

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 COMMITTEE TO ELECT JUDGE KIM TUCKER	c. ID Number
b. Mailing Address (include City, State and Zip Code) 2405 ROBESON ST FAYETTEVILLE, NC 28305	d. Date Filed 07/15/2015
	e. Phone Number

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 01/01/2015	4. Period End Date (mm/dd/yy) 06/30/2015	5. Treasurer Full Name ROBERT POOLE II
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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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN ACCOUNT	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 43,889.06		d. Period Begin Balance \$

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

Robert E. Poole II, CPA [Signature] 07/15/2015
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: JUL 16 2015 Employee: [Signature] **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ 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	
COMMITTEE TO ELECT JUDGE KIM TUCKER	2015 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 43,889.06	\$ 43,889.06
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 135.37	\$ 135.37
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
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)		\$ 135.37	\$ 135.37
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 333.34	\$ 333.34
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	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 8,672.73	\$ 8,672.73
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 4,626.10	\$ 4,626.10
17) In-Kind Contributions	(CRO-1510)	\$ 135.37	\$ 135.37
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 13,767.54	\$ 13,767.54
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 30,256.89	\$ 30,256.89
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

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT JUDGE KIM TUCKER						
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	
KIM TUCKER PO BOX 53274 FAYETTEVILLE, NC 28305			CLERK OF COURT			
			c. Employer's Name/Specific Field CUMBERLAND COUNTY			
					e. Election Sum to Date	
					\$ 135.37	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	TONER, SUPPLIES AND POSTAGE	06/30/2015	\$ 135.37	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 135.37	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 135.37	

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
COMMITTEE TO ELECT JUDGE KIM TUCKER						
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)				b. Coordinated Committee Name		d. Comments
NATIONAL COLLEGE OF PROBATE JUDGES 300 NEWPORT AVENUE WILLIAMSBURG, VA 23185				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
						\$ 230.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	HK	05/30/2015	\$ 230.00	TRAINING	
				\$		
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
CYNTHIA O'MALLEY 3455 REGIMENT DR FAYETTEVILLE, NC 28303				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
						\$ 103.34
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	K	04/24/2015	\$ 103.34	REIMBURSEMENT FOR JURY ROOM RECEPTION	
				\$		
5. Total only this Page						\$ 333.34
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>						\$ 333.34
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)						

Loan Repayments

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number
COMMITTEE TO ELECT JUDGE KIM TUCKER				
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments
KIM TUCKER PO BOX 53274 FAYETTEVILLE, NC 28305				
				c. Original Loan Date
				11/01/2013
				d. Original Loan Amount
				\$ 500.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 0.00	1	Check	01/28/2015	\$ 500.00
\$				\$
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments
KIM TUCKER PO BOX 53274 FAYETTEVILLE, NC 28305				
				c. Original Loan Date
				11/14/2013
				d. Original Loan Amount
				\$ 8,172.73
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 0.00	1	Check	01/28/2015	\$ 8,172.73
\$				\$
4. Total only this Page				\$ 8,672.73
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 8,672.73

Refunds/Reimbursements From the Committee Pg 1 of 2

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	
COMMITTEE TO ELECT JUDGE KIM TUCKER					
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
KIM TUCKER PO BOX 53274 FAYETTEVILLE, NC 28305			<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:		02/07/2014
					i. Original Receipt Amount
					\$ 3,993.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF COURT		CUMBERLAND COUNTY		L	
					j. Election Sum to Date
					\$ 135.37
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			01/28/2015	\$ 3,993.00
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
KIM TUCKER PO BOX 53274 FAYETTEVILLE, NC 28305			<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:		04/01/2014
					i. Original Receipt Amount
					\$ 257.91
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF COURT		CUMBERLAND COUNTY		L	
					j. Election Sum to Date
					\$ 135.37
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			01/28/2015	\$ 257.91
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
KIM TUCKER PO BOX 53274 FAYETTEVILLE, NC 28305			<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:		06/10/2014
					i. Original Receipt Amount
					\$ 219.49
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CLERK OF COURT		CUMBERLAND COUNTY		L	
					j. Election Sum to Date
					\$ 135.37
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check			01/28/2015	\$ 219.49
4. Total only this Page					\$ 4,470.40
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 4,626.10
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-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
COMMITTEE TO ELECT JUDGE KIM TUCKER				
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
KIM TUCKER PO BOX 53274 FAYETTEVILLE, NC 28305		<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:		10/05/2014
				i. Original Receipt Amount
				\$ 155.70
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
CLERK OF COURT	CUMBERLAND COUNTY	L		\$ 135.37
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check		01/25/2015	\$ 155.70
4. Total only this Page				\$ 155.70
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 4,626.10
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)				

In-Kind Contributions

Pg 1 of 1

Amendment
 Yes No

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	
COMMITTEE TO ELECT JUDGE KIM TUCKER			
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	
KIM TUCKER PO BOX 53274 FAYETTEVILLE, NC 28305		<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	
		\$ 135.37	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TONER, SUPPLIES AND POSTAGE		06/30/2015	\$ 135.37
			\$
			\$
4. Total only this Page			\$ 135.37
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 135.37