Amendment

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.

	form to update if	Homation.						
1. Committee In	formation							c. ID Number
a. Full Name								
JOHNSON FOI	R SHERIFF ELI	ECTION COM	<i>I</i> MITT	EE				1
			<u> </u>					d. Date Filed
b. Mailing Addre		State and Zip	Code)					
3530 CARDWI	ELL DR							04/19/2016
BURLINGTON								e. Phone Number
						((22)	5 Tungan	er Full Name
2. Report Year	3. Period Start	Date (mm/dd/y	(y)	4. Period E	nd Date	(mm/dd/yy)		
2015	07/	01/2015		1	2/31/201	15	PAUL CO	BR 1K
2013	077	01,2010		<u> </u>		7 7		ant from one category)
6. Type of Comr	mittee (Check O	ne)		e of Report			type oj rep	ort from one category) Referendum
X Candidate Car	npaign 🔲 Part	y	Munic			tate/County		Organizational
☐ Joint Fundrais				Organization	1	_	mai	
Referendum		l Expense Fund		Thirty-five	nay	Quarterly		Pre-referendum Final
7. Type of Fund	(if applicable	, check one)		Pre-primary	<u> </u>	First	1	Supplemental Final
☐ "Booster Fund	d"			Pre-election	15	Second	1	Annual
Building Fund				Pre-runoff		Third		I
	Election Year Cand			Semi-annual	1-] Fourth		Special Special
NC Public Ca	mpaign Financing	Fund		Mid Yea	· .	Semi-annu		10. Special Report Name
				Year Er	id [Mid Y		10. Special Report Name
Other:				Final	Į.	Year I	end	1
8. Number of F	undraisers this	Report		Special] Final		
011100000	1		1		[Special		
			<u> </u>		2 4	unt Informa	tion	
3. Account Info	ormation					cial Institut		me
a. Financial Ins	titution Full Nar	ne	,		a. Finan	Ciai institut	Ull Tull Two	
WELLS FARC	GO							
					L D.			c. Account Code
b. Purpose		c. Account Co	de		b. Purpo			
CAMPAIGN A	ACCOUNT		1					
					l			d. Period Begin Balance
1		d. Period Begi	in Bala	nce				d. Fellou Begin Datanes
		\$ 790	2 (/	0				\$
		9 190	2.7	<i>ં</i>	<u> </u>			
CERTIFICATI	ON						04 .1.1.	22 A 22D & 22D 22M of
1	. ~	or Fund is in c	omplia	nce with all	applicab	le provision	s of Article	22A, 22B & 22D-22M of
funds. I fur	ther certify that	this report is c	omplet	e, true and o	correct as	nd that I hav	e been trai	ned by the NC State Board
	111	1			C		/.	04/19/2016
Yau/	(365)	Q.L.		40	<u>7 سر</u>	(M	7	Date
	Printed Name of	Signer		' Sig	nature of	Appointed TA	easurer	Date
FOR OFFICE	USE ONLY AP					Δd	_	an and t
TOROTAGE	AP	R Z 1 2016	j	Emplo	N. 1001	1 Het	Ī	Delivery Method
Date Rece	ived:			Empre	byee	- 12/11	_ [Normal Mail
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Date Posti	marked: _			Emple	yee: _		 [Hand Delivered
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1				·			•	Signer has not received
Date Data	Entered: _			Empl	oyee: _			mandatory training
				1	400 !- C-	mation and	ac the con	mittee address, treasurer.
Please N	ote: This form	cannot be use	d to an	nend commit	tee intor	mation such	1 45 tile coll	nmittee address, treasurer,
1	acciete	ant treasurer.	custodi	ian of books	informa	tion, or acco	une mnomis	ation.
1	T/	nd the Statem	ent of (Organization	(CRO-2	100A-E) to r	nake commi	ttee 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 Re		3. ID Number			
		nd Semi-Annual				
Start of Election Cycle: January 1, 2012	Total this Reporting Peri	od	Total this Election Cycle			
4) Cash on Hand at Start	<u></u>	\$ 7,903		\$ 8,702.48		
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 300	.00	\$ 300.00		
6) Contributions from Individuals	(CRO-1210)	\$ 36,672	.00	\$ 36,672.00		
7) Contributions from Political Party Committees	(CRO-1220)	· · · · · · · · · · · · · · · · · · ·	.00	\$ 0.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 300		\$ 300.00		
9) Loan Proceeds	(CRO-1410)		.00	\$ 0.00		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	<u> </u>	.00	\$ 0.00		
11) Other Receipt Sources	, ,					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	.00	\$ 0.00		
	(CRO-1250)		.00	\$ 0.00		
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)		.00	\$ 750.00		
11c) Outside Sources of Income	(CRO-1270)	····	.00	\$ 0.00		
11d) Legal Expense Fund - Other Sources	(CRO-1265)			\$ 0.00		
11e) Exempt Purchase Price Sales			.00	\$ 38,022.00		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	, i i u anu i i e)	\$ 37,272	.00	\$ 36,022.00		
EXPENDITURES 13) Disbursements						
, and the second	(CRO-1310)	\$ 7,658	47	\$ 8,707.47		
13a) Operating Expenditures	(CRO-1310)	\$ 2,250		\$ 2,750.00		
13b) Contributions to Candidates/Political Committees	(CRO-1310)			\$ 0.00		
13c) Coordinated Party Expenditures	(CRO-1315)		.00			
14) Aggregated Non-Media Expenditures			.00			
15) Loan Repayments	(CRO-1420)		.00	\$ 0.00		
16) Refunds/Reimbursements from the Committee	(CRO-1320)		.00	\$ 0.00		
17) In-Kind Contributions	(CRO-1510)	\$ 2,672		\$ 2,672.00		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13		\$ 12,630		\$ 14,179.47		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 32,545	.01	\$ 32,545.01		
ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	0.00			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		0.00	7.2		
22) Debts and Obligations owed by the Committee	(CRO-1610)	<u> </u>	0.00			
	(CRO-1620)		0.00			
23) Debts and Obligations owed to the Committee	(CRO-1720)).00			
24) Account Transfers Within the Committee	(CRO-1710)	<u> </u>	0.00	\$ 0.00		
25) Administrative Support						
26) Forgiven Loans	(CRO-1440)		0.00			
27) 48-Hour Notice Reports Sum	(CRO-2220) (CRO-1215)	 	0.00	<u> </u>		
28) Contributions to be Refunded NC State Boa	rd of Elections	\$ (0.00	\$ 0.00 August 2008		

Contributions from Individuals

				Amendme	ent
Pg	4	of	27	X Yes	☐ No

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

1. Com	mittee Full Name	(and Fund if applicabl	le)				2. 1	D Number	
JOHNS	SON FOR SHERI	FF ELECTION COM	IMITTEE						
3. Cont	ributor Informati	on		Add	☐ Rei	move			
	lame, Mailing Add			b. Job T	itle/Pr	ofession	d. (Comments	
(inclu	de city, state, & z	ip)		RETIR	ED				
BUD C									
	ICCRAY RD	2017		c. Empi	oyer's	Name/Specific Field			
BUKLI	NGTON, NC 27	217					e. F	lection Sum to	Date
							-		
							\$]	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	1	Check				09/16/2015		\$	100.00
					·			\$	
								\$	
	ributor Informati					nove			
	ame, Mailing Add			b. Job T	itle/Pr	ofession	d. (Comments	
	de city, state, & z	ip)		OWNE	R				
	Y CARDWELL	. (2)		c. Empl	over's	Name/Specific Field			
	OUTH NC HWY NGTON, NC 27			RANDY CARDWELL					
BUKLI	NG101, NC 27	213		TRUCKING			e. Election Sum to Date		
				1100			\$		100.00
		<u>,</u>					\$	*···	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	*********	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check				09/11/2015		\$	100.00
								\$	
								\$	
	ributor Informati	 		Add		nove			
	lame, Mailing Add			b. Job T		ofession	d. (Comments	
	de city, state, & z	(P)		OWNE	R				
	COBLE OSTER STORE	ממ		c. Empl	over's l	Name/Specific Field			
	TY, NC 27298	KD		COBLE SANDROCK			İ		
LIDLA	11,110 27230				D 57 H	DROOM	e. Election Sum to Date		Date
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	1	Check				09/18/2015		\$	100.00
								\$	
								\$	·
4. Tota	al only this Pa	ge					\$	-	300.00
5. Tota	al of ALL CR	<u> </u>	Page CRO-1100)				\$	36,0	672.00
7.7760		o o, romica paninally i	-0						

Co	ntrib	ution	s from	Indi	vidua	le
					. V I	1.7

			Amename	ent
Pg	9_	of	 X Yes	☐ No

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

1. Comr	nittee Full Name	(and Fund if applicabl	le)			2.1	D Number	
JOHNS	SON FOR SHERI	FF ELECTION COM	IMITTEE					
3. Conta	ributor Informati	on		Add Rei	move			
	ame, Mailing Ado			b. Job Title/Pr	ofession	d. C	omments	
	de city, state, & zi	ip)		OWNER				
	ORNADAY III			c Employer's	Name/Specific Field	1		
	OBLE MILL RD CAMP, NC 273			KNITWEAR		1		
SINOW	CAMI, NC 275	147		KNIIWEAR	FABRICS	e. E	lection Sum	to Date
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			09/11/2015		\$	1,000.00
							\$	
							\$	
	ibutor Informati				move	,		
	ame, Mailing Add			b. Job Title/Pro	ofession	d. C	omments	
	de city, state, & z	 		OWNER				
	AEL CHAD HUF	FINES		c Employer's	Name/Specific Field			
	4 KING RD NGTON, NC 27	217		SURFACE C				
DUKLI	NGTON, NC 21	217		SURFACE C	ONCEP 13	e. E	lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount	
	1	Check			08/29/2015		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 Rei	move			
a. Full N	lame, Mailing Ado	lress & Phone		b. Job Title/Pr	ofession	d. C	omments	
	de city, state, & z	in)		A MERCANA TEXT				
OFOR	•	- 17/		ATTORNEY		}		
	GE E HUNT	- 17		}	Name/Specific Field			
2128 S	GE E HUNT OMMERS AVE			c. Employer's	Name/Specific Field			
2128 S	GE E HUNT			}	Name/Specific Field	e. E	lection Sum	to Date
2128 SO BURLI	GE E HUNT OMMERS AVE NGTON, NC 27	7215		c. Employer's SELF		\$		to Date
2128 SO BURLI	GE E HUNT OMMERS AVE NGTON, NC 27	h. Form of Payment	i. In-Kind Des	c. Employer's SELF	Name/Specific Field j. Date (mm/dd/yyyy)	\$	lection Sum k. Amount	
2128 SO BURLI	GE E HUNT OMMERS AVE NGTON, NC 27	7215	i. In-Kind Des	c. Employer's SELF		\$		
2128 Se BURLI	GE E HUNT OMMERS AVE NGTON, NC 27 g. Account Code	h. Form of Payment	i. In-Kind Des	c. Employer's SELF	j. Date (mm/dd/yyyy)	\$	k. Amount	100.00
2128 Se BURLI	GE E HUNT OMMERS AVE NGTON, NC 27 g. Account Code	h. Form of Payment	i. In-Kind Des	c. Employer's SELF	j. Date (mm/dd/yyyy)	\$	k. Amount \$ \$ \$	100.00
2128 Sc BURLI	GE E HUNT OMMERS AVE NGTON, NC 27 g. Account Code	h. Form of Payment Check	i. In-Kind Des	c. Employer's SELF	j. Date (mm/dd/yyyy)	\$	k. Amount \$ \$ \$	100.00
2128 Se BURLI f. Prior d. Tota 5. Tota	GE E HUNT OMMERS AVE NGTON, NC 27 g. Account Code 1 al only this Pa al of ALL CR	h. Form of Payment Check		c. Employer's SELF	j. Date (mm/dd/yyyy)	\$	k. Amount \$ \$ \$	100.00

Contributions from Individuals

Amendment $\frac{11}{\text{of}}$ 27 X Yes No

							· · · · · · · · · · · · · · · · · · ·	
Use	this	formto	report	individua	d contributions	over \$50 or contribution:	s under \$50 if fo	rm CRO 1205 is not used

		(and Fund if applicabl				2.1	D Number		
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE	····					
3. Conti	ributor Information	on		Add Re	move	·			
	lame, Mailing Add			b. Job Title/Pr		d. C	Comments		
(inclu	de city, state, & zi	ip)		OWNER		1			
MARK	EUGENE ISLE	Y	· · · · · · · · · · · · · · · · · · ·	1					
	PANISH OAK H			c. Employer's	Name/Specific Field	1			
SMOW	CAMP, NC 273	349		LARRY ISLI	EY SEEDING	<u></u>			
						e. I	dection Sum	to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount		
	1	Check			09/18/2015		\$	100.00	
							\$		
							\$		
3. Contr	ributor Informatio	on		Add 🔲 Rei	move				
	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments		
	de city, state, & zi	· · · · · · · · · · · · · · · · · · ·		OWNER	-				
	TEL L JOHNSON	٧			N1 /0	1			
	HERRY LANE				Name/Specific Field	-			
GRAH	AM, NC 27253		-	J & J ACCOUNTING			e. Election Sum to Date		
						e. r	ZELUJU SUM	to Date	
						\$		100.00	
C T . 1	a Account Cade	h. Form of Payment	i. In-Kind Des	crintian	i Data (mm/dd/www)		I. Amount		
I. Prior	g. Account Code		II. III-IUIU Des		j. Date (mm/dd/yyyy)	<u> </u>	k. Amount		
f. Prior	1	Check	I. All-Talle Des	CTT ps. con	09/22/2015		\$	100.00	
								100.00	
			T. All All a Des				\$	100.00	
		Check					\$	100.00	
	1	Check			09/22/2015 move		\$	100.00	
□ □ 3. Contra. Full N	1 ributor Informati	Check on dress & Phone		Add □ Re	09/22/2015 move		\$ \$ \$	100.00	
3. Contra. Full N	ributor Information Mame, Mailing Addide city, state, & zi	Check on dress & Phone ip)		Add Red b. Job Title/Pr PLUMBER	09/22/2015 move rofession		\$ \$ \$	100.00	
3. Conta a. Full N (inclu DOUG 3289 M	ributor Information Vame, Mailing Addite city, state, & zince LAS KIMREY	Check on dress & Phone ip)		Add Re b. Job Title/Pr PLUMBER c. Employer's	09/22/2015 move rofession Name/Specific Field		\$ \$ \$	100.00	
3. Conta a. Full N (inclu DOUG 3289 M	ributor Information Mame, Mailing Addide city, state, & zi	Check on dress & Phone ip)		Add Re b. Job Title/Pr PLUMBER c. Employer's	09/22/2015 move rofession	d. (\$ \$ \$		
3. Conta a. Full N (inclu DOUG 3289 M	ributor Information Vame, Mailing Addite city, state, & zince LAS KIMREY	Check on dress & Phone ip)		Add Re b. Job Title/Pr PLUMBER c. Employer's	09/22/2015 move rofession Name/Specific Field	d. (\$ \$ \$ Comments		
3. Contra. Full N (inclu DOUG 3289 M GRAH	ributor Information Name, Mailing Addide city, state, & zi LAS KIMREY IATTIE FLOREN AM, NC 27253	Check on dress & Phone ip) NCE DRIVE		Add Red b. Job Title/Pr PLUMBER c. Employer's	09/22/2015 move rofession Name/Specific Field	d. (\$ \$ \$ Comments	to Date	
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3. Contra. Full N (inclu DOUG 3289 M GRAH	ributor Information Name, Mailing Addide city, state, & zi LAS KIMREY IATTIE FLOREN AM, NC 27253	Check on dress & Phone ip) NCE DRIVE		Add Red b. Job Title/Pr PLUMBER c. Employer's	move rofession Name/Specific Field REY PLUMBING	d. (\$ \$ Comments	to Date	
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3. Contra. Full N (inclu DOUG 3289 M GRAH f. Prior	ributor Information of Ame, Mailing Addide city, state, & zi LAS KIMREY MATTIE FLOREMAM, NC 27253 g. Account Code 1 al only this Pa al of ALL CRO	on dress & Phone ip) NCE DRIVE h. Form of Payment Check	i. In-Kind Des	Add Red b. Job Title/Pr PLUMBER c. Employer's	09/22/2015 move refession Name/Specific Field REY PLUMBING	d. (e. I	\$ \$ \$ Comments Dection Sum k. Amount \$ \$	to Date 100.00	