

# 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>2. Report Year &amp; Period Start Date (necessary)</b>	
a. Full Name <b>Mike 4 House</b>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <b>POB 386 BAYSON CITY NC 28713</b>		d. Date Filed <b>4/30/2018</b>	
		c. Phone Number <b>828 7366222</b>	
<b>2018</b>		<b>01-01-2018</b>	
<b>STATE BOARD OF ELECTIONS</b>			
<b>James Michael Clappitt</b>			
<b>Type of Committee (Check One)</b>			
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<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>			
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
<b>8. Number of Fundraisers in this Report</b> <b>1</b>			
<b>10. Special Report Name</b>			
<b>11. Account Information</b>			
a. Financial Institution Full Name <b>FIRST CITIZENS BANK AND TRUST</b>		a. Financial Institution Full Name	
b. Purpose <b>TRACK Deposits Disbursements</b>	c. Account Code <b>Checking</b>	b. Purpose	c. Account Code
	d. Period Begin Balance <b>\$ 318.20</b>		d. Period Begin Balance <b>\$</b>
<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.			
<b>James Michael Clappitt</b> Printed Name of Signer		<b>James Michael Clappitt</b> Signature of Appointed Treasurer	
		<b>4/30/2018</b> Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	<b>5/2/18</b>	Employee:	<b>SM</b>
Date Postmarked:	<b>4/30/18</b>	Employee:	<b>SM</b>
Date Scanned:	<b>5/4/2018</b>	Employee:	<b>TJC</b>
Date Data Entered:		Employee:	
<b>Delivery Method</b>			
<input type="checkbox"/> Normal Mail			
<input checked="" type="checkbox"/> Registered Mail			
<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

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	
Mike 4 House	First Plus		
Start of Election Cycle: January 1, 2017	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 318.20	\$	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 455.00	\$ 2035.00	
6) Contributions from Individuals (CRO-1210)	\$ 7530.00	\$ 9465.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 1850.00	\$ 1850.00	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 8500.00	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 10,153.20	\$ 21,850.00	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1,500.00	\$ 13,099.42	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$ 2,000.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$ 8.72	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,500.00	\$ 15,000.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 10,139.00	\$ 16,608.14	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 18,150.00		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

**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>
Mike 4 House						
<b>3. Type of Disbursement</b> <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		
<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>
KEB Meat Processing Needmore Road Bayson City NC 28713				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 1,500.00
<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>	
Checking	Check 1084	C	01/16/2018	\$ 1500	Prepared Meal	
<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>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<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>	
				\$		
<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>
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$
<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>	
				\$		
<b>5. Total only this Page</b>						\$
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1500.00
<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</b> <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.)						

**Contributions from Political Party Committees**

Pg 1 of 2 Amendment  Yes  No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Mike 4 House					
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
Mark Gillespie for NC House 185 Cross Creek North Ridge Lane MORRISON NC 28752					
				<b>c. Election Sum to Date</b>	
				\$ 100.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
	Checking check 1966		01/16/2018	\$ 100.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
EMERGE Datto PA Political Action Committee INC 120 William Penn Plaza Durham NC 27704					
				<b>c. Election Sum to Date</b>	
				\$ 500.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
	Checking check 137		02/19/2018	\$	
				\$	
				\$	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
Duke Energy Corp. PAC 550 South Tryon Street Charlotte NC 28202 FEC ID C00083535					
				<b>c. Election Sum to Date</b>	
				\$ 1000.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
	Checking check 22-15493		03/14/2018	\$ 1000.00	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 1600.00	
<b>5. Total of ALL CRO-1220 Pages</b> <small>(This line must be on line 7 of Detailed Summary Page CRO-1220)</small>				\$ PAGE 2	

**Contributions from Political Party Committees**

Pg 2 of 2 Amendment  Yes  No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Mike + House					
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Comments</b>	
MOORE CITIZENS FOR BOLES 425 West PENNSYLVANIA Ave Southern Pines NC 28387					
				<b>c. Election Sum to Date</b>	
				\$ 250. <sup>00</sup>	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
checking	Check 1903		01/06/2018	\$ 250. <sup>00</sup>	
				\$	
				\$	
<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. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<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. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 250. <sup>00</sup>	
<b>5. Total of ALL CRO-1220 Pages</b> <small>(This line must be on the 1 of Double Summary Page CRO-1220)</small>				\$ 1850. <sup>00</sup>	



# Contributions from Individuals

Pg 1 of 7 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	
Mike 4 House							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Kaye McConnell POB 2372 Bayson city NC 28713				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Medical		\$ 80. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	checking	check 2089		01/06/2010	\$ 80. <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Paul Niskanen POB 689 OHO NC 28763				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Const		\$ 80. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	checking	check 628		01/06/2010	\$ 80. <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Henry Mitchell 211 ONTEORA Blvd. Asheville NC 28803				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Teacher		\$ 80. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	checking	check 5824		01/06/2010	\$ 80. <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 240. <sup>00</sup>	
5. Total of ALL CRO-1210 Pages						\$ PAGE 7	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1205)</small>							

**Contributions from Individuals**

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
Mike A House						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Betty Budd 2533 Hendersonville Rd Arden NC 28704			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			TEACHER		\$ 100. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Checking	Check 5316		01/06/2018	\$ 100. <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Doug Cody POB 204 Sylva NC 28779			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			State Employee		\$ 200. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Checking	Check 2175		01/06/2018	\$ 200. <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Andy Dulin 3200 Wickenham Rd Charlotte NC 28211			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Sold Company		\$ 100. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Checking	Check 6865		01/06/2018	\$ 100. <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400. <sup>00</sup>	
5. Total of ALL CRO-1210 Pages					\$ PAGE 7	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1210)</small>						



# Contributions from Individuals

Pg 3 of 7 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) <u>Mike 4 House</u>						2. ID Number
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Nathaniel Erwood</u> <u>81 Glade Lane</u> <u>Waynesville NC 28786</u>			b. Job Title/Profession <u>Attorney</u>		d. Comments	
			c. Employer's Name/Specific Field <u>Self employed</u>		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"/>	<u>Checking</u>	<u>check 3390</u>		<u>01/08/2018</u>	\$ <u>100.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Kathleen Flett</u> <u>60 Wood Song Lane</u> <u>Franklin NC</u> <u>28734</u>			b. Job Title/Profession <u>Homemaker</u>		d. Comments	
			c. Employer's Name/Specific Field <u>Self</u>		e. Election Sum to Date	
					\$ <u>00.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>Checking</u>	<u>check 6070</u>		<u>01/06/2018</u>	\$ <u>90.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>James Hooper</u> <u>POB 1147</u> <u>Cullowhee NC 28723</u>			b. Job Title/Profession <u>Self employed</u>		d. Comments	
			c. Employer's Name/Specific Field <u>Self operations</u>		e. Election Sum to Date	
					\$ <u>500.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>Checking</u>	<u>check 1543</u>		<u>01/06/2018</u>	\$ <u>500.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <u>680.00</u>	
5. Total of ALL CRO-1210 Pages					\$ <u>PAGE 7</u>	
<small>(This line must be on line 6 of Official Statement Page CRO-1210)</small>						

**Contributions from Individuals**

Pg 4 of 7 Amendment  Yes  No

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

Contributor Information						
1. Committee Full Name and Fund (if applicable)						
MIKE 4 House						
2. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
William Kellas POB 123 LAKE SURGUSKA NC 28745			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Business Sales		\$ 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"/>	Checking	Check 2676		01/06/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Lippy 245 Ed Conley Rd Otto NC 28763			Sales			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Newspapers		\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Checking	Check 6454		01/06/2018	\$ 80.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cork Miller 181 FRANKLIN PLAZA DR FRANKLIN NC 28784			ComputerSoft			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Computer Software Company		\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Checking	Check 4939		01/06/2018	\$ 80.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 260.00	
5. Total of ALL CRO-1210 Pages					\$ PAGE 7	

**Contributions from Individuals**

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
Mike 4 House						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Paul DeCarlo POB 224 Whitree NC 28789				Retired		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				Corporation	\$ 80 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	checking	check 2470		01/06/2018	\$ 80 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Kevin Corbin POB 75B Franklin NC 28744				INDAGENT		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				self employed	\$ 250 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	checking	check 109B		01/06/2018	\$ 250 <sup>00</sup>	
<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	
George Dorden 954 SCARLET BRIDGE DRIVE SYLVA NC 28779				Retired		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				Corporation	\$ 80 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	checking	check 8322		01/06/2018	\$ 80 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 410 <sup>00</sup>	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1210)</small>					\$ page 7	

# Contributions from Individuals

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
Mike A House						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>828 488 2377</u>			b. Job Title/Profession		d. Comments	
Doris Casebolt POB 1940 Bryson City NC 28713			Retired			
			c. Employer's Name/Specific Field NC CAROLINA			
					e. Election Sum to Date	
					\$ 100. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Checking	Check 1538		01/20/2018	\$ 100. <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>828 586 154</u>			b. Job Title/Profession		d. Comments	
Thomas Stanley POB 301 Sylva NC 28779			Self employed			
			c. Employer's Name/Specific Field Construction			
					e. Election Sum to Date	
					\$ 100. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Checking	Check 15221		2/26/2018	\$ 100. <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>828 488 9488</u>			b. Job Title/Profession		d. Comments	
Charlene Hogue POB 911 Bryson City NC 28713			Disabled			
			c. Employer's Name/Specific Field unemployed			
					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"/>	Checking	Check 7017		03/05/2018	\$ 60. <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 260. <sup>00</sup>	
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1210)					\$ PAGE 7	

# Contributions from Individuals

Pg 7 of 7 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	
Mike 4 House							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Ronald M CAMERON POB 21440 LITTLE ROCK AR				CEO			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				OWN COMPANY		\$ 5000. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	checking	check 27363		03/13/2018	\$ 5000. <sup>00</sup>		
<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	
James Bennett POB 5 maggie Valley NC 2875				REALTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self Employed		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	checking	check 2140		01/06/2018	\$ 80. <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Ted Carse 1812 McChree Creek Rd CANTON NC 28716				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Bus Driver		\$ 200. <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	checking	check 5464		01/06/2018	\$ 200. <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 5280. <sup>00</sup>	
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1210)						\$ 7,530. <sup>00</sup>	

**P**

US POSTAGE PAID  
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Origin: 28718  
Destination: 27611  
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Apr 30, 18  
3610160718-05

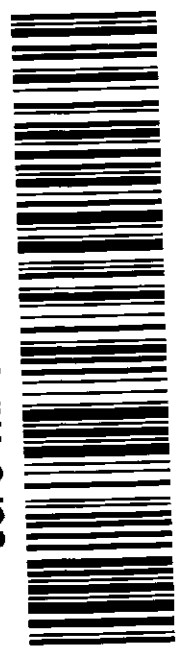
1024

**PRIORITY MAIL 2-Day®**

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Mike Clampitt  
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BAYSON CITY NC  
28713

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NC. BOE  
POB 27255  
Raleigh NC  
27611-2755