03-03-10A11:52 RCVD

Amendment **Disclosure Report Cover** Yes 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 Infor	mation						T	
a. Full Name							c. ID Number	
KEEP JOHNSON C	LERK						ALA-X8N7V0-C-001	
	lude City, State and Zip Code)				•		d. Date Filed	
POST OFFICE BOX GRAHAM, NC 272							03/03/2010	
							e. Phone Number	
							919-563-2117	
2. Report Year	3. Period Start Date (mm/d	ld/yy)	4. Period l (mm/dd/yy)	End Da	te	5. Treasurer Full		
2010	02/08/10		02/	18/10		KATHERINE S. L	ANDES	
6. Type of Committ	ree (Check One)	9. Typ	e of Report	(0	heck o	nly one type of report	from one category)	
Candidate Campa	aign Party	Municip	pal		State/	County	Referendum	
□ PAC	Referendum		Organizational			Organizational	Organizational	
Independent	Joint Fundraiser		Thirty-five day	•		Quarterly	Pre-referendum	
Expenditure Legal Expense Fu	und					•		
7. Type of Fund	(if applicable, check one)		Pre-primary			First		
"Booster Fund"	принешне спеск опер		Pre-election			Second	Supplemental Final	
Building Fund		lH	Pre-runoff		l H	Third	Annual	
		-	Semi-annual			Fourth	Special	
			Mid Year			Semi-annual	— эресни	
Other:			Year End		П	Mid Year	10. Special Report Name	
			Final			Year End	To: Special Report Panie	
8. Number of Fund	raisers this Report	1 🗔	Special			Final	•	
o. Italiber of Fana	aisers this inchort	🖳	эрссии					
	0					Special		
11. Account Inform						Information		
a. Financial Institution I				a. Fina	stitution Full Name			
WACHOVIA BANI					·			
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code	
Campaign	1		į					
account								
	d. Period Begin Balance						d. Period Begin Balance	
	\$ 0.00						s	
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 of Elections Katherine S. Landes								
	Printed Name of Signer		Si	gnature (f Appoi	nted Treasurer	Date	
FOR OFFICE USE O						. ^		
Date Received:	3-3-2010		Employee:			<u>)</u>	Delivery Method Normal Mail	
Date Postmarked	d:		Employee:				Registered Mail Hand Delivered	
Date Scanned:			Employee:				Electronically Filed Signer has not received	
Date Data Entero	ed:		Employee:	,			mandatory training	
Please Note: Thi						s the committee addrest information.	ss, treasurer, assistant treasurer,	
	You must amend the States						e changes	

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 Report

Amendment \boxtimes Yes No

1. Committee Full Name (and Fund if applicable) KEEP JOHNSON CLERK Organizational			·t		3. ID N	
NELF JOHNSON CLEKK		Organizational			ALA-X	8N7V0-C-001
Start of Election Cycle:		2011		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$	0.00	\$	0.00
RECEIPTS						
5) Aggregated Contributi		(CRO-1205)		0.00	\$	0.00
6) Contributions from Inc		(CRO-1210)	\$	3,274.00	\$	3.274.00
	litical Party Committees	(CRO-1220)	\$	0.00	\$	0.00
	her Political Committees	(CRO-1230)	\$	0.00	\$	0.00
9) Loan Proceeds		(CRO-1410)	\$	0.00	\$	0.00
10) Refunds/Reimburseme	nts To the Committee	(CRO-1240)	\$	0.00	\$	0.00
11) Other Receipt Sources						
11a) Interest on Bank A		(CRO-1250)	\$	0.00	- \$	0.00
	m Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$	0.00	\$	0.00
11c) Outside Sources of	f Income	(CRO-1250)	\$	0.00	\$	0.00
11d) Legal Expense Fur	nd – Other Sources	(CRO-1270)	\$	0.00	\$	0 00
11 e) Exempt Purchase	Price Sales	(CRO-1265)	\$	0.00	\$	0.00
	ld lines 5, 6, 7, 8, 9, 10, 11a, 11b, 13	lc. 11d and 11e)	\$	3,274.00	\$	3,274.00
EXPENDITURES						
3) Disbursements						
13a) Operating Expend		(CRO-1310)	\$	0.00	\$	0.00
	andidates/Political Commi	ttees (CRO-1310)	\$	0.00	\$	0.00
13c) Coordinated Party	Expenditures	(CRO-1310)	\$	0.00	\$	0.00
4) Aggregated Non-Media	Expenditures	(CRO-1315)	\$	0.00	\$	0.00
5) Loan Repayments		(CRO-1420)	\$	0.00	\$	0.00
6) Refunds/Reimbursemen	its From the Committee	(CRO-1320)	\$	0.00	\$	0.00
7) In-Kind Contributions		(CRO-1510)	\$	924.00	\$	924.00
B) TOTAL EXPENDITUR	ES (Add lines 13a, 13b, 13c, 14, 1,	5. 16 and 17)	\$	924.00	\$	924.00
	dd lines 4 and 12 together, then sub	tract line 18)	\$	2.350.00	\$	2,350.00
DDITIONAL INFORM					l. ,,	
0) Non-Monetary Gifts Giv	en to Other Committees	(CRO-1330)	\$	0.00		
(incl.) Outstanding Loans	. ones from other campaign	is) <i>(CRO-1430)</i>	\$	0.00		
Debts and Obligations or	wed By the Committee	(CRO-1610)	\$	0.00		
) Debts and Obligations or	wed To the Committee	(CRO-1620)	\$	0.00	1	
) Account Transfers With	in the Committee	(CRO-1720)	\$	0.00		
) Administrative Support		(CRO-1710)	\$	0.00	\$	0.00
) Forgiven Loans			\$	0.00	\$	0,00
) 48-Hour Notice Reports	Sum	<u> </u> -	\$	0.00	\$	0.00
Contributions to be Refu		·	<u>\$</u> \$	0.00		
RO-1100	NC State Board of Elec		Ψ	0.00	\$	0.00 Angust 2008

Contributions from Individuals

		Amenament					
Pg	1	of	2_	\boxtimes	Yes		N

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			
KEEP JOHNSON CLERK						ALA	ALA-X8N7V0-C-001			
3. Contr	ibutor Informatio)n		Add		Ren	nove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Tit	lc/Profe	ssion		d. Comments	<u> </u>	
(include	city, state, & zip)							Sister		
CORDEL	LIA W. BARRICK			TOXIC	OLOG	IST				
110 HAN	NFORD ROAD			c. Employ	er's Na	nie/Spe	ecific Field	1		
CHAPEL	HILL, NC 27516	6			•					
								e. Election So	um to Date	
								\$	350.00	
f. Prior	g, Account Code	h. Form of Payment	i. In-F	Ciad Descrip	tion		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					02/08/20	010	\$	350.00
			ļ						\$	
									\$	
3. Contri	ibutor Informatio)n		Add		Rem	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Titl	e/Profe	ssion		d. Comments	<u> </u>	- I
(include	city, state, & zip)			RETIRE	ED					
NATHAI	NIEL W. COFFIN									
2600 CR	OASDAILE FAR	M PKWY		c. Employ	er's Nar	ne/Spe	cific Field			
APT. A3	10			· · · · · · · · · · · · · · · · · · ·						
DURHAI	M, NC 27705									
				[.			e. Election St	ım to Date		
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descrip	tion		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					02/10/20	010	\$	500.00
									\$	
									\$	
3. Contri	ibutor Informatio	n		Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	e Phone		b. Job Title/Profession			d. Comments	j	•	
(include	city, state, & zip)			SCHOO	L TEA	CHE	ER .	Mother		
VIOLA C	C. JOHNSON									
	RY DRIVE			c. Employer's Name/Specific Field						
CHAPEL	. HILL, NC 27517	1		RETIRED						
								e. Election St	ım to Date	
								\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descript	tion		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					02/08/20)10	\$	1,000.00
									\$	
									\$	
4. Total	only this Page	>						\$		1,850.00
5. Total	of ALL CRO	-1210 Pages						\$		3,274.00
(This line	emust be on line 6 of 1	Detailed Summary Page C	RO-1100))				~		_ ,

Contributions from Individuals

				Amenament				
'g	2	of	2	\boxtimes	Yes			

No

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

1. Comm	ittee Full Name (and Fund if applicat	ole)		·			2. ID Num	ber		
KEEP JOHNSON CLERK						ALA-X8N7V0-C-001					
3. Contri	butor Informatio	n		Add		Ren	iove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	tle/Pro	fession		d. Comments	· · · · · · · · · · · · · · · · · · ·		
	city, state, & zip)			RETIR	ED						
	W. COFFIN							-			
		M PARKWAY D101		c. Employ	yer's N	ame/Spc	eific Field				
DURHAI	M. NC 27705							TI. 4. C		······································	
								e. Election Si	ım to Date		
								\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					2/8/20	10	\$	500.00	
									\$		
									S		
3. Contri	butor Informatio	on		Add	Ī	Rem	iove		I	1	
	ie, Mailing Address &			b. Job Tit	tle/Prof			d. Comments	··	<u> </u>	
	city, state, & zip)			CLERK	COF S	SUPER	IOR COURT				
JAMES F	IUNT JOHNSON										
11241 S.	FIFTH ST. #A-1						cific Field				
MEBANI	E, NC 27302			STATE	OFN	1C					
							e. Election Sum to Date				
								\$	924.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount		
		Check	Filin	g Fee			2/8/201	10	\$ 924		
									\$		
									\$	1	
	butor Informatio			Add		Rem	ove				
	ie, Mailing Address &	k Phone		b. Job Title/Profession				d. Comments			
(include	city, state, & zip)										
				a Employ	mete No	mo/Sno	aifia Field				
				c. Employer's Name/Specific Field			-				
								e. Election Sum to Date			
								\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount		
									\$		
									\$		
									\$		
4. Total	only this Page)						\$		1,424.00	
5. Total	of ALL CRO	-1210 Pages						\$		3,274.00	
(This line	(This line must be on line 6 of Detailed Summary Page CRO-1100)										

					Amen	idment
n-Kind Contributions	Pg	1	of	1	\boxtimes	Yes

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
KEEP JOHNSON CLERK				ALA-X8N7V0-C-001
3. Contributor Information Add F	Remove	<u> </u>	i	
a, Full Name, Mailing Address & Phone	b. Type of C	`antributor	c Cor	uments
(include city, state, & zip)		vidual		
JAMES HUNT JOHNSON	1 122	didate		
11241 S. FIFTH ST. #A-1	Part			
MEBANE, NC 27302	PAC			
MEBANE, NC 27502	ı =	erendum	d Flo	ction Sum to Date
		er Receipt Source	u, i.i.	China Suni to Date
	L.J. CAIR	n Receipt Source	\$	924.00
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
FILING FEE		2/8/2010	_	\$ 924.00
				\$
				s
3. Contributor Information Add F	Remove			
a. Full Name. Mailing Address & Phone	b. Type of C	ontributor	e. Cor	nments
(include city, state, & zip)	Indir	vidual		
	Can	didate		
	Part	y.		
	PAC	•	ļ Ī	
	Refe	rendum	d. Ele	etion Sum to Date
	Othe	er Receipt Source		
	_		S	
e. Description		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
				\$
				s
				\$
3. Contributor Information Add F	Remove			
a. Full Name, Mailing Address & Phone	b, Type of C	ontributor	e. Con	nments
(include city, state, & zip)	Indi	vidual		
	Can	didate		
	Party	y.		
	PAC	•		
	Refe	rendum	d. Ele	ction Sum to Date
	Dthe	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	924.00
5. Total of ALL CRO-1510 Pages			 \$	924.00
(This line must be on line 17 of Detailed Summary Page CRO-1100)			Ф	724. 00

No