Disclosure Rep	ort Cover				Amendment Yes No
Use this form for gene	eral report and committee i	nformation, must be	signed and sub	mitted along with o	other detailed forms.
Do not use this form t	to update information				
1. Committee Inform	nation				
a. Full Name					c. ID Number
Elect Michelle Creec	h Ball Clerk of Court				4GHWP1
	de City, State and Zip Code)				d. Date Filed
702 S. Crescent Driv Smithfield, NC 2757					10/29/2018
					e. Phone Number
					919-524-9631
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	
2018	07/01/2018	10/2	20/2018	Karen M. Grubb	S
6. Type of Committee	ee (Check One)	9. Type of Report	(check on	ly one type of repo	rt from one category)
Candidate Campai	ign Party	Municipal	State/C		Referendum
PAC	Referendum	Organizationa	1 🗆	Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five da	y	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	\boxtimes	Third	Annual
11		Semi-annual		Fourth	Special
		Mid Yea	r	Semi-annual	
Other:		Year End	d 📙	Mid Year	10. Special Report Name
		Final	ᅵ닏	Year End	
8. Number of Funda	aisers this Report	Special		Final	
	0			Special	
11. Account Inform			11. Account		
a. Financial Institution F	ull Name		a. Financial Ins	titution Full Name	1 10000
First Citizens Bank b. Purpose	c. Account Code		b. Purpose		c. Account Code
campaign	c. Account code		b. I ui pose	2018 GEORGE	t. Actualit Code
expenses	1				
	d. Period Begin Balanc	e		OC1 5 8 5018	d. Period Begin Balance
	\$ 493.77	70. NO. 30. NO. NO. NO. NO. NO. NO. NO. NO. NO. NO		061 13	\$
CERTIFICATION			1	0 - 100	
the NC General Statu is complete, true and	ites and that no funds are c correct and that I have bee	ommingled with pro	hibited of other	non-disclesed fund	B, & 22D-22M of Chapter 163 of ds. I further certify that this report
Karen M. G			\sim \sim	~ MA	_ 10/29/2018
	Printed Name of Signer		Signature of Appoir	nted Treasurer	Date
FOR OFFICE USE O	10-29-18			M	Delivery Method
Date Received:	10-27-10	Employee:	41		Normal Mail
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Enter	ed:	Employee:	<u> </u>		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.

Amendment \boxtimes

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

2. Type of Report		3. ID Number 4GHWP1		
Elect Michelle Creech Ball Clerk of Court Third Quarter Plus				
2015	Total this Reporting Period	Total this Election Cycle		
	\$ 493.77	\$ 238.14		
	All all the March			
		\$ 300.00		
(CRO-1210)		\$ 200.00		
(CRO-1220)	\$	\$		
(CRO-1230)	\$	\$		
(CRO-1410)	\$	\$		
(CRO-1240)	\$	\$		
	\$ 0.01	\$ 0.12		
ons <i>(CRO-1250)</i>	\$	\$		
(CRO-1250)	\$	\$ 12.00		
(CRO-1270)	\$	\$		
(CRO-1265)	\$	\$		
c, 11d and 11e)	\$ 0.01	\$ 512.12		
(CRO-1310)	\$ 307.39	\$ 563.87		
ttees (CRO-1310)	\$	\$		
(CRO-1310)	\$	\$		
(CRO-1315)	\$	\$		
(CRO-1420)	\$	\$		
(CRO-1320)	\$	\$		
(CRO-1510)	\$	\$		
5, 16 and 17)	\$ 307.39	\$ 563.87		
otract line 18)	\$ 186.39	\$ 186.39		
(CRO-1330)	\$			
ns) <i>(CRO-1430)</i>	\$ 7000.00			
(CRO-1610)	\$			
(CRO-1620)	\$			
(CRO-1720)	\$			
(CRO-1710)		\$		
		\$		
(CRO-2200)	\$	\$		
	2. Type of Report Third Quarter Plus 2015 (CRO-1205) (CRO-1210) (CRO-1220) (CRO-1230) (CRO-1240) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1265) C, 11d and 11e) (CRO-1310)	Third Quarter Plus 2015 Total this Reporting Period		

H = 0						Amend	lment	
Other Receipt Sources		Pg	1	of	1		Yes	\boxtimes

No

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

1. Committee F	2. ID Nu	ımber				
Elect Michelle (4GHWP1				

3. Type of Recei	ipt Source	Please use separate CRO-1.				
Interest		Contributions from Not-for-	-Profit Organ			Sources of Income
4. Contributor l		☐ Add		Remov	ve ,	
	ng Address & Phone		b. Not-for	r-Profit Federal ID#	d.	Comments
(include city, stat						
First Citizens Ba	ank					
PO Box 27131			c. Outsid	e Source Explanation	n	_
Raleigh, NC 276	611-7131					
					e.	Election Sum to Date
						\$ 12.12
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	yy) j.	Amount
1	EFT			09/12/2018		\$ 0.01
	,,,,, - '			09/12/2010		Ψ 0.01
		1 GS 550				\$
4. Contributor	Information	☐ Add		Remov	ve	
	ng Address & Phone		b. Not-fo	r-Profit Federal ID #		Comments
(include city, stat			100.00		- 4.	
`	.,				}	
-			c. Outsid	e Source Explanation	n	
					e.	Election Sum to Date
11						
						\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	yy) j.	Amount
-						\$
					450	\$
4. Contributor	Information	Add	PART TAX	Dawe-	1/0	
	ing Address & Phone	□ Aud	h Not fo	r-Profit Federal ID	APPROPRIEST VALUE OF	Comments
(include city, star			D. 1401-10	a-riont rederal ID	т a.	Comments
' (include city, sta	ic, or zip)				1	
			c. Outsid	le Source Explanatio	n	
			c. Outsid	o Source Expianatio		
						Election Sum to Date
					-	S
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	vv) i	Amount
	g			(), J.	
7.50	= 1,					\$
						\$
5. Total only	this Page				\$	0.01
The same of the sa	LL CRO-1250 Pa	ges				
		ary Page CRO-1100 if Interest)				
		ary Page CRO-1100 if Not-for-Profit C	antribution)		\$	0.01
		ary Page CRO-1100 if Not-jor-Froju C				
12 ms une gues in	110 oj Detutieu Bumm	my rage cho-rive if cuising bources	oj income)			

			Pg ee for; operating expenses	1 of s, contributions to	
	ull Name (and Fund				2. ID Number
	Creech Ball Clerk of				4GHWP1
3. Type of Disb	The second secon	10 May 10	RO-1310 forms for each		
Operating E		Contributions to Can	didates/Political Committees		pordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee !	Vame	d. Comments
(include city, state,					
Ken Tart Photog					
202 East Main S			c. Level Registered (Specify)		
Benson, NC 27:	504		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 106.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	О	10/15/2018	\$106.75	photo session
				\$	
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,	& zip)				
National Pen Co	o. LLC				
PO Box 847203	•		c. Level Registered (Specify)	
Dallas, TX 752	84-7203		Federal	County:	
			State	Municipality:	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
1	check	0	10/15/2015	\$200.64	promotional items
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments

. Type of Disb	The second secon		RO-1310 forms for each	The second secon	
Operating E		Contributions to Can	didates/Political Committees		oordinated Party Expenditures
4. Payee Inforn			Add	Remove	110
a. Full Name, Maili (include city, state, Ken Tart Photo 202 East Main (graphy		b. Coordinated Committee N		d. Comments
Benson, NC 27504			Federal State	e. Election Sum to Date	
					\$ 106.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	0	10/15/2018	\$106.75	photo session
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail (include city, state, National Pen C			b. Coordinated Committee	lame	d. Comments
PO Box 847203 Dallas, TX 752			c. Level Registered (Specify) Federal State	e. Election Sum to Date	
				Municipality:	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1 check		0	10/15/2015	\$200.64	promotional items
				\$	e di secios del persona di
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail (include city, state	ing Address & Phone , & zip)		b. Coordinated Committee		d. Comments
			c. Level Registered (Specify)	County:	
			State	Municipality:	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 th	nis Page				\$ 307.39
6. Total of ALI (This line goes in	L CRO-1310 Pages In line 13a of Detailed Sun In line 13b of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Poli 0 if Coordinated Party Expendi		\$ 307.39
7. Purpose Co		penditure code in			
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties		cal Party ce Expenses	H* - Holdi	other Candidate ng Public Office Expenses tion to Legal Expense Fund

Outstanding Loans

			Amer		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							4GHWP1
. Lender Informatio	n [Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Michelle Creech Ball 702 S. Crescent Drive			Control of the late of the Co	of Court			d. Comments
							e. Start Date (mm/dd/yyyy)
Smithfield, NC 27577				yer's Name/Spo on County	ecific	Field	11/24/2013
			100				f. End Date (mm/dd/yyyy) upon pmt
g. Rate	h. Security Pledged	1000		i. Original Lo	an A	mount	j. Remaining Loan Balance
0 %	n/a			\$ 8000			\$ 7000
k. Full Name of Lending I	nstitution						I. Loan Number
3. Lender Information Add Remove					Remove		
a. Full Name, Mailing Add			1	tle/Profession			d. Comments
(include city, state, & zi	p)						
							e. Start Date (mm/dd/yyyy)
			c. Employer's Name/Specific Field				
						f. End Date (mm/dd/yyyy)	
							i. End Date (mmrduyyyy)
g. Rate	h. Security Pledged		i. Original Loan Amount			j. Remaining Loan Balance	
%						\$	
. Full Name of Lending I	nstitution						l. Loan Number
3. Lender Informatio	n] A	dd			Remove	
ı. Full Name, Mailing Add			T	itle/Profession			d. Comments
(include city, state, & zi	p)						
							e. Start Date (mm/dd/yyyy)
c. Employer's Name/Specific Field							
					S Fad Pate (mar/21/		
							f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged			i. Original L	oan A	Amount	j. Remaining Loan Balance
%		S. Original Loan Amount					\$
k. Full Name of Lending I	nstitution						I. Loan Number
4. Total only this Pag	ze .						\$ 7000
5. Total of ALL CRO-1430 Pages							
(This line must be on line 21 of Detailed Summary Page CRO-1100)						\$ 7000	