Disclosure Rep	ort Cover				Amendment  Yes No			
Use this form for gene	eral report and committee i	nformation, must be	signed and sub	ı mitted along with o	other detailed forms.			
Do not use this form t								
1. Committee Inform	nation			<b>经济资金</b>				
a. Full Name	1. D. H. Cl. 1 0.0				c. ID Number			
Elect Michelle Creec				KINS 1011 CO	4GHWP1			
	de City, State and Zip Code)	1.	/	7	d. Date Filed			
702 S. Crescent Drive Smithfield, NC 2757				JUL 2 7 2017	07/27/2017			
		×*	`	les .	e. Phone Number			
				or Election	919-524-9631			
2. Report Year 3. Period Start Date (mm/dd/yy)		dd/yy) 4. Period l (mm/dd/yy)	4. Period End Date 5 Tressurer E		A STATE OF THE PARTY OF STATE OF STATE OF THE PARTY OF TH			
2017	01/01/2017	06/3	06/30/2017 Karen M. Grubb		ıs			
6. Type of Committe	e (Check One)	9. Type of Report	(check on	ly one type of repor	rt from one category)			
Candidate Campai	gn Party	Municipal	State/C		Referendum			
PAC	Referendum	Organizational	1 🔲	Organizational	Organizational			
Independent Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final			
"Booster Fund"		Pre-election	١Ħ	Second	Supplemental Final			
Building Fund		Pre-runoff		Third	Annual			
		Semi-annual		Fourth	Special Special			
_		Mid Year	r	Semi-annual				
Other:		Year End	ı   🛛	Mid Year	10. Special Report Name			
		Final		Year End				
8. Number of Fundra	aisers this Report	Special		Final				
	0			Special				
11. Account Informa			11. Account					
First Citizens Bank	III Name		a. Financial Ins	titution Full Name				
b. Purpose	c. Account Code		b. Purpose	NESSEE STATE OF THE SECOND STATE OF THE SECOND SECO	a Assessment Code			
campaign	C. Account Code		b. I ui pose		c. Account Code			
expenses	d Besied Basis Balance							
	d. Period Begin Balanc	3			d. Period Begin Balance			
	\$ 296.72				\$			
CERTIFICATION								
the NC General Status	tes and that no funds are co	ommingled with proh	ibited or other	non-disclosed funds Elections	3, & 22D-22M of Chapter 163 of s. I further certify that this report			
	Printed Name of Signer	s	ignature of Appoir		Date			
FOR OFFICE USE OF Date Received:	7/20/12	D1	R	n A	Delivery Method			
Date Postmarked	. 11 0 1111	Employee:	12/1		Normal Mail Registered Mail			
Date Scanned:					Hand Delivered Electronically Filed			
		Employee:		Signer has not reco				
Date Data Entere	U.	Employee:						

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

CRO-1000 NC State Board of Elections August 2008

Amendment  $\boxtimes$ No

**Detailed Summary**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	OI IIIutiOII.	3. ID Number			
	ear End Semi An					
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start	\$ 296.72	\$ 238.14				
RECEIPTS	8.5					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 300.00			
6) Contributions from Individuals	(CRO-1210)	\$	\$			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$			
9) Loan Proceeds	(CRO-1410)	\$	\$			
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$			
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.01	\$ 0.07			
11b) Contributions from Not-for-Profit Organization	s <i>(CRO-1250)</i>	\$	\$			
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 12.00			
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,	lld and lle)	\$ 0.01	\$ 312.07			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	\$ 253.48			
13b) Contributions to Candidates/Political Committe	es (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, 15,	16 and 17)	\$	\$ 253.48			
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	···	\$ 296.73	\$ 296.73			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaigns	) (CRO-1430)	\$ 7000.00				
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)	\$	\$			
•	(CRO-1440)	\$	\$			
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$			
28) Contributions to be Refunded	(CRO-1215)	\$	\$			

## Other Receipt Sources Pg 1 of 1 Yes No

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)  2. ID Number								
Elect Michelle (	4GHWP1							
3. Type of Rece	ipt Source	(Please use separate CRO-1	THE RESERVE OF THE PARTY OF THE					
Contract of the Contract of th	☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income							
4. Contributor		Add Add	☐ Remo					
	ng Address & Phone		b. Not-for-Profit Federal ID	# d. Comments				
(include city, stat								
First Citizens B								
PO Box 27131	(11.7121		c. Outside Source Explanati	on				
Raleigh, NC 27	011-/131							
11				e. Election Sum to Date				
				\$ 12.05				
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/y)	yyy) j. Amount				
1	EFT		04/09/2017	\$ 0.01				
			04/09/2017	\$ 0.01				
		ş.		\$				
4. Contributor	Information	Add	Remo	nve				
	ng Address & Phone		b. Not-for-Profit Federal ID					
(include city, stat			Diriot for Front Federal ID	u, Comments				
k	***************************************							
			c. Outside Source Explanati	on				
				e. Election Sum to Date				
				\$				
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/y					
i. Account Code	g. Form of Fayment	n. m-Kina Description	i. Date (mm/du/y)	yyy) j. Amount				
				\$ 0				
/				\$				
4. Contributor	ove							
4. Contributor Information Add  a. Full Name, Mailing Address & Phone b. Not-for-F				# d. Comments				
(include city, stat	te, & zip)							
•								
			c. Outside Source Explanati	ion				
				e. Election Sum to Date				
				\$				
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/y	yyy) j. Amount				
				\$				
				*				
				\$				
5. Total only	\$ 0.01							
6. Total of ALL CRO-1250 Pages								
RESERVED TO THE RESERVED TO THE		ary Page CRO-1100 if Interest)		<b>6</b> 00:				
		ary Page CRO-1100 if Not-for-Profit C	ontribution)	\$ 0.01				
		ary Page CRO-1/100 if Outside Sources						

## Ou

					Amer	ıdment		
itstanding Loans	Pg	1	of	1		Yes	$\boxtimes$	No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)					2. ID Number		
Michelle Creech Ball				20.0	4GHWP1		
3. Lender Informatio	n 🔲	Add		Remove			
a. Full Name, Mailing Add	b. Job 7	Title/Profession		d. Comments			
(include city, state, & zij	Clerk	of Court					
Michelle Creech Ball 702 S. Crescent Drive				e. Start Date (mm/dd/yyyy)			
Smithfield, NC 27577	c. Empl	oyer's Name/Spe	cific Field				
		Johns	ton County		11/24/2013		
					f. End Date (mm/dd/yyyy)		
					upon pmt		
g. Rate	A COLUMN	i. Original Lo	an Amount	j. Remaining Loan Balance			
0 %		\$ 8000		\$ 7000			
k. Full Name of Lending I	nstitution	Medical E			I. Loan Number		
3. Lender Informatio	n	Add	To the self a con-	Remove			
a. Full Name, Mailing Add		200	Fitle/Profession		d. Comments		
(include city, state, & zi	p)		N.				
					a Stort Data (mm/dd/mmm)		
		c. Empl	loyer's Name/Spe	ecific Field	e. Start Date (mm/dd/yyyy)		
			•				
					f. End Date (mm/dd/yyyy)		
g. Rate h. Security Pledged			i. Original Lo	an Amount	j. Remaining Loan Balance		
%			\$		\$		
k. Full Name of Lending I				l. Loan Number			
3. Lender Information	n	Add		Remove			
a. Full Name, Mailing Address & Phone			Fitle/Profession	Remove	d. Comments		
(include city, state, & zi							
					S. D. C.		
			loyer's Name/Spe	ecific Field	e. Start Date (mm/dd/yyyy)		
			,				
					f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original Lo	oan Amount	j. Remaining Loan Balance		
%	%		\$		\$		
k. Full Name of Lending I	nstitution	18.5% T. C. S.			l. Loan Number		
4. Total only this Page					\$ 7000		
5. Total of ALL CRO-1430 Pages							
(This line must be on line 21 of Detailed Summary Page CRO-1100)					\$ 7000		