

# 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>				
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 Street Swanboro, NC 28584			7/11/17	
			e. Phone Number	
			910-467-7450	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2017	09/27/17	10/23/17	Angela Clinton	
<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"/> 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		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b>		<b>State/County</b>		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> 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		
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		
0				
<b>11. Account Information</b>		<b>11. Account Information</b>		
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	
	\$ 20.54		\$	
<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 of Elections.				
Angela Clinton		Angela Clinton		10/24/17
Printed Name of Signer		Signature of Appointed Treasurer		Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	RECEIVED OCT 30 2017	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:		Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered BY:		Employee:		
<p><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.</p>				

# Detailed Summary

Amendment

Yes  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	
Angela Clinton for Commission Pre-election		KHC70J			
Start of Election Cycle: January 1, 2017		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 20.54		\$ 0	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 410.83 ✓		\$ 680.83 ✓	
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 ✓		\$ 0.05 ✓	
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)		\$ 410.834 ✓		\$ 1948.86 ✓	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 96.56 ✓		\$ 646.06 ✓	
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)					
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 260.83 ✓		\$ 1228.81 ✓	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 357.39		\$ 1874.87	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 73.99 ✓		\$ 73.99 ✓	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1267.98			
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)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

**Contributions from Individuals**

Pg 1 of 2 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						KHC7QJ	
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	
Roger Eaton 3709 Oxford Court Morehead City, NC 28557 252-342-3137				Purchasing Agent			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Tandemiac, Inc.		\$ 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	credit card		10/03/2017	\$ 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	
Lisa Kelly 107 Webb St. Swansboro, NC 28584 910-330-6297				Professor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				UNC Pembroke		\$ 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	<del>credit card</del> cash	ae	10/14/2017	\$ 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	
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650				academic publishing			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				APA		\$ 120.00	
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		10/16/2017	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 150.00 ✓		
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 410.83		

# Contributions from Individuals

Pg 2 of 2 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	
Stephen Moore 210 East Shorewood Emerald Isle, NC 28594 252-626-4883				Professor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Coastal Carolina Community College		\$100.00	
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	tent + tables	10/11/2017	\$100.00		
<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 Kirkwood Commons Dr. Charlotte, NC 28278 704-609-9978				Nurse			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				York County Endoscopy Center		\$ 310.83	
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	+shirts	10/11/2017	\$ 85.00		
<input type="checkbox"/>		in-kind	banners + bumper stickers	10/12/2017	\$ 75.83		
<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					\$ 260.83 ✓		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 410.83 ✓		

**Other Receipt Sources**

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Angela Clinton for Commissioner				KHC 7QJ	
<b>3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)</b>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
NCSECU 1412 Corbett Ave. Swansboro, NC 28584 910-326-0120					
			<b>c. Outside Source Explanation</b>		
					<b>e. Election Sum to Date</b>
					\$ 0.05
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1234	Account Interest		10/17/2017	\$ 0.01	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
			<b>c. Outside Source Explanation</b>		
					<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
			<b>c. Outside Source Explanation</b>		
					<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 0.01
<b>6. Total of ALL CRO-1250 Pages</b>					\$ 0.01
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)					

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
Angela Clinton for Commissioner						KHC 70J	
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
NCSECU 1412 Corbett Ave. Swainsboro, NC 28584 910-326-0120							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 4.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1234	Fee	0	10/17/2017	\$ 1.00	Bank Fees		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Print Copy & Marketing Solutions 118-B E. Chatham St. Newport, NC 28570 252-223-6038							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 93.78	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1234	Debit	B	10/17/2017	\$ 35.07	Printed Materials		
1234	Debit	B	10/19/2017	\$ 58.71	Printed Materials		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Stripe 185 Berry St. Suite 550 San Francisco, CA 94107 898-963-8955							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 17.73	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1234	Fee	0	10/5/2017	\$ 1.78	Credit Card Processing Fee		
				\$			
<b>5. Total only this Page</b>						\$ 96.56 ✓	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 96.56	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>							
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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>
Angela Clinton for Commissioner		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b>	<b>c. Comments</b>
Stephen Moore 210 E. Shorewood Emerald Isle, NC 28594 252-626-4883	<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	
		<b>d. Election Sum to Date</b> \$ 100.00
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
Tent + tables (use for 2 days)	10/11/2017	\$ 100.00 ✓
		\$
		\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b>	<b>c. Comments</b>
Jean Allen 5734 Kirkwynd Commons 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	
		<b>d. Election Sum to Date</b> \$ 310.83
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
T-shirts	10/11/2017	\$ 85.00 ✓
Banners + bumper stickers	10/12/2017	\$ 75.83 ✓
		\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b>	<b>c. Comments</b>
	<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	
		<b>d. Election Sum to Date</b> \$
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		\$
		\$
		\$
<b>4. Total only this Page</b>		\$ 260.83 ✓
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 260.83 ✓

# Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
Angela Clinton for Commissioner		KHC70\$J	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650		academic publishing	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		APA	07/03/2017
			<b>f. End Date (mm/dd/yyyy)</b>
			12/31/2017
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
0 %		\$ 414.00	\$ 414.00
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650		academic publishing	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		APA	07/12/2017
			<b>f. End Date (mm/dd/yyyy)</b>
			12/31/2017
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
0 %		\$ 494.13	\$ 494.13
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650		academic publishing	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		APA	07/21/2017
			<b>f. End Date (mm/dd/yyyy)</b>
			12/31/2017
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
0 %		\$ 59.85	\$ 59.85
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<b>4. Total only this Page</b>		\$ 967.98	
<b>5. Total of ALL CRO-1430 Pages</b> <small>(This line must be on line 21 of Detailed Summary Page CRO-1100)</small>		\$ 1267.98	

# Outstanding Loans

Pg 2 of 2 Amendment  Yes  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	
Angela Clinton for Commissioner		KHC7QJ	
3. Lender 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
Angela Clinton 121 S. Elm St. Swansboro, NC 28584 910-467-7650		academic publishing	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		APA	09/05/2017
			f. End Date (mm/dd/yyyy)
			12/31/2017
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		\$ 300.00	\$ 300.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
3. Lender 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. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 300.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 1267.98	