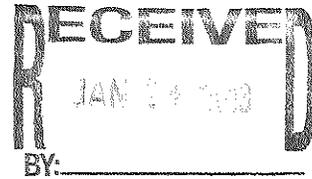




North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603



Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Angela Clinton for Commissione-

Treasurer Name: Angela Clinton

Treasurer Address: 121 S. Elm St.

(include city, state, & zip) Swansboro NC 28584

Treasurer Phone: 910-467-7650

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/21/18
 Date Signed

Angela Clinton
 Signature

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.

I. Committee Information				
a. Full Name			c. ID Number	
Angela Clinton for Commissioner			KHC 7QJ	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
121 S. Elm St. Swansboro NC 28584			7/11/17	
			e. Phone Number	
			910-967-7650	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2017	10/24/17	12/31/17	Angela Clinton	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
NC State Employees Credit Union				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
For all campaign expenses	1234			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 75.99		\$	
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 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 of Elections.				
Angela Clinton		Angela Clinton		1/21/18
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	Employee:	Delivery Method		
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: BY:	Employee:	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered:	Employee:			
<p>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.</p>				

Amendment
 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
Angela Clinton for Commission		Final	KHC 70J
Start of Election Cycle: January 1, 2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 73.99	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1285)		\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)		\$ 62.00	\$ 742.83
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 1267.98
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.01	\$ 0.06
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 62.01	\$ 2010.87
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 92.39	\$ 738.45
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0	\$ 0
15) Loan Repayments (CRO-1420)		\$ 6.61	\$ 6.61
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0	\$ 0
17) In-Kind Contributions (CRO-1510)		\$ 37.00	\$ 1265.81
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 136.00	\$ 2010.87
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0	
25) Administrative Support (CRO-1710)		\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)		\$ 1261.87	\$ 1261.87
27) 48-Hour Notice Reports Sum (CRO-2230)		\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1815)		\$ 0	\$ 0

Contributions from Individuals

Pg 1 of 1 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Angela Clinton for Commissioner						KHC 7QJ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Christy Williams 113 Borita Lane Swansboro, NC 28584 (910) 326-3330				business owner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Swansboro Dance Studio		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1234	check		10/27/2017	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jean Allen 5734 Kirkland Commons Dr. Charlotte, NC 28278 (704) 609-9978				nurse			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				York County Endoscopy Center		\$ 347.83	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		in-kind	business cards	10/27/2017	\$ 37.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 62.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 62.00	

Other Receipt Sources

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	
Angela Clinton for Commissioners				KHC 70J	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
NC 8ECU 1412 Corbett Ave. Swansboro, NC 28584 (910)326-0120					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.06	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1234	Account Interest		11/16/2017	\$ 0.01	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside 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	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
			c. Outside 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	
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				\$ 0.01	

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Angela Clinton for Commissioner						KHC 705	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NC Secu 1412 Corbett Avenue Swansboro, NC 28584 (910) 326-0120							
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:						\$6.00	
7. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1234	cash	0	11/16/2017	\$1.00	bank fees		
1234	cash	0	12/14/2017	\$1.00	bank fees		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Print Copy + Marketing Solutions 118-B E. Chatham St. Newport, NC 28570 (252) 223-6038							
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:						\$147.37	
7. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1234	debit	B	10/30/2017	\$53.59	Printed materials		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
USPS 664 W. Corbett Ave. Swansboro, NC 28584 (800) 275-8777							
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:						\$1.40	
7. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1234	debit	I	10/30/2017	\$1.40	postage		
5. Total only this Page						\$56.99	
6. Total of ALL CRO-1310 Pages						\$92.39	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k).							

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable) <u>Angela Clinton for Commissioner</u>						2. ID Number <u>KHC 705</u>
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <u>Carteret Publishing Co. 4206 Bridges Street Morehead City, NC 28557 (252) 726-7081</u>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date <u>\$38.40</u>
f. Account Code <u>1234</u>	g. Form of Payment <u>debit</u>	h. Purpose Code <u>A</u>	i. Date (mm/dd/yyyy) <u>10/31/2017</u>	j. Amount <u>\$38.40</u>	k. Required Remarks <u>ad in Tideland News</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <u>\$</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <u>\$</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						<u>\$38.40</u>
6. Total of ALL CRO-1310 Pages						<u>\$92.39</u>
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Angela Clinton for Commissioner		KHC FQJ	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Jean Allen 5734 Kirkwynd Common dr. Charlotte NC 28278 704-609-9978		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 347.83	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Business cards		10/27/2017	\$ 37.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 37.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 37.00	

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Angela Clinton for Commissioners				KHC 7QJ	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Angela Clinton 121 S Elm St. Swansboro, NC 28584 910-467-7650					
				c. Original Loan Date	
				07/21/2017	
				d. Original Loan Amount	
				\$ 59.85	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 53.24	1234	Cash	12/18/2017	\$ 6.61	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 6.61	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 6.61	

Forgiven Loans

Use this form to report any loan which has been forgiven by the lender.

A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Angela Clinton for Commissioner		KHC 70J	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650			
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
07/03/2017		\$ 1267.98	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$ 414.00		12/18/2017	
e. Remaining Loan Balance		h. Forgiven Amount	
\$ 414.00		\$ 414.00	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650			
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
07/12/2017		\$ 1267.98	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$ 494.13		12/18/2017	
e. Remaining Loan Balance		h. Forgiven Amount	
\$ 494.13		\$ 494.13	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650			
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
07/21/2017		\$ 1267.98	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$ 59.85		12/18/2017	
e. Remaining Loan Balance		h. Forgiven Amount	
\$ 53.24		\$ 53.24	
4. Total only this Page		\$ 961.37	
5. Total of ALL CRO-1440 Pages (This line must be on line 26 of Detailed Summary Page CRO-1100)		\$ 1261.37	
The lender information should contain the same information as supplied on the original loan proceed statement.			

Forgiven Loans

Use this form to report any loan which has been forgiven by the lender.

A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Angela Clinton for Commissioners		KHC 70J	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650			
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
09/05/2017		\$ 1267.98	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$ 300.00		12/18/2017	
e. Remaining Loan Balance		h. Forgiven Amount	
\$ 300.00		\$ 300.00	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
		\$	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$			
e. Remaining Loan Balance		h. Forgiven Amount	
\$		\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
		\$	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$			
e. Remaining Loan Balance		h. Forgiven Amount	
\$		\$	
4. Total only this Page		\$ 300.00	
5. Total of ALL CRO-1440 Pages <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>		\$ 1261.37	
<i>The lender information should contain the same information as supplied on the original loan proceed statement.</i>			



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender: <u>Angela Clinton</u>
Committee receiving loan: <u>Angela Clinton for Commissioner</u>
Date of loan: <u>09/05/2017</u>
Amount of original loan: <u>\$ 300.00</u>
*Amount of loan to be forgiven: <u>\$ 300.00</u>

I, Angela Clinton, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Angela Clinton
Signature of Lender

Angela Clinton
Signature of Committee Treasurer



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Name of Lender: <u>Angela Clinton</u>
Committee receiving loan: <u>Angela Clinton for Commissioner</u>
Date of loan: <u>07/21/2017</u>
Amount of original loan: <u>\$159.85</u>
*Amount of loan to be forgiven: <u>\$53.24</u>

I, Angela Clinton, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Angela Clinton
Signature of Lender

Angela Clinton
Signature of Committee Treasurer



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Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender:	Angela Clinton
Committee receiving loan:	Angela Clinton for Commissioner
Date of loan:	07/12/2017
Amount of original loan:	\$ 494.13
*Amount of loan to be forgiven:	\$494.13

I, Angela Clinton, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Angela Clinton

Signature of Lender

Angela Clinton

Signature of Committee Treasurer



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Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender: Angela Clinton
Committee receiving loan: Angela Clinton for Commissioner
Date of loan: 07/03/2017
Amount of original loan: \$414.00
*Amount of loan to be forgiven: \$414.00

I, Angela Clinton, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Angela Clinton

Signature of Lender

Angela Clinton

Signature of Committee Treasurer