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 Information
   a. Full Name: Committee to Elect Mitzi M Johnson
   b. Mailing Address (Include City, State and Zip Code):
      137 Gordon Avenue
      Shelby NC 28152
   c. ID Number: 01
   d. Date Filed: 04/21/2017
   e. Phone Number: 704/313/3176

2. Report Year: 2018
   3. Period Start Date (mm/dd/yy): 01/01/2018
   4. Period End Date (mm/dd/yy): 04/21/2018
   5. Treasurer Full Name: Lacey Ingle Ange

6. Type of Committee (Check One)
   - Candidate Campaign
   - PAC
   - Independent Expenditure
   - Legal Expense Fund

7. Type of Fund (If Applicable, Check One)
   - "Booster Fund"
   - Building Fund
   - Other:

8. Number of Fundraisers This Report

9. Type of Report (Check Only One Type of Report from One Category)
   - Municipal
     - Organizational
     - Thirty-five day
   - State/County
     - Organizational
     - Quarterly
   - Referendum
     - Pre-referendum
     - Final
     - Supplemental Final
     - Annual
     - Special

10. Special Report Name

11. Account Information
    a. Financial Institution Full Name: Truliant Federal Credit Union
    b. Purpose: Campaign Fin
    c. Account Code: 01
    d. Period Begin Balance: $1925.03

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.

LACEY INGLE ANGE
Printed Name of Signer

Signature of Appointed Treasurer
Date: 04/25/2018

FOR OFFICE USE ONLY
Date Received: ________________ Employee: ________________
Date Postmarked: ________________ Employee: ________________
Date Scanned: ________________ Employee: ________________
Date Data Entered: ________________ 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, custodian of books information, or account information.

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.

<table>
<thead>
<tr>
<th>Start of Election Cycle: January 1, 2011</th>
<th>Total this Reporting Period</th>
<th>Total this Election Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand at Start</td>
<td>$ 1925.03</td>
<td>$ 1180.55</td>
</tr>
</tbody>
</table>

**RECEIPTS**

<table>
<thead>
<tr>
<th>Description</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregated Contributions from Individuals</td>
<td>$</td>
</tr>
<tr>
<td>Contributions from Individuals</td>
<td>$ 3550.00</td>
</tr>
<tr>
<td>Contributions from Political Party Committees</td>
<td>$</td>
</tr>
<tr>
<td>Contributions from Other Political Committees</td>
<td>$</td>
</tr>
<tr>
<td>Loan Proceeds</td>
<td>$</td>
</tr>
<tr>
<td>Refunds/Reimbursements To the Committee</td>
<td>$</td>
</tr>
<tr>
<td>Other Receipt Sources</td>
<td>$</td>
</tr>
<tr>
<td>Interest on Bank Accounts</td>
<td>$ 3.57</td>
</tr>
<tr>
<td>Contributions from Not-for-Profit Organizations</td>
<td>$</td>
</tr>
<tr>
<td>Outside Sources of Income</td>
<td>$</td>
</tr>
<tr>
<td>Legal Expense Fund – Other Sources</td>
<td>$</td>
</tr>
<tr>
<td>Exempt Purchase Price Sales</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL RECEIPTS**

| Total | $ 3553.57 |

**EXPENDITURES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disbursements</td>
<td>$ 3700.90</td>
</tr>
<tr>
<td>Operating Expenditures</td>
<td>$ 892.00</td>
</tr>
<tr>
<td>Contributions to Candidates/Political Committees</td>
<td>$</td>
</tr>
<tr>
<td>Coordinated Party Expenditures</td>
<td>$</td>
</tr>
<tr>
<td>Aggregated Non-Media Expenditures</td>
<td>$</td>
</tr>
<tr>
<td>Loan Repayments</td>
<td>$</td>
</tr>
<tr>
<td>Refunds/Reimbursements From the Committee</td>
<td>$</td>
</tr>
<tr>
<td>In-Kind Contributions</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTAL EXPENDITURES**

| Total | $ 3700.90 |

**CASH ON HAND**

| Total | $ 1033.22 |

**ADDITIONAL INFORMATION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Monetary Gifts Given to Other Committees</td>
<td>$</td>
</tr>
<tr>
<td>Outstanding Loans (incl. ones from other campaigns)</td>
<td>$</td>
</tr>
<tr>
<td>Debts and Obligations owed By the Committee</td>
<td>$</td>
</tr>
<tr>
<td>Debts and Obligations owed To the Committee</td>
<td>$</td>
</tr>
<tr>
<td>Account Transfers Within the Committee</td>
<td>$</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>$</td>
</tr>
<tr>
<td>Forgiven Loans</td>
<td>$</td>
</tr>
<tr>
<td>48-Hour Notice Reports Sum</td>
<td>$</td>
</tr>
<tr>
<td>Contributions to be Refunded</td>
<td>$</td>
</tr>
</tbody>
</table>
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)
   COMMITTEE TO ELECT MITZI M JOHNSON

2. ID Number
   01

3. Type of Disbursement
   (Please use separate CRO-1310 forms for each type of Disbursement.)
   ✔ Operating Expenses   □ Contributions to Candidates/Political Committees   □ Coordinated Party Expenditures

4. Payee Information
   a. Full Name, Mailing Address & Phone
      (Include city, state, & zip)
      CLEVELAND COUNTY BOE
      215 PATTON DRIVE
      SHELBY NC 28150
      704/484/4858
   b. Coordinated Committee Name
   c. Level Registered (Specify)
      □ Federal  ✔ County:   County:
      □ State    □ Municipality:   □ Municipality:
   d. Comments
   e. Election Sum to Date
      $ 892.00
   f. Account Code  g. Form of Payment  h. Purpose Code  i. Date (mm/dd/yyyy)  j. Amount  k. Required Remarks
      01  CHECK  O  02/26/2018  $892.00  FILING FEE

4. Payee Information
   a. Full Name, Mailing Address & Phone
      (Include city, state, & zip)
   b. Coordinated Committee Name
   c. Level Registered (Specify)
      □ Federal  □ County:   County:
      □ State    □ Municipality:   □ Municipality:
   d. Comments
   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

4. Payee Information
   a. Full Name, Mailing Address & Phone
      (Include city, state, & zip)
   b. Coordinated Committee Name
   c. Level Registered (Specify)
      □ Federal  □ County:   County:
      □ State    □ Municipality:   □ Municipality:
   d. Comments
   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

5. Total only this Page

6. Total of ALL CRO-1310 Pages
   (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)
   (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
   $ 892.00

7. Purpose Codes
   (List detailed expenditure code in (h.) above)
   A* - Media
   B* - Printing
   C* - Fundraising
   D - To Another Candidate
   E - Salaries
   F* - Equipment
   G - Political Party
   H* - Holding Public Office Expenses
   I - Postage
   J - Penalties
   K* - Office Expenses
   Q* - Donation to Legal Expense Fund
   O* - Other

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

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)
Committee To Elect Mitzi M Johnson

2. ID Number
01
ACB66R

3. Type of Receipt Source
☐ Interest
☐ Contributions from Not-for-Profit Organizations
☐ Outside Sources of Income

4. Contributor Information
☐ Add
☐ Remove

<table>
<thead>
<tr>
<th>Account Code</th>
<th>Form of Payment</th>
<th>In-Kind Description</th>
<th>Date (mm/dd/yyyy)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DRAFT</td>
<td></td>
<td>01/01/2018</td>
<td>$ 08</td>
</tr>
<tr>
<td>1</td>
<td>DRAFT</td>
<td></td>
<td>02/01/2018</td>
<td>$ .07</td>
</tr>
<tr>
<td>1</td>
<td>DRAFT</td>
<td></td>
<td>03/01/2018</td>
<td>$ .04</td>
</tr>
</tbody>
</table>

5. Total only this Page

6. Total of ALL CRO-1250 Pages
   (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)
   (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)
   (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

   $ .19

CRO-1250
NC State Board of Elections
December 2007