Disclosure Re	nort Cover			19	Amendment	
	neral report and committee i	information, must be	signed and sub	ا mitted along with ot	☐ Yes ☒ No her detailed forms.	
Do not use this form	to update information					
1. Committee Infor	mation					
a. Full Name	c. ID Number					
Elect Michelle Cree	ch Ball Clerk of Court				4GHWP1	
b. Mailing Address (incl 702 S. Crescent Dri	lude City, State and Zip Code)				d. Date Filed	
Smithfield, NC 275	· -				07/26/2019	
					e. Phone Number	
				5	919-524-9631	
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name	
2019	01/01/2019	06/3	30/2019	Karen M. Grubbs		
6. Type of Commit	tee (Check One)	9. Type of Report	t (check on	ly one type of report	from one category)	
Candidate Camp	aign Party	Municipal	State/C		Referendum	
☐ PAC	Referendum	Organizationa	1 🔲 (	Organizational	Organizational	
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five da	у	Quarterly	Pre-referendum	
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final	
"Booster Fund"	10 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Pre-election		Second	Supplemental Final	
Building Fund		Pre-runoff		Third	Annual	
		Semi-annual		Fourth	Special	
		Mid Yea	·   ·	Semi-annual		
Other:		Year En	d 🛛	Mid Year	10. Special Report Name	
ON L CE	1 D	Final		Year End		
8. Number of Fund		☐ Special		Final Special		
11. Account Inform	nation		11. Account I	·		
a. Financial Institution	Full Name			itution Full Name		
First Citizens Bank						
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
campaign expenses	1		/50	Co.		
expenses	d. Period Begin Balanc	e	JUL 2 6 2019 X		d. Period Begin Balance	
	\$ 183.40				\$	
CERTIFICATION			0		Medical Control of the Control of	
I certify that the Cor	nmittee or Fund is in compl	iance with all applic	able provisions	of Article 22A, 22B	, & 22D-22M of Chapter 163 of	
the NC General Stat	utes and that no funds are co	ommingled with pro-	hibited or other:	non-disclosed fands	I further certify that this report	
is complete, true and	d correct and that I have been	n trained by the NC	State Board of I	Elections.		
Karen M. C	<del></del>		1	1 Lex	07/26/2019	
FOR OFFICE VOP	Printed Name of Signer		Signature of Appoin	ted Treasurer	Date	
FOR OFFICE USE O	M-M-101		1	ID	Dallara Mada d	
Date Received:	<u>1-20-19</u>	Employee:	7		Delivery Method Normal Mail	
Date Postmarke	ed:	Employee:			Registered Mail Hand Delivered	
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received	
Date Data Enter	red:	Employee:			mandatory training	
Please Note: Th	is form cannot be used to an	nend committee info	rmation such as	the committee addr	ess treasurer assistant treasurer	

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

CRO-1000 NC State Board of Elections August 2008

custodian of books information, or account information.

Amendment  $\boxtimes$ Yes 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		3. ID Number	
Elect Michelle Creech Ball Clerk of Court	Mid Year Semi An	inual	4GHWP1	
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 183.40	\$ 183.40	
RECEIPTS		STATE THE REAL PROPERTY.		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
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	\$ 0.01	
11b) Contributions from Not-for-Profit Organizati	ons <i>(CRO-1250)</i>	\$	\$	
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, 11	lc, 11d and 11e)	\$ 0.01	\$ 0.01	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$	
13b) Contributions to Candidates/Political Commi	ttees (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	15, 16 and 17)	\$ 0.00	\$ 0.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$ 183.41	\$ 183.41	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaig	(ns) (CRO-1430)	\$ 7000.00		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	A STATE OF THE STA	
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-2200)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	
20) Contributions to be Refunded	(CKU-1215)	<b>D</b>	Φ	

## Other Receipt Sources Pg 1 of 1 Yes

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

1. Committee F	ID Number				
Elect Michelle (	4GHWP1				
3. Type of Rece	ipt Source	(Please use separate CRO-1	250 forms	for each type of R	eceipt Source.)
Interest		Contributions from Not-for	-Profit Organ	izations	Outside Sources of Income
4. Contributor	Information	Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Not-fo	r-Profit Federal ID#	d. Comments
(include city, stat	te, & zip)				
First Citizens B	ank				
PO Box 27131			c. Outsid	e Source Explanation	
Raleigh, NC 27	611-7131				
					e. Election Sum to Date
					\$ 0.01
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy	) j. Amount
1	EFT		92	06/11/2010	Ø 0.01
				06/11/2019	\$ 0.01
					\$
4. Contributor	Information	Add	E \$200 TO	☐ Remove	
a. Full Name, Maili	ng Address & Phone		b. Not-fo	r-Profit Federal ID#	d. Comments
(include city, stat	te, & zip)				
•					
			c. Outsid	e Source Explanation	
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	No. in Contract of the	i. Date (mm/dd/yyyy	) j. Amount
	g. z o z sz. sz, sz. sz.				
					\$
					\$
4. Contributor	Information	Add		Remove	
a. Full Name, Maili	ing Address & Phone		b. Not-fo	r-Profit Federal ID#	d. Comments
(include city, sta	te, & zip)				
`			0.41		
			c. Outsid	e Source Explanation	
			1		e. Election Sum to Date
					\$
£ 1	n cn	I I W I D			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	j. Amount
					\$
2					\$
5. Total only	\$ 0.01				
6. Total of A	LL CRO-1250 Pa	ges			
(This line goes in	line 11a of Detailed Summ	ary Page CRO-1100 if Interest) ary Page CRO-1100 if Not-for-Profit C	Contribution)		\$ 0.01
		ary Page CRO-1100 if Outside Sources			

 $\boxtimes$ 

No

## **Outstanding Loans**

				Amendment				
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						1894	4GHWP1
3. Lender Informatio	n	Ad	ld			Remove	
a. Full Name, Mailing Add		_	itle/Profession			d. Comments	
(include city, state, & zip	p)		Clerk	of Court			
Michelle Creech Ball 702 S. Crescent Drive							Stant Date (com/11/com)
Smithfield, NC 27577			c. Employer's Name/Specific Field			e. Start Date (mm/dd/yyyy)	
·			Johnston County			11/24/2013	
							f. End Date (mm/dd/yyyy)
							upon pmt
g. Rate	h. Security Pledged			i. Original Loan Amount			j. Remaining Loan Balance
0 %	0 % n/a			\$ 8000			\$ 7000
k. Full Name of Lending I	nstitution						l. Loan Number
3. Lender Informatio		□ Ac	14			Remove	
a. Full Name, Mailing Add		AC		itle/Profession		кешоче	d. Comments
(include city, state, & zi			5,000 1	110/110/00/01			u. comments
				1 27 10		***	e. Start Date (mm/dd/yyyy)
			c. Empl	oyer's Name/Sp	pecific	Field	
							f. End Date (mm/dd/yyyy)
D.A.	1 . G	Control of the control		1,011,11			
g. Rate	h. Security Pledged		i. Original Loan Amount		Amount	j. Remaining Loan Balance	
%			\$				\$
k. Full Name of Lending I	nstitution				DATE:		l. Loan Number
3. Lender Information	n		14			Remove	
a. Full Name, Mailing Add			lu			d.	d. Comments
(include city, state, & zi							
Footbook					nooifi.	Field	e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field			rieiu		
							f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged			i. Original I	Loan A	Amount	j. Remaining Loan Balance
%			\$			\$	
k. Full Name of Lending Institution					l. Loan Number		
						TO AND A THAIRD OF	
4. Total only this Page 5. Total of ALL CRO-1430 Pages					\$ 7000		
5. 10tal of ALL CKO-1450 Pages  (This line must be on line 21 of Detailed Summary Page CRO-1/100)					\$ 7000		