Disclosure Report Cover

Amendment

Yes X 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 In	formation					<u>,</u>		
a. Full Name								c. ID Number
KEEP JOHNSO								ALA-X8N7V0-C-001
b. Mailing Addre	ss (include Ci	ity, State and	Zip Co	de)				d. Date Filed
POST OFFICE GRAHAM, NO								01/07/2011
·								e. Phone Number
								(919) 563-2117
2. Report Year	3. Period Sta	irt Date (mm/c	ld/yy)	4. Period	End Date	(mm/dd/yy)	5. Treasur	er Full Name
2010	10	0/17/2010			12/31/201	: 0	KATHERI	INE S LANDES
6. Type of Comn					port (chec			ort from one category)
X Candidate Cam	apaign	Party		unicipal		State/Coun		Referendum
□ PAC		Referendum	—	Organizatio		☐ Organiza		Organizational
Independent E	_	Joint Fundrais	-1	,	-	Quarterl	-	Pre-referendum
Legal Expense	: Fund				-	Firs	-	Final
		,	ᆜᆜ	Pre-election	n	Seco		Supplemental Final
7. Type of Fund	(if applicat	ble, check one)	_ □			Thi	·	
Booster Fund				Semi-annua		X Fou	- • • •	☐ Special
Building Fund			빌	Mid Ye		Semi-an		
- 04 -			빌	Year Ei	nd	1=	l Year	10. Special Report Name
Other:			ᆜ님	Final		ı —	ır End	
8. Number of Fu	indraisers thi	s Report	_ _	Special		Final		
	0		1			☐ Special		
11. Account Info	ormation			• :	11. Acco	unt Informa	-tion	<u> </u>
a. Financial Insti		ame			+	ial Institutio		e
WACHOVIA B	BANK, N.A							
b. Purpose		c. Accou	nt Cod	le	b. Purpos	e		c. Account Code
CAMPAIGN A	CCOUNT		1					
		d. Perio	d Begir	n Balance	1			d. Period Begin Balance
		\$			1			\$
CERTIFICATION AND	- C. (å		1,933.31				3
CERTIFICATIO I certify that the		r Fund is in cor	oo liane	e with all ap	plicable pre	ovisions of A	rticle 22A, 2	2B & 22D-22M of Chapter
	General Statute:	s and that no fu	inds arc	e commingled	d with prob	hibited or oth	er non-disclo	osed funds. I further certify
	1			/		. 17		outone.
./ .,			_	1		1 /	1 /	
Ka-1/x) r.	ne). (rinted Name of	Green Signer		Xati	ature of Ap	pointed Trea	surer	01/07/2011 Date
FOR OFFICE US	SEONLY							
Date Receive	ed: _	1-10-1	<u> </u>	Emplo	yee:	<u>JG</u>		<u>ivery Method</u> Normal Mail
Date Postma	rked: _			Employ	yee:		- 🗀	Registered Mail Hand Delivered
Date Scanne	d: _			Employ	yee:		- 🗆	Electronically Filed
Date Data En	itered:			Employ	yee:			Signer has not received mandatory training
	assista	int treasurer, c	custodi	ian of book	s informat	tion, or acco	n as the com ount informa	mittee address, treasurer, ation.
V.	ou muct amon	ul tha Ctatany	int af (lean inatio	~ (CDO 21	000×100	مستحم مامم	*** * * * * * * * * * * * * * * * * * *

Amendment No. ☐ Yes

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 Re		3. II	D Number		
KEEP JOHNSON CLERK	2010 Fourth	Quarter	ΑI	ALA-X8N7V0-C-001		
Start of Election Cycle: January 1, 2007		Total this Reporting Peri	od	Total this Election Cycle		
4) Cash on Hand at Start		\$ 1,933.	.31	\$ 0.00		
RECEIPTS		,				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 25.	.00	\$ 6,000.00		
6) Contributions from Individuals	(CRO-1210)	\$ 4,649.	97	\$ 24,724.75		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	.00	\$ 600.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	.00	\$ 650.00		
9) Loan Proceeds	(CRO-1410)	\$ 0.	.00	\$ 5,000.00		
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 98.	60	\$ 98.60		
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)	\$ 4,773.	57	\$ 37,073.35		
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 4,855.	67	\$ 33,326.36		
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)	\$ 24.	00	\$ 110.00		
15) Loan Repayments	(CRO-1420)	\$ 0.	00	\$ 0.00		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.	00	\$ 0.00		
17) In-Kind Contributions	(CRO-1510)	\$ 500.	00	\$ 2,309.78		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	. 16 and 17)	\$ 5,379.	67	\$ 35,746.14		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 1,327.	21	\$ 1,327.21		
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		00	· · · · · · · · · · · · · · · · · · ·		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 5,000.	\rightarrow	· · · · · · · · · · · · · · · · · · ·		
22) Debts and Obligations owed by the Committee	(CRO-1610)		00			
23) Debts and Obligations owed to the Committee	(CRO-1620)		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)		00	\$ 0.00		
28) Contributions to be Refunded	(CRO-1215)	\$ 0.	00	\$ 0.00		

		outions from I	ndividuals Page From Individuals of \$	1 of 50 or less	1	Amendment Yes No
1. Committee	e Full Name (and	Fund if applicable)			2. ID N	Number
KEEP JOHN	NSON CLERK				AL	A-X8N7V0-C-001
3. Contribut	or Information			-		
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	l/yyyy)	f. Amount
☐ Add ☐ Remove	1	Check		10/18/201	10	\$ 25.00
4. Total or	ly this Page				\$	\$25.00
	ALL CRO-12 ust be on line 5 of D	etailed Summary Page	CRO-1100)		\$	\$25.00

NC State Board of Elections

CRO-1205

Contributions from Individuals

				- Amendm	ent
Pg .	I	of	3	☐ Yes	X No

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

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
KEEP	JOHNSON CLEI	RK				Α	ALA-X8N7V0-C-001	
3. Cont	ributor Informati	on		Add 🔲 Re	move		······································	
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. (Comments	
(incl	ide city, state, & z	ip)		anethesiologi	st			
BRIAN	I BARRICK							
110 HA	ANFORD ROAD			c. Employer's	Name/Specific Field			
CHAP	EL HILL, NC 27	516		UNC-CHAP	EL HILL			
				HOSPITAL			Dection Sum to Date	
			\$	1,019.99				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
X	1	Cash			10/02/2010		\$ 20.00	
	ı	Check			10/18/2010		\$ 999.99	
							\$	
	ributor Informati			Add ☐ Re	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (Comments	
(inclu	de city, state, & zi	ip)		TOXICOLO	GIST			
CORD!	ELIA W BARRIO	CK						
	NFORD ROAD			c. Employer's	Name/Specific Field			
CHAPI	EL HILL, NC 27	516				a 6	Tection Sum to Date	
						e. r	dection Sum to Date	
						\$	2,629.99	
f. Prior	g. Account Code	h, Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	Ī	Check			10/19/2010		\$ 999.99	
			L.,				\$	
							\$	
	ibutor Informatio			Add 🔲 Rei	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d, C	Comments	
	de city, state, & zi			TEACHER				
	RUPPE BLACK			- P	N (C) C 1 1 1 1	ĺ		
	MMERTIME RO			c. Employers	Name/Specific Field			
FAYEI	TEVILLE, NC 2	28303				e. F	Jection Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/21/2010		\$ 100.00	
							\$	
							\$	
4. Tota	l only this Pag	ge			 .	\$	2,099.98	
	I of ALL CRO		*****			-		
		of Detailed Summary P	age CRO-1100)			\$	4,649.97	

Contributions from Individuals Pg 2 of 3 Amendment Yes No

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

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
KEEP	JOHNSON CLEI	RK				ALA-X8N7V0-C-001		
3. Cont	ributor Informati	on		Add 🔲 1	Remove			
a. Full l	Name, Mailing Add	dress & Phone		b. Job Title/	Profession	d. (Comments	
	nde city, state, & z	ip)		COMMER	CIAL PILOT			
	D. GALEY JR R FLOYD SCOT	TIANE		c. Employer	's Name/Specific Field	1		
	INGTON, NC 27			FED EX	-	1		
	,			1.22.2		e. l	Election Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	1	Check			10/18/2010		\$ 200.00	
							\$	
							\$	
	ributor Informati			Add 🔲 I	Remove			
	Name, Mailing Add			b. Job Title/		d. (Comments	
	ide city, state, & z			CLERK OF	SUPERIOR COURT			
	S HUNT JOHNS	ON		c Employer	's Name/Specific Field	-		
	FIFTH ST #A-1 NE, NC 27302			STATE OF		1		
	260-4498			CAROLIN		e. I	Election Sum to Date	
						\$	2,522.99 5,999.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/31/2010		\$ 999.99	
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 I	Remove			
	Name, Mailing Add			b. Job Title/	Profession	d. (Comments	
	ide city, state, & z	ip)	TOOK UNITED	RETIRED				
	N W LANDES LORIST RD. NW			c. Employer	's Name/Specific Field			
	OKE, VA 24012			RETIRED	•			
Tion in	ORE, 771 21012			I RETITLED		e. I	Election Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			10/18/2010		\$ 500.00	
							\$	
							\$	
4. Tot	al only this Pa	ge				\$	1,699.99	
5. Tot	al of ALL CR	<u> </u>	Page CRO 1100)			\$	4,649.97	
(Inis	une musi ve on une	o oj Detauca Summary I	age Cho-1100)			1		

Contributions from Individuals

Amendment Pg 3 of

Contributions from Individuals

Pg 3 of 3 vesUse this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	nittee Full Name	(and Fund if applicabl	e)				2, 1	D Number	•
KEEP.	IOHNSON CLEF	RK					A	LA-X8N7	V0-C-001
3. Conti	ributor Informati	on		Add	Rei	move			
a. Full N	lame, Mailing Add	iress & Phone		b. Job 7	litle/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		ATTO	RNEY				
FRANI	₹ LONGEST JR								
	AWER 59			 		Name/Specific Field			
BURLI	NGTON, NC 27	215			_	t, Wall,	_ E	Dection Su	m to Duta
				Blaetz	&Mosl	ey		acciion su	
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amoun	t
	1	Check				10/20/2010		\$	100.00
								\$	
								\$	
	ributor Informati					move	·····		
	ame, Mailing Ado					ofession	d. (Comments	
	de city, state, & z		_	ATTO:	RNEY		ŀ		
	GE W. MILLER	JR		c Empl	overte l	Name/Specific Field			
	OX 51429					_ · · · -			
DUKH.	AM, NC 27717			SELF	EMPL	UYED	e. F	lection Su	m to Date
									250.00
							\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amoun	<u>t</u>
	1	Check				10/25/2010		\$	250.00
				,				\$:
								\$	
	ributor Informati			Add	Rer	move			4.1.7
	lame, Mailing Ado			b. Job 7	itle/Pr	ofession	d. C	Comments	
	de city, state, & z		· · · · · · · · · · · · · · · · · · ·	PRINT	ING				
	GE TRAVERS W	/EBB III		c Fm nl	ovorte i	Name/Specific Field	ŀ		
	MAIN STREET	VO 1.6							
BUKLI	NGTON, NC 27	215		MEKE	חווט	WEBB	e. E	lection Su	m to Date
							\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amoun	t
	ı	In-Kind	PALM CARD	S		11/01/2010		\$	500.00
							•	\$	
		,						\$	
4. Tota	al only this Pa	ge	.,				\$		850.00
	al of ALL CR						,		4.640.07
		6 of Detailed Summary 1	Page CRO-1100)				\$		4,649.97

					Amendme	n t
Refunds/Reimbursements To the Committee	Pg	1	of	1	☐ Yes	X No
Use this form to report refunds received by the committee or reimburseme	nts fo	га рге	viou:	s expend	iture.	

1. Committee Ful	l Name	(and Fund if a	oplicable)			2. ID	Number	
KEEP JOHNSOI	N CLEF	RK				/	ALA-X8N	N7V0-C-001
3. Contributor In	formati	on		Add 🔲 I	Remove			
a. Full Name, Mai	ling Add	lress & Phone		d. Type of Com	mittee	g. Co	mments	
(include city, st	ate, & zi	ip)		Candidate	■ PAC			
MEBANE ENTE	RPRIS	E		Referendum	Party			
106 N. FOURTH	ST.			e. Level Regist	ered (Specify)	h. Or	iginal Ex	penditure Date
MEBANE, NC 2				Federal	County:		10/1	3/2010
,				☐ State	☐ Municipality:		10/1	3/2010
						i. Ori	iginal Exp	enditure Amt
						\$		765.50
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose		j. De	ction Sun	ı to Date
				REFUND OVE	RPAYMENT	\$		0.00
k. Account Code	t. Form	of Payment	m. In-Kind Descrip	tion	n. Date (mm/dd/	уууу)	o. Amoui	nt
1		Check			11/19/2010)	\$	98.60
4. Total only t	his Pa	ge	1			\$		98.60
5. Total of AL (This line must be			es ummary Page CRO-116	10)		. \$		98.60

CRO-1240 NC State Board of Elections December 2007

D	ic	h		P.C	Λ	m	Λ	nts	
1)	18	D	ш	TS.	e.	m	e	mis	ì

				Amenum	e ii i	
g	l	of	3	☐ Yes	X	N

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

1. Committee Fu	ıll Name (and Fund i	f applicable)					2. ID Nu	
KEEP JOHNSO	ON CLERK						ALA-	X8N7V0-C-001
3. Type of Disbu		use separate CRO						
X Operating Exp	oenses	ibutions to Candidat			☐ Coc	ordinat	ed Party Ex	ependitures
4. Payee Inform				Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Com m	ents
(include city, sta				-				
CURTIS MEDI				c Level Regis	tered (Specify)			
1109 Tower Dri	· · =			Federal	County:	:		
BURLINGTON	I, NC 27213			☐ State	- •		e. Dectio	n Sum to Date
						** **	\$	295.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
1	Debit Card	Λ		0/18/2010	\$ 295.21	RAD	DIO ADS	
					\$			
4 D [-£	-4:		П	744 D	<u> </u>	İ		
4. Payee Inform	ation ailing Address & Pho	200	<u> </u>	Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add Add	Remove		d. Comm	ents
a. run Name, Ma (include city, sta	-	one		b. Cooldinate	- Committee N	a III C	u. C.Din in	
International M				-				
1143-F St. Marl				c. Level Regis	tered (Specify)			
BURLINGTON				☐ Federal	County:			
	,			State State	☐ Municip	ality:	e. Bectio	n Sum to Date
							\$	4,049.62
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date	(mm/dd/yyyy)	j. Am oun t	k. Re	quired Re	marks
1	Check	В	10	0/22/2010	\$ 515.20	PAL	M CARD	S
1	Debit Card	В	10	0/28/2010	\$ 449.60	PAL	M CARD	S
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Com m	ents
(include city, sta	te, & zip)	•••						
International M				1 1 1 1 1 1 1 1 1 1	1.0.1.6			
1143-F St. Marl				Federal	tered (Specify) County:			
BURLINGTON	i, NC 27215			State			e. Electio	n Sum to Date
							\$	4,049.62
f. Account Code	g, Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
1	Check	В	1	1/01/2010	\$ 467.39	PAL	M CARD	S
					\$			
5. Total only thi	s Page	L_					\$	1,727.40
6. Total of ALL	CRO-1310 Pages				·-			
	n line 13a of Detailed S	Summary Page CRO-	-1100 if	Operating Expen	nses)		¢	4,855.67
	n line 13b of Detailed S					omm)	, \$	4,633.07
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	rty Expenditures)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)				
A* - Media	B* - Printin	g	C* - F	undraising	D - To	Anot	her Candi	date
E - Salaries	F* - Equipme			litical Party		_		Office Expenses
I - Postage	J - Penaltie	S	K* - C	Office Expenses	9 Q* - D	onatio	on to Lega	d Expense Fund
O* Other	n dotailad amalamatis	- in magnitud	anles f	iald (Ia)				
– Codes require	e detailed explanatio	u sa requirea rem	IAFKS I	ietu (K)				

n	•	l					. 4
	18	nı	irs	e	m	еп	ITS.

Pg <u>2</u> of <u>3</u> ☐ Yes **X** N

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

1. Committee Fu	ıll Name (and Fund i	f applicable)						2. ID Nu	
KEEP JOHNSO	•		·					ALA-	X8N7V0-C-001
3. Type of Disbu	rsement <u>(Please)</u>	use separate CRC)-131 <i>0</i>	forms for each	h type	of Disbu	rseme	nt.)	
X Operating Exp	oenses	ributions to Candidat	.cs/Polit	ical Committees		Con	rdinat	ed Party E	xpenditures
4. Payee Inform	ation			Add 🔲	Renic	ve			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Com	mittee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)								
International M	inute Press								
1143-F St. Marl				c. Level Regis					
BURLINGTON	I, NC 27215			Federal State	늗	County: Municip		a Floatio	n Sum to Date
				state	<u>L</u>	_ Naturicip	amy.	e. izectio	II Sulli to Date
								\$	228.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m /dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
1	Debit Card	В		1/18/2010	\$	228.67	PAL	M CARD	
					\$				
	,				Þ				
4. Payee Inform				Add 🔲	Remo				
	ailing Address & Pho	one		b. Coordinate	d Com	mittee Na	ıme	d. Comm	ents
(include city, sta									
ISP SPORTS, L				c. Level Regis	torođ (English (-		
540 N. Trade St				Federal	tereu (County:			
WINSTON SAI	LEM, NC 27101			State	F	Municip		e. Hectio	n Sum to Date
								\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	guired Re	marks
. 1	Check	Α	10	0/22/2010	\$	150.00	AD I	DURING	10/30/2010
					s		ELO	N UNIV	FOOTBALL
	. <u>.</u>								
4. Payee Inform				Add b. Coordinate	Remo			d. Comm	a m to
	ailing Address & Pho	one		b. Coordinate	a Com	mittee Na	me	a, Comm	ents
(include city, sta				-					
THE ALAMAN				c. Level Regis	tered (Specify)			
114 WEST ELN GRAHAM, NC				☐ Federal	È	County:			
(336) 228-7851	21233			☐ State	Ξ] Municip		e. Electio	n Sum to Date
(330) 220 7031								· ·	2.606.41
								\$	2,606.41
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
1	Check	A	10	0/25/2010	\$	230.16	NEW	/SPAPEF	RADS
					\$				
5. Total only this	s Page	<u> </u>				•		\$	608.83
•	CRO-1310 Pages	.						Ψ	
		Zummanı Basa CDO	1100:4	Onavatina Evna	means)				
	n line 13a of Detailed S n line 13b of Detailed S					Dolitical C	a 111 m 1	\$	4,855.67
	n line 13c of Detailed S						,,,,,,		
	odes (List detailed				<u>, r</u>				-
A* - Media	B* - Printin			undraising		D. To	Anoti	ner Candi	date
E - Salaries	F* - Equipme	~		litical Party					Office Expenses
I - Postage	J - Penaltie			office Expense:	S		_		d Expense Fund
O* Other	2 / 2								<u>.</u>
	e detailed explanatio	n in required ren	narks f	ield (k)					

\mathbf{r}	٠								
11	ıs	n	11	rs	ρ	m	e	n	S

			: II L		
Pg	3	of	3	☐ Yes	X No

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

1. Committee Fu	ull Name (and Fund	if applicable)						2. ID Nu	
KEEP JOHNSO	ON CLERK							ALA-	X8N7V0-C-001
3. Type of Disbu		use separate CRO							
Operating Exp	penses Con	tributions to Candidat	tes/Politi	ical Committees		C00	rdinate	ed Party E	xpenditwes
4. Payee Inform				Add 🔲	Remo				
	ailing Address & Ph	ione		b. Coordinate	d Com	mittee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)						ļ		
THE SHIRT LA				- Yaret Dagis	4- mad ((Casal fu)			
	OMMONWEALTH	AVE		c. Level Regist	tereu (County:			
FULLERTON,	CA 92833			State	Ē	☐ Municip		e. Electio	on Sum to Date
						<u> </u>			
							<u> </u>	\$	1,327.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am (ount		quired Re	
1	Check	В	10	0/31/2010	\$	136.41	LOG	O T-SHI	RTS
	1				\$				
4. Payee Informa	estion			Add □	Remo	ve			
	ailing Address & Ph	none		b. Coordinated			ı m e	d. Comm	ents
(include city, sta	=		!						
TIME WARNE	ER CABLE ADC								,
GREENSBORG), NC		!	c. Level Regist		• •			•
			!	Federal	느	County:	į	- Electic	Cum to Data
			!	☐ State		1 Municip	anty.	e. Mecuo	n Sum to Date
				1				\$	3,707.16
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
1	Debit Card	Λ	1	0/21/2010	\$	573.75	TVA	ADS	
1	Debit Card	Λ	10	0/28/2010	\$ 1,	,135.91	TV A	ADVERT	ISING
4. Payee Informa	ation			Add 🔲	Remo	ve			
a. Full Name, Ma	ailing Address & Ph	ione		b. Coordinated	d Com	mittee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)			Í					
	ΓES POSTAL SERV	√ICE		I I Dagia	·	S :			
MARSHALL S'				c. Level Regist	terea (a	County:			!
GRAHAM, NC	27253			State	Ĕ		L	e. Dectio	on Sum to Date
			ŀ						
								\$	1,740.90
f. Account Code	g. Form of Payment	h. Purpose Code	†		+		k. Re	quired Re	marks
1	Check	I	10	0/27/2010	\$	673.37	i		
		1			\$				
5. Total only this	s Page							\$	2,519.44
	CRO-1310 Pages		-						
	in line 13a of Detailed	Summary Page CRO	-1100 if	Operating Expen	nses)			¢	A 955 67
_	in line 13b of Detailed					Political Co	omm)	\$	4,855.67
(This line goes in	in line 13c of Detailed	Summary Page CRO-	-1100 i f	Coordinated Par	rty Exp	enditures)			
7. Purpose Co	odes (List detailed	i expenditure code	in (h.) a	above)					
A* - Media	B* - Printii	ng	C* - F	undraising		D - To	Anoth	ner Candi	date
E - Salaries	F* - Equipm			litical Party			_		Office Expenses
I - Postage	J - Penaltic	es	K* - O	Office Expenses	S	Q* - Do	onatio	n to Lega	al Expense Fund
O* Other * Codes require	e detailed explanatio	an in required ren	narke fi	iald (k)					
" Utilies recounts	C (ICIALICU CARRAHAU)	JII III FEQUITED LESS	aldino n	ieiu (k.)					

Aggregated	Non Madia	Evnandituras
Aggregateu	Non-Media	Expenditures

Amendment
Page 1 of 1 Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committe	e Fuli Name (and	d Fund if applicable)				2. ID	Number	
KEEP JOH	NSON CLERK						ALA-	X8N7V0-C-001
3. Payee Info	ormation							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/	уууу)	f. Amo	ount	g. Required Remarks
☐ Add☐ Remove	1	Draft	0	11/09/201	11/09/2010 \$ 12.00		OCT. SERVICE CHARGES	
☐ Add ☐ Remove	1	Draft	0	12/09/2010		\$	12.00	NOV SERVICE FEES
4. Total o	nly this Page					\$		24.00
	f ALL CRO-1 oust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)			\$		24.00
6. Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)				
	B*	- Printing	C* - Fundr	aising	D - 1	Fo An	other Car	ndidate
E - Salar	ies F*	- Equipment	G - Political Party H*		Н* -	- Holding Public Office Expenses		
I - Posta	_	Penalties	K* - Office	Expenses	Q*-	Dona	ations to	Legal Expense Fund
	*	led explanation i	n required rer)			December 2009

CRO-1315

NC State Board of Elections

December 2009

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\mathbf{U}	utst	anu.	ш	LU	ans

			Am en om	ent
Pg	1 of	1	☐ Yes	X No

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

1. Commit	tee Full Name (and Fund if appl	icable)			2. ID Num	ber	
KEEP JO	HNSON CLERK				ALA-X81	N7V0-C-001	
3. Lender	Information	☐ Ac	ld 🔲 Rer	nove			
a. Full Nan	ne, Mailing Address & Phone	b	Job Title/Pro	ofession	d. Comme	nts	
(include city, state, & zip)		CI	LERK OF S	SUPERIOR COURT			
	IUNT JOHNSON FTH ST #A-1				e. Start Da	ite (mm/dd/yyyy)	
	E, NC 27302	c. 1	imployer's N	Name/Specific Field	04/08/2010		
(919) 260-4498			STATE OF NORTH CAROLINA			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original	Loan Amount	j. Remaini	ng Loan Balance	
0.00%			\$	5,000.00	\$	5,000.00	
k. Full Nan	ne of Lending Institution				I. Loan Nu	mber	
4 75 4 1	L 41: B					7 000 00	
	only this Page				\$	5,000.00	
	of ALL CRO-1430 Pages must be on line 21 of Detailed Sum.		(00)		\$	5,000.00	
CRO-1430)	NC State Boar	d of Election	S		December 2007	