

COPY

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.

1. Committee Information

a. Full Name

CHECK CHUCK FOR CLEMMONS

c. ID Number

b. Mailing Address (include City, State and Zip Code)

175 NOTTIDGE COURT
CLEMMONS, NC 27012

d. Date Filed

12/27/2013

e. Phone Number

(336) 766-7178

2. Report Year

2013

3. Period Start Date (mm/dd/yy)

10/22/2013

4. Period End Date (mm/dd/yy)

12/27/2013

5. Treasurer Full Name

JOHN D CROUCH JR

6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party
☐ Joint Fundraiser ☐ PAC
☐ Referendum ☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund

☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☒ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

3. Account Information

a. Financial Institution Full Name

CHECK CHUCK FOR CLEMMONS

b. Purpose

SAVINGS TO LIMIT
BANK SERVICE
CHARGES

c. Account Code

JC

d. Period Begin Balance

\$ 82.01

3. Account Information

a. Financial Institution Full Name

CHECK CHUCK FOR CLEMMONS

b. Purpose

CHECKING

c. Account Code

JC

d. Period Begin Balance

\$ 588.28

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

John D. Crouch Jr
Printed Name of Signer

John D. Crouch Jr
Signature of Appointed Treasurer

12/27/2013

Date

FOR OFFICE USE ONLY

Date Received:

1/2/2014

Employee:

Judy Spears

Date Postmarked:

12/30/2013

Employee:

Judy Spears

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☒ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

☐ Signer has not received
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.

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	
CHECK CHUCK FOR CLEMMONS		2013 Final			
Start of Election Cycle: January 1, 2013			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 670.29		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)			\$ 0.00		\$ 175.00
6) Contributions from Individuals (CRO-1210)			\$ 0.00		\$ 5,274.30
7) Contributions from Political Party Committees (CRO-1220)			\$ 0.00		\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)			\$ 0.00		\$ 1,000.00
9) Loan Proceeds (CRO-1410)			\$ 0.00		\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)			\$ 40.00		\$ 40.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)			\$ 0.01		\$ 0.02
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)			\$ 40.01		\$ 6,489.32
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)			\$ 462.83		\$ 5,148.60
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		\$ 43.00
15) Loan Repayments (CRO-1420)			\$ 0.00		\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)			\$ 247.47		\$ 698.42
17) In-Kind Contributions (CRO-1510)			\$ 0.00		\$ 599.30
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 710.30		\$ 6,489.32
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 0.00		\$ 0.00
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)			\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)			\$ 0.00		
22) Debts and Obligations owed by the Committee (CRO-1610)			\$ 0.00		
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

Refunds/Reimbursements To the Committee

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CHECK CHUCK FOR CLEMMONS					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
WELLS FARGO BANK P O BOX 6995 PORTLAND, OR 97228-6995			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		07/31/2013
			i. Original Expenditure Amt		\$ 6.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				REFUND BANK FEES	
				j. Election Sum to Date	
				\$ 12.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
JC	Electric Funds Tran			11/04/2013	\$ 6.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
WELLS FARGO BANK P O BOX 6995 PORTLAND, OR 97228-6995			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		10/31/2013
			i. Original Expenditure Amt		\$ 6.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				REFUND BANK FEES	
				j. Election Sum to Date	
				\$ 12.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
JC	Electric Funds Tran			11/04/2013	\$ 6.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
WELLS FARGO BANK P O BOX 6995 PORTLAND, OR 97228-6995			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		10/31/2013
			i. Original Expenditure Amt		\$ 14.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				REFUND BANK FEES	
				j. Election Sum to Date	
				\$ 12.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
JC	Electric Funds Tran			11/04/2013	\$ 14.00
4. Total only this Page					\$ 26.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 40.00

Refunds/Reimbursements To the Committee

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CHECK CHUCK FOR CLEMMONS					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
WELLS FARGO BANK P O BOX 6995 PORTLAND, OR 97228-6995		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/30/2013	
				i. Original Expenditure Amt	
				\$ 14.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date	
		REFUND BANK FEES		\$ 12.00	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount	
JC	Electric Funds Tran		11/04/2013	\$ 14.00	
4. Total only this Page				\$ 14.00	
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 40.00	

CRO-1240

NC State Board of Elections

December 2007

Other Receipt Sources

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
CHECK CHUCK FOR CLEMMONS				
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<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	
WELLS FARGO P O BOX 6995 PORTLAND, OR 97228-6995				
		c. Outside Source Explanation		
			e. Election Sum to Date	
	\$ 0.01			
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
JC	Electric Funds Tran		11/26/2013	\$ 0.01
				\$
5. Total only this Page				\$ 0.01
6. Total of ALL CRO-1250 Pages				\$ 0.01
<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>				

CRO-1250

NC State Board of Elections

December 2007

Disbursements

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Amendment

☐ Yes ☒ No

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	
CHECK CHUCK FOR CLEMMONS							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" 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	
BOY SCOUTS TROOP 731 3700 CLEMMONS RD CLEMMONS, NC 27012							
				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	
						\$ 125.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JC	Check	O	11/20/2013	\$ 125.00	PICK UP SIGNS		
				\$			
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	
SYSTEL PRINTING SERVICES 3517 W WENDOVER AVE GREENSBORO, NC 27407							
				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	
						\$ 70.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JC	Check	A	10/29/2013	\$ 70.91	ADVERTISING		
				\$			
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	
THE CLEMMONS COURIER P O BOX 765 CLEMMONS, NC 27012							
				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	
						\$ 1,075.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JC	Check	A	10/29/2013	\$ 62.92	ADVERTISING		
JC	Check	A	11/01/2013	\$ 34.00	ADVERTISING		
5. Total only this Page						\$ 292.83	
6. Total of ALL CRO-1310 Pages (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)						\$ 462.83	
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

Amendment
Pg 2 of 2 ☐ Yes ☒ No

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	
CHECK CHUCK FOR CLEMMONS							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" 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) VILLAGE INN EVENT CENTER 6205 RAMADA DR CLEMMONS, NC 27012				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	
		\$ 150.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JC	Check	O	11/05/2013	\$ 150.00	ELECTION NIGHT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) WELLS FARGO BANK P O BOX 6995 PORTLAND, OR 97228-6995				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	
		\$ 12.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JC	Electric Funds Tran	K	10/31/2013	\$ 6.00	BANK FEES		
JC	Electric Funds Tran	K	10/31/2013	\$ 14.00	BANK FEES		
5. Total only this Page						\$ 170.00	
6. Total of ALL CRO-1310 Pages							
<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>						\$ 462.83	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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)							

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CHECK CHUCK FOR CLEMMONS					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
EARL CHARLES HOUSKA 175 NOTTIDGE CT CLEMMONS, NC 27012 (336) 766-7178			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/03/2013
					i. Original Receipt Amount
					\$ 900.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
REAL ESTATE MANAGEMENT		Real Estate		L	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
JC	Electric Funds Tran			11/26/2013	\$ 88.02
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
EARL CHARLES HOUSKA 175 NOTTIDGE CT CLEMMONS, NC 27012 (336) 766-7178			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Receipt Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/03/2013
					i. Original Receipt Amount
					\$ 900.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
REAL ESTATE MANAGEMENT		Real Estate		L	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
JC	Electric Funds Tran			11/26/2013	\$ 159.45
4. Total only this Page					\$ 247.47
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 247.47
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					