Employer's Name/Specific Field  E. Employer's Name/Specific Field  C. Employer's Name/Specific Field  FEB 18 2020  E. Election Sum to Date  \$203.94  E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check  Sa. Contributor Information  Add Remove  B. Job Title/Profession  C. Employer's Name/Specific Field									\$		
(include city, state, & zip)  Committee To Elect David Allen 1405 Merrimont Dr.  Kings Mountain, NC 28086 704-739-3092  E. Prior g. Account Code h. Form of Payment   i. In-Kind Description   j. Date (mm/dd/yyyy)   k. Amount    01					1		)		) E O E	00 F2	
1405 Merrimont Dr. Kings Mountain, NC 28086 704-739-3092  C. Employer's Name/Specific Field			s & Phone		b. Job Title/Profess	ion		d. Commen	the GE	UVE	
F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check \$ 203.94  Check \$ \$ 203.94  S. Contributor Information	1405 Me Kings M	errimont Dr. Iountain, NC 2808			c. Employer's Name	e/Specific	Field	e. Election S	J M	2020 L	
Check  Check  S 203.94  Add Remove  B. Job Title/Profession  C. Employer's Name/Specific Field  C. Employer's Name/Specific Field  C. Employer's Name/Specific Field	f. Prior	g. Account Code	h Form of Payment	i In V	God Download	1					
S 203.94  S 3. Contributor Information				I. III-IX	and Description	J. L	Date (mm/dd/yyy	y)			
S. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Employer's Name/Specific Field  e. Election Sum to Date	П		CHOCK	-		-			-	203.94	
3. Contributor Information  Description:  De		-		-					\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession  c. Employer's Name/Specific Field  e. Election Sum to Date									\$		
(include city, state, & zip)  c. Employer's Name/Specific Field  e. Election Sum to Date											
c. Employer's Name/Specific Field  e. Election Sum to Date			& Phone		b. Job Title/Profession	on		d. Comments	S		
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Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	f. Prior	g. Account Code	h Form of Paymont	i In V	ind December	1			1.		
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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Disbursements	D <sub>m</sub>					
Dispursements	rg	 of	-	Amer	dment	
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committees and	coordinated party ex	vnenditures	tee for, operating expenses.	, contributions to c	candidate/political		
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1. Committee Full Name (and Fund if applicable)  Citizens To Elect Ron Humphries  2. ID Number							
3. Type of Disb	The sales are a second or the second of the		CRO-1310 forms for each t	( cf D:-1			
X Operating E			ndidates/Political Committees				
4. Payee Inform			Add	Remove	pordinated Party Expenditures		
	ng Address & Phone		b. Coordinated Committee N		d.Comments   W E		
(include city, state,	& zip)		- Socializate Committee IV	anc	HIE WE I VEN		
					K FFD 10 am		
SunTrust	Bank		c. Level Registered (Specify)		FEB 18 2020		
PO Box 3	05183		□ Federal □	County:			
Nashville	TN 37230-5183		□ State □	Municipality:	Ve. Election Sum to Date		
					ф. 15 00		
					\$ 15.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit	0	1-31-20	\$ 15.00	Maintenance Fee		
			1	\$			
4. Payee Inform	ation		Add □	Remove			
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,	& zip)						
			1				
Westmore	land Printers		c. Level Registered (Specify)				
2020 E D	ixon Blvd #6958		☐ Federal ☐	County:			
Shelby, N	C		□ State □	Municipality:	e. Election Sum to Date		
704-482-9	0100				f 422.24		
					\$ 432.34		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	В	1-30-2020	\$ 432.34	Campaign Cards		
				\$			
4. Payee Inform	ation		Add □	Remove			
	ng Address & Phone		b. Coordinated Committee Na	d. Comments			
(include city, state,	& zip)						
The Pace	Group						
PO Box 1	15		c. Level Registered (Specify)		1		
Kings Mtr	n., NC 28086		☐ Federal ☐	County:	1		
704-419-9	976		□ State □	Municipality:	e. Election Sum to Date		
					\$ 1253.53		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	A & B	1-30-2020	\$ 1253.53	Signs and Website		
	A		χ	\$			
5. Total only this					\$ \700.87		
	CRO-1310 Pages	manu Pana CPO 1100	) if On anoting Fungues as)				
(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)  \$ 1700.87							
5.0	-		) if Coordinated Party Expenditu				
	s (List detailed exp	CHARLES AND RESIDENCE TO SHARE THE PARTY OF			•		
A* - Media	B* - Printing	C* - Fund		D - To Anothe			
E - Salaries	F* - Equipment	G - Politic	al Party	H* - Holding	<b>Public Office Expenses</b>		
I - Postage O* - Other	J - Penalties	K* - Offic	e Expenses	Q* - Donatio	n to Legal Expense Fund		