

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

1. Committee Information					
a. Full Name			c. ID Number		
JOHNSON FOR SHERIFF			OD40PX		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
P. O. BOX 1446 GRAHAM, N.C. 27253					
			e. Phone Number		
2. Candidate Information		<input checked="" type="checkbox"/> Candidate's Primary Committee			
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
TERRY STEVEN JOHNSON		OD40PX		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
3934 SPANISH OAK HILL RD SNOW CAMP, N.C. 27349		SHERIFF OF ALAMANCE Co.		ALAMANCE COUNTY	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
PAUL EDGAR COBB JR.			PAUL EDGAR COBB JR.		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
3530 CARDWELL DRIVE BURLINGTON, N.C. 27215			3530 CARDWELL DRIVE BURLINGTON, N.C. 27215		
c. Phone Number		d. Email Address	c. Phone Number		d. Email Address
336 584-1694		paul@cei-cpa.com	336 584-1694		paul@cei-cpa.com
5. Assistant Treasurer Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
c. Phone Number		d. Email Address	c. Account Code		d. Type
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.					
X PAUL E. COBB, JR.		<i>Paul E. Cobb, Jr.</i>		5-12-10	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: TERRY STEVEN JOHNSON

Treasurer Name: PAUL EDGAR COBB JR.

Treasurer Address: 3530 CARDWELL DRIVE

(include city, state, & zip) BURLINGTON, N.C. 27215

Treasurer Phone: 336 584-1694

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

05-12-10
Date Signed

Terry B. Johnson
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

Amendment

Yes

No

Disclosure Report Cover

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		c. ID Number
a. Name Johnson For Sheriff		
b. Mailing Address (include City, State and Zip Code) 3530 Cardwell Drive Burlington NC 27215		d. Date Filed 6-24-2010
		e. Phone Number 336-584-1694

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 01/01/2010	4. Period End Date (mm/dd/yy) 4/17/2010	5. Treasurer Full Name Paul E. Cobb, Jr
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6. Type of Committee (Check One)		9. Type of Report <i>(check only one type of report from one category)</i>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<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"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input checked="" type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund <i>(if applicable, check one)</i>		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
1		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	2010 First Quarter Plus
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wachovia Bank		a. Financial Institution Full Name	
b. Purpose Checking	c. Account Code C	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 19,411.33		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 of Elections.

Paul E. Cobb Jr. Printed Name of Signer Paul E. Cobb Jr. Signature of Appointed Treasurer 6-24-10 Date

FOR OFFICE USE ONLY

Date Received: 6-24-10 Employee: JG

Date Postmarked: _____ Employee: _____

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

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	
JOHNSON FOR SHERIFF	2010 FIRST QUARTER PLUS		
Start of Election Cycle: January 1, 2007	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 19411.33	\$ 20771.98	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 55.00	\$ 55.00	
6) Contributions from Individuals (CRO-1210)	\$ 22,930.00	\$ 50,403.57	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 121.75	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$ 25.23	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 4.49	\$ 44.95	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$ 200.00	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$	
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 22989.49	\$ 49,850.50	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 12,049.86	\$ 34,711.52	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 910.00	\$ 3,760.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$ 3,710.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 12,959.86	\$ 42,181.52	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 29,440.96	\$ 29,440.96	
ADDITIONAL INFORMATION			
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)	\$		
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-2200)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

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	
Johnson For Sheriff of Alamance County							
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	
JOHN H MOON 748 LOUIS GRAHAM RD BURLINGTON NC 27217				ATHLETIC DIRECTOR			
				c. Employer's Name/Specific Field ALAMANCE-BURLINGTON SCHOOL SYS			
						e. Election Sum to Date	
						\$ 1,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	C	Check		1-13-2010		\$ 1,000.00	
<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	
				c. Employer's Name/Specific Field			
						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"/>	C	Check				\$	
<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	
				c. Employer's Name/Specific Field			
						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"/>	C	Check				\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,000.00	
5. Total of ALL CRO-1210 Pages						\$ 22,930.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Other Receipt Sources

Pg ____ of ____

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:	
JOHNSON FOR SHERIFF							
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)							
<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	
WACHOVIA BANK						c. Outside Source Explanation	
						e. Election Sum to Date	
				\$ 44.95			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount		
C	BANK DEPOSIT			01/29/2010	\$ 1.41		
C	BANK DEPOSIT			02/26/2010	\$ 1.30		
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	
CONTINUED						c. Outside Source Explanation	
						e. Election Sum to Date	
				\$ 44.95			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount		
				03/31/2010	\$ 1.78		
					\$		
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	
						c. Outside Source Explanation	
						e. Election Sum to Date	
				\$			
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount		
					\$		
					\$		
5. Total only this Page						\$ 4.49	
6. Total of ALL CRO-1250 Pages						\$ 4.49	
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)							

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:	
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	
WACHOVIA BANK				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 11.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
C	BANK DRAFT	0	01/29/2010	\$.40	BANK CHARGE		
			02/26/2010	\$.36	BANK CHARGE		
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	
CONTINUED				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 11.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
			03/31/2010	\$.50	BANK CHARGE		
				\$			
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	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 1.26	
6. Total of ALL CRO-1310 Pages						\$ 12,049.86	
(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)							
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)							

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 <i>Johnson for Sheriff</i>	c. ID Number		
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 802 Graham, NC 27253</i>	d. Date Filed <i>04/26/2010</i>		
	e. Phone Number <i>336-229-4872</i>		
2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>01/01/2010</i>	4. Period End Date (mm/dd/yy) <i>04/17/2010</i>	5. Treasurer Full Name <i>Virgil L. Manuel Jr</i>
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report <i>1</i>		10. Special Report Name <i>2010 First Quarter PLUS</i>	
11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>WACHOVIA BANK</i>		a. Financial Institution Full Name	
b. Purpose <i>checking</i>	c. Account Code <i>C</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 19411.33</i>		d. Period Begin Balance <i>\$</i>
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.			
<i>Virgil L. Manuel Jr</i> Printed Name of Signer		<i>[Signature]</i> Signature of Appointed Treasurer	<i>04/26/2010</i> Date
FOR OFFICE USE ONLY			
Date Received: <i>4-26-10</i>	Employee: <i>JG</i>	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		
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	
Johnson for Sheriff		2010 First Quarter Plus			
Start of Election Cycle: January 1, 2007		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 19411.33		\$ 20771.98	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 55.00		\$ 55.00	
6) Contributions from Individuals (CRO-1210)		\$ 21930.00		\$ 49403.57	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$ 121.75	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$		\$ 25.23	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 4.49		\$ 44.95	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$ 200.00	
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)		\$ 21989.49		\$ 49858.50	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 21930.00		\$ 44591.66	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 910.00		\$ 3760.40	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$ 3710.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 22840.00		\$ 52061.66	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 18560.82		\$ 18560.82	
ADDITIONAL INFORMATION					
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)		\$		\$	
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-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

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
JOHNSON FOR SHERIFF	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID S. PATTERSON 4476 FRIENDSHIP PATTERSON MILL RD BURLINGTON, NC 27215 336-336-2268	b. Job Title/Profession DENTIST	d. Comments
	c. Employer's Name/Specific Field SELF EMPLOYED	e. Election Sum to Date \$ 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"/>	C	CHECK		02/17/2010	\$ 100.00
<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) DANIEL R. MACE 7108 ANCHORAGE LANE TEGA CAY, SC 29708 803-547-6743	b. Job Title/Profession Retired	d. Comments
	c. Employer's Name/Specific Field	e. Election Sum to Date \$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	C	CHECK		02/22/2010	\$ 150.00
<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) EDGAR VAN POTEAT 1324 TUCKER ST BURLINGTON, NC 27215 336-684-3638	b. Job Title/Profession RETIRED	d. Comments
	c. Employer's Name/Specific Field	e. Election Sum to Date \$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	C	CHECK		02/25/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 350.00
5. Total of ALL CRO-1210 Pages	\$ 21930.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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	
JOHNSON FOR SHERIFF							
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	
THOMAS MANNING 2035 STUART COURT BURLINGTON, NC 27215 336-585-0361				EXECUTIVE			
				c. Employer's Name/Specific Field			
				FIDELITY BANK		e. Election Sum to Date	
						\$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	C	CHECK		03/24/2010		\$ 125.00	
<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	
DEANNA MANNING 2035 STUART COURT BURLINGTON, NC 27215 336-585-0361				DIRECTOR			
				c. Employer's Name/Specific Field			
				FAMILY JUSTICE CENTER		e. Election Sum to Date	
						\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	C	CHECK		03/24/2010		\$ 125.00	
<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	
JEFF LAMM 7546 LINDLEY MILL RD GRAHAM NC 27253 336-516-0712				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				FARMER		e. Election Sum to Date	
						\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	C	CHECK		02/14/2010		\$ 300.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages						\$ 21930.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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	
JOHNSON FOR SHERIFF							
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	
ERNEST KOURY 1034 SHALLOWFORD CH RD ELON, NC 27244 336-584-2797				EXECUTIVE			
				c. Employer's Name/Specific Field			
				KOURY HOSIERY MILLS			
						e. Election Sum to Date	
						\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	C	CHECK		03/12/2010		\$ 200.00	
<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	
R. KIRK PUCKETT 431 WESTHAMPTON DR BURLINGTON, NC 27215 336-584-9151				ADMINISTRATION			
				c. Employer's Name/Specific Field			
				ALAMANCE COMMUNITY COLLEGE			
						e. Election Sum to Date	
						\$ 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"/>	C	CHECK		02/18/2010		\$ 100.00	
<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	
BILL MANESS 7561 BAYFIELD RD SNOW CAMP, NC 27349 336-376-3900				EXECUTIVE			
				c. Employer's Name/Specific Field			
				POTHOLES USA			
						e. Election Sum to Date	
						\$ 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"/>	C	CHECK		03/09/2010		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages						\$ 21950.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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	
JOHNSON FOR SHERIFF						
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	
MAURICE KOURY 510 ENGLEMAN AVE BURLINGTON NC 27215 336-584-0442			EXECUTIVE			
			c. Employer's Name/Specific Field			
			KOURY HOSIERY MILLS			
					e. Election Sum to Date	
					\$ 2200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		03/12/2010	\$ 2000.00	
<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	
ANN KOURY 510 ENGLEMAN AVE BURLINGTON, NC 27215 336-584-0442			HOMEMAKER			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		03/12/2010	\$ 2000.00	
<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 D. LAMM 7354 LINDLEY MILL RD GRAHAM, NC 27253 336-376-6687			FARMER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		03/12/2010	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 4200.00	
5. Total of ALL CRO-1210 Pages					\$ 21930.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
JOHNSON FOR SHERIFF						
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	
ALLEN E. GANT, JR 1022 W. DAVIS ST BURLINGTON, NC 27215 336-226-1126			EXECUTIVE			
			c. Employer's Name/Specific Field			
			GLEN RAVEN MILLS			
					e. Election Sum to Date	
					\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		03/31/2010	\$ 2000.00	
<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	
F.D. HORNADAY III 7162 COBLE MILL ROAD SNOW CAMP, NC 27349 336-376-8979			<i>Executive</i>			
			c. Employer's Name/Specific Field			
			<i>Kent West Fabrics Inc</i>			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		03/30/2010	\$ 1000.00	
<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	
DOUGLAS W. KIMREY 3289 MATTE FLORENCE DR GRAHAM, NC 27253 336-436-0183			OWNER			
			c. Employer's Name/Specific Field			
			DOUG KIMREY PLUMBING			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		03/30/2010	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3250.00	
5. Total of ALL CRO-1210 Pages					\$ 21,930.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
JOHNSON FOR SHERIFF						
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	
JOEL DEAN WARD 1143 CHALLENGE DR GRAHAM, NC 27253 336-578-2724			EXECUTIVE			
			c. Employer's Name/Specific Field TRIAD TURF MANAGEMENT			
					e. Election Sum to Date \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/30/2010		\$ 250.00
<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	
DAVID I. SMITH 2714 W. FRONT ST BURLINGTON, NC 27215 336-260-2739			RETIRED			
			c. Employer's Name/Specific Field ATTORNEY			
					e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/25/2010		\$ 100.00
<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	
JOHN LOUIS FOUST ST 1019 WHITTEMORE RD GRAHAM, NC 27253 336-226-1515			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$ 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"/>	C	CHECK		03/25/2010		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 2,193.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
JOHNSON FOR SHERIFF						
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	
DAN W. INGLE 6388 RASCOE RD BURLINGTON, NC 27217 336-421-9780			REPRESENTATIVE			
			c. Employer's Name/Specific Field			
			NC HOUSE OF REPRESENTATIVES			
					e. Election Sum to Date	
					\$ 1100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/25/2010		\$ 1000.00
<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	
GENE KIMREY PO BOX 2314 BURLINGTON, NC 27215 336-226-5896			OWNER			
			c. Employer's Name/Specific Field			
			GENE KIMREY PLUMBING			
					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"/>	C	CHECK		03/25/2010		\$.250.00
<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	
ALBERT FREEMAN 1065 DUNMORE DR BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			FREEMAN ELECTRIC			
					e. Election Sum to Date	
					\$ 1500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/23/2010		\$ 1500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 2750.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 21930.00	

Contributions from Individuals

Pg 8 of 14 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	
JOHNSON FOR SHERIFF						
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	
TERRY D. CRENSHAW 514 FIELDSTONE DR BURLINGTON, NC 27215 336-538-1955			EXECUTIVE			
			c. Employer's Name/Specific Field CAROLINA NISSAN			
					e. Election Sum to Date \$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/22/2010		\$ 1000.00
<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	
WENDY B. CRENSHAW 514 FIELDSTONE DR BURLINGTON, NC 27215 336-538-1955			EXECUTIVE			
			c. Employer's Name/Specific Field CAROLINA NISSAN			
					e. Election Sum to Date \$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/22/2010		\$ 1000.00
<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	
PERRY NICHOLS 509 TRUITT DR ELON, NC 27244 336-538-1268			EXECUTIVE			
			c. Employer's Name/Specific Field NICHOLS DODGE			
					e. Election Sum to Date \$ 2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/22/2010		\$ 2000.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 4000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 21930.00	

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	
JOHNSON FOR SHERIFF						
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	
JOE A. TICKLE 866 HUFFMAN MILL RD BURLINGTON, NC 27215 336-584-6159			OWNER			
			c. Employer's Name/Specific Field JOES SERVICE CENTER			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/22/2010		\$ 250.00
<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	
HENRY LEE WOOD HWY 87 SOUTH GRAHAM, NC 27253 336-570-0820			OWNER			
			c. Employer's Name/Specific Field HENRYS TIRE & AUTOMOTIVE			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		04/01/2010		\$ 250.00
<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	
LARRY M. ISLEY 3931 SPANISH OAK HILL RD SNOW CAMP, NC 27349 336-227-3193			OWNER			
			c. Employer's Name/Specific Field LARRY ISLEY SEEDING			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/31/2010		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages					\$ 21,300.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
JOHNSON FOR SHERIFF						
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	
W. JOE LINDLEY 3159 E GREENSBORO CHAPEL HILL RD SNOW CAMP, NC 27349 336-376-3774			OWNER			
			c. Employer's Name/Specific Field			
			LINDLEY FARMS			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/25/2010		\$ 200.00
<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	
THOMAS L. COBLE 2017 DOWNING COURT BURLINGTON, NC 27215 336-584-8717			OWNER			
			c. Employer's Name/Specific Field			
			COBLE TRENCH SAFETY			
					e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		03/30/2010		\$ 1000.00
<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	
JACK W. FOUSHEE 523 POPULAR ST GRAHAM, NC 27253 336-228-6275			RETIRED			
			c. Employer's Name/Specific Field			
					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"/>	C	CHECK		04/04/2010		\$ 40.00
<input type="checkbox"/>	C	CHECK		02/22/2010		\$ 40.00
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1280.00	
5. Total of ALL CRO-1210 Pages					\$ 1930.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
JOHNSON FOR SHERIFF						
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	
HAL DEAN MANN 5954 RUMLEY RD GRAHAM, NC 27253 336-376-9531			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		04/09/2010	\$ 250.00	
<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 C. RICH 211 N MELVILLE ST GRAHAM, NC 27253 336-227-3056			MAJOR			
			c. Employer's Name/Specific Field			
			ALA CO SHERIFF DEPT			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		04/07/2010	\$ 250.00	
<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	
RICHARD C. MANN 1982 SWEPSONVILLE RD GRAHAM, NC 27253 336-228-1898			OWNER			
			c. Employer's Name/Specific Field			
			SOUTHERN TIRE SALES			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		04/08/2010	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1000.00	
5. Total of ALL CRO-1210 Pages					\$ 2,150.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
JOHNSON FOR SHERIFF						
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	
DAVID W. WESTCOTT PO BOX 1598 BURLINGTON, NC 27216 336-228-0141			OWNER			
			c. Employer's Name/Specific Field			
			WESTCOTT BUICK PONTAC			
					e. Election Sum to Date	
					\$ 1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		04/01/2010		\$ 1000.00
<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	
TRAVIS W. HACKNEY 2475 A LYNCH STORE RD MEBANE, NC 27302 919-304-2596			SGT.			
			c. Employer's Name/Specific Field			
			ALA CO SHERIFF DEPT			
					e. Election Sum to Date	
					\$ 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"/>	C	CHECK		04/12/2010		\$ 100.00
<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	
KENNETH D. STAINBACK 2309 CHURCHILL DR BURLINGTON, NC 27215 336-584-0284			OWNER			
			c. Employer's Name/Specific Field			
			MCCLURE FUNERAL HOME			
					e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	C	CHECK		04/12/2010		\$ 125.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 1225.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 21950.00	

Contributions from Individuals

Pg 13 of 14 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	
JOHNSON FOR SHERIFF							
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	
ERNEST A. KOURY, JR 2502 HOSKINS RD BURLINGTON, NC 27215 336-226-8673				EXECUTIVE			
				c. Employer's Name/Specific Field CAROLINA HOSIERY			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	C	CHECK		04/12/2010		\$ 500.00	
<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	
CHARLES H. ISLEY 6694 KINESVILLE LIBERTY, NC 27298 336-565-9794				ASST COMMISSIONER			
				c. Employer's Name/Specific Field NC AGRICULTURE COMM.			
						e. Election Sum to Date	
						\$ 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"/>	C	CHECK		04/13/2010		\$ 100.00	
<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	
DEBRA W.. STAINBACK 2309 CHURCHILL DR BURLINGTON, NC 27215 336-584-0284				OWNER			
				c. Employer's Name/Specific Field MCCLURE FUNERAL HOME			
						e. Election Sum to Date	
						\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	C	CHECK		04/12/2010		\$ 125.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 725.00	
5. Total of ALL CRO-1210 Pages						\$ 2,900.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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	
JOHNSON FOR SHERIFF						
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	
BRAD KOURY 1513 ALTAMAHAW UNION RIDGE RD BURLINGTON NC 27217 336-584-5013			EXECUTIVE			
			c. Employer's Name/Specific Field			
			KOURY HOSIERY MILLS			
					e. Election Sum to Date	
					\$ 1100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	C	CHECK		03/12/2010	\$ 1000.00	
<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	
			c. Employer's Name/Specific Field			
					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"/>					\$	
<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	
			c. Employer's Name/Specific Field			
					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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1000.00	
5. Total of ALL CRO-1210 Pages					\$ 61920.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page

1 of 1

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) <i>Johnson for Sheriff</i>	2. ID Number
--	---------------------

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	<i>C</i>	<i>cash</i>		<i>03/12/2018</i>	\$ 30.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	<i>C</i>	<i>check</i>		<i>02/14/2010</i>	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
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<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page						\$ 55.00
5. Total of ALL CRO-1205 Pages						\$ 55.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Other Receipt Sources

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	
<i>Johnson for Sheriff</i>					
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	
<i>WALTONIA BANK</i>					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
<i>C</i>	<i>Bank deposit</i>		<i>01/29/2010</i>	\$ <i>1.41</i>	
			<i>02/26/2010</i>	\$ <i>1.30</i>	
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	
<i>continued</i>					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
			<i>03/31/2010</i>	\$ <i>1.78</i>	
				\$	
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	
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ <i>4.49</i>	
6. Total of ALL CRO-1250 Pages				\$ <i>4.49</i>	
<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>					

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) <i>Jackson for Shelby</i>						2. ID Number
3. (Type of Disbursement) (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input checked="" 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) <i>Elon Young Republicans Campus Box 3051 Elon NC 27244</i>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>A</i>	<i>check</i>	<i>0</i>	<i>03/10/2010</i>	<i>\$300.00</i>	<i>donation</i>	
				\$		
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	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ 200.00
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)						\$ 910.00
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

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) <i>Jarrison for Sheriff</i>						2. ID Number
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses		<input checked="" 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) <i>Parson for NC House 1617 Saint Andrews Dr Melbane NC 27302 919-563-0446</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>C</i>	<i>check</i>	<i>D</i>	<i>03/24/2010</i>	<i>\$250.00</i>		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Republican National Committee PO Box 96944 Washington DC 20099-9566 1-800-445-5786</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>C</i>	<i>check</i>	<i>G</i>	<i>02/01/2010</i>	<i>\$200.00</i>	<i>2010 Membership</i>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Brad Allen for Judge 1325 Ridge Crest Ave Burlington NC 27215 336-227-0032</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$260.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>C</i>	<i>check</i>	<i>D</i>	<i>04/03/2010</i>	<i>\$260.00</i>		
				\$		
5. Total only this Page						\$ 710.00
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)						\$ 910.00
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

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) <u>Johnson for Sheriff</u>					2. ID Number
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 <i>(include city, state, & zip)</i> <u>Residential Treatment Services</u> <u>PO Box 427</u> <u>Burlington NC 27216</u> <u>336-227-2994</u>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <u>320.00</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>C</u>	<u>check</u>	<u>0</u>	<u>01/25/2010</u>	<u>\$ 90.00</u>	<u>donation</u>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Var's Advertising</u> <u>3264 Var Dr.</u> <u>Burlington NC 27215</u> <u>336-226-7400</u>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <u>7827.82</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>C</u>	<u>check</u>	<u>H</u>	<u>01/29/2010</u>	<u>\$ 790.67</u>	<u>campaign items</u>
			<u>03/12/2010</u>	<u>\$ 1007.51</u>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <u>Var's Advertising</u> <u>Continued</u>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ <u>7827.82</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>C</u>	<u>check</u>	<u>H</u>	<u>04/07/2010</u>	<u>\$ 6029.64</u>	<u>campaign items</u>
				\$	
5. Total only this Page					\$ <u>7917.82</u>
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>					\$ <u>12049.86</u>
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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) <i>Johnson for Sheriff</i>					2. ID Number
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 <i>(include city, state, & zip)</i> <i>Alamance County Board of Elections</i> <i>115 S Maple St.</i> <i>Graham NC 27253</i> <i>336-570-6755</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 927.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>C</i>	<i>check</i>	<i>H</i>	<i>02/24/2010</i>	<i>\$677.00</i>	<i>filings fees</i>
<i>C</i>	<i>check</i>	<i>H</i>	<i>03/23/2010</i>	<i>\$ 177.92</i>	<i>CD</i> <i>etc</i>
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>Ala County Board of Elections</i> <i>Continued</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 927.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>C</i>	<i>check</i>	<i>H</i>	<i>03/30/2010</i>	<i>\$12.94</i>	<i>CD & labels etc</i>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> <i>US Post Office</i> <i>Marshall St</i> <i>Graham NC 27253</i> <i>336-275 8777</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 236.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>C</i>	<i>check</i>	<i>I</i>	<i>03/09/2010</i>	<i>\$ 44.00</i>	
<i>C</i>	<i>check</i>	<i>I</i>	<i>04/13/2010</i>	<i>\$ 96.00</i>	
5. Total only this Page					\$ 1067.86
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>					\$ 12049.86
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other		D - To Another Candidate		H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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) <u>Johnson for Sheriff</u>					2. ID Number
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
<u>1450 ...</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <u>200.00</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>check</u>	<u>A</u>	<u>01/19/2010</u>	\$ <u>200.00</u>	<u>Radio advertising</u>
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
<u>...</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <u>700.00</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>check</u>	<u>H</u>	<u>01/19/2010</u>	\$ <u>...</u>	<u>ad on placards</u>
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
<u>...</u>			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <u>100.00</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>check</u>	<u>O</u>	<u>...</u>	\$ <u>...</u>	<u>donation</u>
5. Total only this Page					\$ <u>950.00</u>
6. Total of ALL CRO-1310 Pages					\$ <u>12049.86</u>
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other		D - To Another Candidate		H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

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) <i>Johnson for Sheriff</i>						2. ID Number
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
<i>Graham Rotary Club PO Box 301 Graham NC 27253 336-578-5070</i>						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>c</i>	<i>check</i>	<i>0</i>	<i>04/01/2010</i>	<i>\$ 125.00</i>	<i>donation</i>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
<i>Family Abuse Services PO Box 2192 Burlington NC 27216 336-226-5982</i>						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>c</i>	<i>check</i>	<i>0</i>	<i>03/29/2010</i>	<i>\$ 250.00</i>	<i>donation</i>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
<i>Alan Kilpatrick 3544 Sparrowhawk Rd Snow Camp NC 27349 336-227-9288</i>						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>c</i>	<i>check</i>	<i>c</i>	<i>04/07/2010</i>	<i>\$ 150.00</i>	<i>Purchase trout</i>	
				\$		
5. Total only this Page						\$ 525.00
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>						\$ 12049.86
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

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) <i>Johnson for Sheriff</i>					2. ID Number
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	
<i>Apple Time LLC PO Box 9210 Canton TX 75103 800-892-2115</i>		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 3781.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>C</i>	<i>check</i>	<i>H</i>	<i>03/12/2010</i>	<i>\$ 822.92</i>	<i>campaign items</i>
				\$	
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	
<i>Ramapo Co Chamber of 605 Lexington Ave Commerce Burlington NC 27215 336-228-1338</i>		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 265.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>C</i>	<i>check</i>	<i>C</i>	<i>03/22/2010</i>	<i>\$ 265.00</i>	<i>donation</i>
				\$	
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	
<i>PNP Media 2120 Hammis Hill Rd Hwy 1 River NC 27258 336-578 0888</i>		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>C</i>	<i>check</i>	<i>C</i>	<i>03/24/2010</i>	<i>\$ 500.00</i>	<i>advertising</i>
				\$	
5. Total only this Page					<i>\$ 1587.92</i>
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)					<i>\$ 12047.86</i>
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

This form is 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) **JOHNSON FOR SHERIFF** 2. ID Number

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
WALDOVIA BANK

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
C	Bank Draft	B	01/27/2010	\$.40	Bank Charge
C			02/26/2010	\$.36	Bank Charge

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Continued

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			03/31/2010	\$.50	Bank Charge
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date
\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
				\$	1.26

5. Total only this Page

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)

\$ 12049.86

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	O* - Other

* Codes require detailed explanation in required remarks field (k)