	Amendment		
Disclosure Report Cover	Yes	$\boxtimes$	N
	. —	_	

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 c. ID Number Elect Michelle Creech Ball Clerk of Court 4GHWP1 b. Mailing Address (include City, State and Zip Code) d. Date Filed APR 3 0 2018 702 S. Crescent Drive 04/30/2018 Smithfield, NC 27577 e. Phone Number 919-524-9631 4. Period End Date 2. Report Year 3. Period Start Date (mm/dd/yy) 5. Treasurer Full Name (mm/dd/yy) Karen M. Grubbs 2018 01/01/2018 04/21/2018 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Municipal Party State/County Referendum PAC Referendum Organizational Organizational Organizational Independent Joint Fundraiser Thirty-five day Quarterly Pre-referendum Expenditure Legal Expense Fund 7. Type of Fund (if applicable, check one) Pre-primary First Final "Booster Fund" Pre-election Second Supplemental Final **Building Fund** Pre-runoff Third Annual Semi-annual Fourth Special Mid Year Semi-annual Other: Year End Mid Year 10. Special Report Name Final Year End 8. Number of Fundraisers this Report Final Special Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name First Citizens Bank b. Purpose c. Account Code b. Purpose c. Account Code campaign 1 expenses d. Period Begin Balance d. Period Begin Balance 296.75 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 of other non-disclosing 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. Karen M. Grubbs Printed Name of Signer Signature of Appointed Treasure FOR OFFICE USE ONLY 4/30/18 Delivery Method Employee: Date Received: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received mandatory training Date Data Entered: Employee: 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.

	Amendment			
Detailed Summary		Yes	$\boxtimes$	No
Use this form to summarize all disclosure reporting forms and to total monetary information.				

1. Committee Full Name (and Fund if applicable)	3. ID Number			
Elect Michelle Creech Ball Clerk of Court	First Quarter Plus		4GHWP1	
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 296.75	\$ 238.14	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 300.00	
6) Contributions from Individuals	(CRO-1210)	\$ 200.00	\$ 200.00	
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	\$ 0.10	
11b) Contributions from Not-for-Profit Organizati	ons (CRO-1250)	\$	\$	
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, 11	c, 11d and 11e)	\$ 200.01	\$ 512.10	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$ 253.48	
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	5, 16 and 17)	\$	\$ 253.48	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 496.76	\$ 496.76	
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)	\$		
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)	\$	\$	
CRO_1100 NC State Board of Ele		¥	ų.	

		m Individuals  vidual contributions o	£50	l on contri	Pg	1 of		Yes	No No
		(and Fund if applical		or contri	ioutions unde	r \$50 ii iorm Cr	2. ID Nun		
Elect Michelle Creech Ball Clerk of Court						2. ID Man	4GHWP1		
								4GHWP1	
	butor Informatio	District the second sec		Add	Rem	ove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession inspector			d. Comment	is	
Russell R				nispect	101				
	ods Crossroads Ro	oad			yer's Name/Spe	cific Field			- 1
Benson, N	IC 27504			Johnsto	on County				
							e. Election S	oum to Date	
							\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descri	iption	j. Date (mm/dd/y	ууу)	k. Amount	
	1	check				03/02/	2018	\$	200
								\$	
				(8)				\$	
3. Contri	butor Informatio	o <b>n</b>		Add	Rem	ove			FEBRUARY
a. Full Nam	ne, Mailing Address	& Phone		b. Job T	itle/Profession		d. Commen	ts	
(include	city, state, & zip)			-					
				c. Emple	yer's Name/Spe	ecific Field			
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							e. Election S	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	iption	j. Date (mm/dd/y	ууу)	k. Amount	
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3. Contri	ibutor Informatio	on		Add	Rem	nove			
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(include	city, state, & zip)			4					
				c. Emple	oyer's Name/Spe	ecific Field			
				-					743
							e. Election	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	iption	j. Date (mm/dd/	ууу)	k. Amount	
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								\$	
								\$	
	l only this Pag				Margarit.		\$		200
5. Tota	l of ALL CRO	)-1210 Pages					\$		200

**Contributions from Individuals** 

Amendment

## **Other Receipt Sources**

Pg <u>1</u> of

Amendment Yes

No

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

1. Committee F	D Number							
Elect Michelle (	4GHWP1							
3. Type of Rece	ceipt Source.)							
		Contributions from Not-for	Outside Sources of Income					
4. Contributor	Information	☐ Add						
	ng Address & Phone		b. Not-for-Profit Federal ID #					
(include city, stat			4		100			
First Citizens B PO Box 27131	ank	_						
	30x 27131 c. Outside Source Explanation igh, NC 27611-7131							
Raicigii, 14C 27	011-7151				e. Election Sum to Date			
					\$ 12.09			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount			
1	EFT			04/10/2018	\$ 0.01			
					\$			
4. Contributor	Information	Add		Remove				
a. Fuil Name, Maili	ing Address & Phone		b. Not-fo	or-Profit Federal ID#	d. Comments			
(include city, stat	te, & zip)							
•								
			c. Outsid	le Source Explanation				
					TI 4 6 1 D			
					e. Election Sum to Date			
					\$			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount			
					\$			
					\$			
4. Contributor	Information	☐ Add		Remove				
a. Full Name, Mail	ing Address & Phone		b. Not-fo	or-Profit Federal ID#	d. Comments			
(include city, sta	te, & zip)		/3					
			0.11	1.0				
			c. Outsic	de Source Explanation				
					e. Election Sum to Date			
					\$			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount			
					\$			
					\$			
5. Total only	this Page				\$ 0.01			
	LL CRO-1250 Pa	TAS			<b>4</b> 0.01			
(This line goes in (This line goes in	line 11a of Detailed Summ line 11b of Detailed Summ	ges ary Page CRO-1/100 if Interest) ary Page CRO-1100 if Not-for-Profit G ary Page CRO-1100 if Outside Sources			\$ 0.01			

				Amend	ment		
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							4GHWP1	
3. Lender Information	The second secon		Ad	The second second			Remove	
a. Full Name, Mailing Add					d. Comments			
Michelle Creech Ball	(include city, state, & zip)  Clerk of Court							
702 S. Crescent Drive						o Start Date (mar/13/		
Smithfield, NC 27577		e. Emple	yer's Name/S	necific	Field	e. Start Date (mm/dd/yyyy)		
, 1.0 2,0,1					on County	peeme	ricia	11/24/2013
					on 00000,			f. End Date (mm/dd/yyyy)
								upon pmt
g. Rate	h. Security Pledg	ed			i. Original I	Loan A	Amount	j. Remaining Loan Balance
0 %	n/a				\$ 8000			\$ 7000
k. Full Name of Lending In	stitution	Mark Control						l. Loan Number
3. Lender Informatio			Ad				Remove	
a. Full Name, Mailing Add (include city, state, & zip				b. Job T	itle/Profession	1		d. Comments
(menute city, state, & zij	<i>'</i> )			1				
								e. Start Date (mm/dd/yyyy)
				c. Emple	yer's Name/S	pecific	Field	c. Start Date (innedwyyyy)
					7,1	Potenti		
								f. End Date (mm/dd/yyyy)
W	S				T			
g. Rate	h. Security Pledg	ed			i. Original l	Loan A	Amount	j. Remaining Loan Balance
%				\$				\$
k. Full Name of Lending In	estitution							I. Loan Number
W								
0 7 1 7 6 4	-876/2020/04/2019			11				
3. Lender Informatio			Ac	T			Remove	
a. Full Name, Mailing Add				b. Job T	itle/Profession	1		d. Comments
(include city, state, & zi	7)			1				
								e. Start Date (mm/dd/yyyy)
				c. Emple	oyer's Name/S	pecifi	c Field	c. Start Date (Immudayyyy)
					,	<b>F</b> ormation		
								f. End Date (mm/dd/yyyy)
	10				1			
g. Rate	. Rate h. Security Pledged i. Original Loan Amount				j. Remaining Loan Balance			
%   \$					\$			
k. Full Name of Lending Institution						l. Loan Number		
4 T-4-1 1 -41-1- D-						AL STATE OF		5 7000
4. Total only this Pag 5. Total of ALL CRO								\$ 7000
(This line must be on line		www.ami Daa	. CD	O 1100)				\$ 7000
(1 mis time must be on time	z 21 vj Detuneu Bui	muny i ugo	CAL	U-1100)				