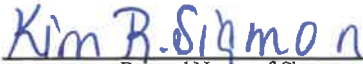
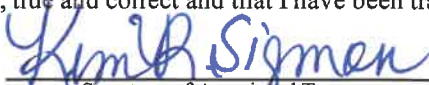
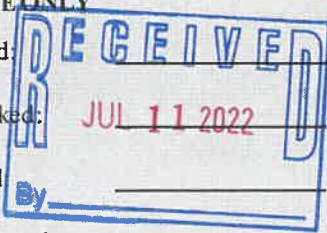


# Disclosure Report Cover

Amendment  
 Yes  No

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.

| <b>1. Committee Information</b>   |   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|---|---|--|---|--------------------|-----------|--------------|------------|---|---|---|--|------------------------------------|---|--------------------------------------|--------------------------------|--------------------------------|---------------------------------------|--|---|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|--|--------------------------------|-----------------------------------|--|----------------------------------|--------------------------------|--|--|----------------------------------|--|
| <b>a. Full Name</b>   |   |  | <b>c. ID Number</b>   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| KIM SIGMON FOR CLERK OF SUPERIOR COURT  |   |  | CAT-000000-C-001  |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>b. Mailing Address (include City, State and Zip Code)</b>  |   |  | <b>d. Date Filed</b>  |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 120 10TH AVE SE<br>CONOVER, NC 28613  |   |  | 07/11/2022  |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  | <b>e. Phone Number</b>  |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>2. Report Year</b>   | <b>3. Period Start Date (mm/dd/yy)</b>  | <b>4. Period End Date (mm/dd/yy)</b>   | <b>5. Treasurer Full Name</b>                                       |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2022  | 05/01/2022  | 06/30/2022   | KIM SIGMON  |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>6. Type of Committee (Check One)</b>   |   | <b>9. Type of Report (check only one type of report from one category)</b>   |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #e0e0e0;">Municipal</th> <th style="background-color: #e0e0e0;">State/County</th> <th style="background-color: #e0e0e0;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input checked="" type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |   |                    | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input checked="" type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |  | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |  | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |  | <input type="checkbox"/> Special | <input type="checkbox"/> Final |  |  | <input type="checkbox"/> Special |  |
| Municipal   | State/County  | Referendum   |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day  | <input type="checkbox"/> Quarterly  | <input type="checkbox"/> Pre-referendum  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary  | <input type="checkbox"/> First  | <input type="checkbox"/> Final   |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-election   | <input checked="" type="checkbox"/> Second  | <input type="checkbox"/> Supplemental Final  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff   | <input type="checkbox"/> Third  | <input type="checkbox"/> Annual  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Fourth   | <input type="checkbox"/> Special   |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Mid Year   | <input type="checkbox"/> Semi-annual  |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Year End   | <input type="checkbox"/> Mid Year   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Final  | <input type="checkbox"/> Year End   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Special  | <input type="checkbox"/> Final  |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | <input type="checkbox"/> Special  |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>7. Type of Fund (if applicable, check one)</b>   |   | <b>10. Special Report Name</b>   |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><br><input type="checkbox"/> Other:   |   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>8. Number of Fundraisers this Report</b>   |   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 0   |   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>3. Account Information</b>   |   | <b>3. Account Information</b>  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>a. Financial Institution Full Name</b>   |   | <b>a. Financial Institution Full Name</b>  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| TRUIST ACCT F/K/A BB&T ACCT-A   |   | TRUIST VISA F/K/A BB&T   |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>b. Purpose</b>   | <b>c. Account Code</b>  | <b>b. Purpose</b>  | <b>c. Account Code</b>  |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| MAINTAIN CAMPAIGN CONTRIBUTIONS AND EXPENDITURES  | A   | CAMPAIGN EXPENSE   | B   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | <b>d. Period Begin Balance</b>  |  | <b>d. Period Begin Balance</b>                                      |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | \$ 2,285.93   |  | \$  |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>CERTIFICATION</b>  |   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 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 |   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <br>Printed Name of Signer   |   | <br>Signature of Appointed Treasurer   |   | 07/11/2022<br>Date |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>FOR OFFICE USE ONLY</b>  |   |  |   |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received:  |  | Employee:  | <b>Delivery Method</b>  |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked:  |   | Employee:  | <input type="checkbox"/> Normal Mail                                |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned:   |   | Employee:  | <input type="checkbox"/> Registered Mail                            |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered:  |   | Employee:  | <input type="checkbox"/> Hand Delivered                             |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  | <input type="checkbox"/> Electronically Filed                       |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |  | <input type="checkbox"/> Signer has not received mandatory training |                    |           |              |            |   |   |   |  |                                    |   |                                      |                                |                                |                                       |  |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>Please Note:</b> 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                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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                |                           |
|--|---------------------|-----------------------------|---------------------------|
| KIM SIGMON FOR CLERK OF SUPERIOR COURT                                       | 2022 Second Quarter | CAT-000000-C-001            |                           |
| Start of Election Cycle: January 1, <u>2019</u>                              |                     | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                     | \$ 2,285.93                 | \$ 1,325.84               |
| <b>RECEIPTS</b>  |                     |                             |                           |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)          | \$ 0.00                     | \$ 100.00                 |
| 6) Contributions from Individuals  | (CRO-1210)          | \$ 2,350.80                 | \$ 3,908.80               |
| 7) Contributions from Political Party Committees                             | (CRO-1220)          | \$ 0.00                     | \$ 0.00                   |
| 8) Contributions from Other Political Committees                             | (CRO-1230)          | \$ 0.00                     | \$ 0.00                   |
| 9) Loan Proceeds   | (CRO-1410)          | \$ 12,000.00                | \$ 22,000.00              |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240)          | \$ 0.00                     | \$ 0.00                   |
| 11) Other Receipt Sources  |                     |                             |                           |
| 11a) Interest on Bank Accounts   | (CRO-1250)          | \$ 0.00                     | \$ 0.00                   |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250)          | \$ 0.00                     | \$ 0.00                   |
| 11c) Outside Sources of Income   | (CRO-1250)          | \$ 0.00                     | \$ 0.00                   |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270)          | \$ 0.00                     | \$ 0.00                   |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)          | \$ 0.00                     | \$ 0.00                   |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |                     | \$ 14,350.80                | \$ 26,008.80              |
| <b>EXPENDITURES</b>  |                     |                             |                           |
| 13) Disbursements  |                     |                             |                           |
| 13a) Operating Expenditures  | (CRO-1310)          | \$ 5,947.57                 | \$ 15,437.48              |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)          | \$ 0.00                     | \$ 0.00                   |
| 13c) Coordinated Party Expenditures  | (CRO-1310)          | \$ 0.00                     | \$ 0.00                   |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)          | \$ 0.00                     | \$ 0.00                   |
| 15) Loan Repayments  | (CRO-1420)          | \$ 0.00                     | \$ 0.00                   |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320)          | \$ 0.00                     | \$ 0.00                   |
| 17) In-Kind Contributions  | (CRO-1510)          | \$ 1,750.80                 | \$ 2,958.80               |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                     | \$ 7,698.37                 | \$ 18,396.28              |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                     | \$ 8,938.36                 | \$ 8,938.36               |
| <b>ADDITIONAL INFORMATION</b>  |                     |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330)          | \$ 0.00                     |                           |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430)          | \$ 29,750.00                |                           |
| 22) Debts and Obligations owed by the Committee                              | (CRO-1610)          | \$ 14,067.50                |                           |
| 23) Debts and Obligations owed to the Committee                              | (CRO-1620)          | \$ 0.00                     |                           |
| 24) Account Transfers Within the Committee                                   | (CRO-1720)          | \$ 0.00                     |                           |
| 25) Administrative Support   | (CRO-1710)          | \$ 0.00                     | \$ 0.00                   |
| 26) Forgiven Loans   | (CRO-1440)          | \$ 0.00                     | \$ 0.00                   |
| 27) 48-Hour Notice Reports Sum   | (CRO-2220)          | \$ 0.00                     | \$ 0.00                   |
| 28) Contributions to be Refunded   | (CRO-1215)          | \$ 0.00                     | \$ 0.00                   |