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.

1. Committee In	nformation								
a. Full Name								c. ID Number	
JOHNSON FO	R SHERIFF E	LECTION CO	MMIT	TEE					
b. Mailing Addre	ess (include Ci	ty, State and Zij	p Code)					d. Date Filed	
3530 CARDW BURLINGTON			,	DF 10 4				07/18/2016	
	,,,,,,		(07-18-1	6 P 0 3	:46 RCVD		e. Phone Number	
2. Report Year	3. Period Star	t Date (mm/dd/	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name	
2016 01/01/2016				06/30/2	2016	PAUL CO	BB JR		
6. Type of Comr		One)		e of Repor	t (ci	heck only one	type of repo	ort from one category)	
X Candidate Can		•	Munic			State/County		Referendum	
Joint Fundrais	level .			Organizatio		☐ Organizatio	nal	☐ Organizational	
Referendum		gal Expense Fund		Thirty-five		Quarterly		Pre-referendum	
7. Type of Fund		le, check one)		Pre-primar		First		Final	
Booster Fund	1"			Pre-election	1	Second		Supplemental Final	
Building Fund	1	Tild E 1		Pre-runoff		Third		Annual	
	lection Year Can npaign Financing			Semi-annua Mid Ye		Fourth		☐ Special	
INC I dolle Call	пратуп т шапсшу	grund		Year E		Semi-annua Mid Ye		10 C ' 1 D / NT	
Other:			H	Final	uu	Year E		10. Special Report Name	
8. Number of Fu	indraisare this	Raport	H	Special		Final	uu		
O. I (united) Of I u	0	Report		Sp T T T T		Special			
2 1 1 5					a .				
3. Account Information a. Financial Institution Full Name						ount Informati		Δ	
WELLS FARG		<u></u>			a. Fina	inciai institutio	THE FULL INAM		
WELESTING	0								
b. Purpose		c. Account Cod	e		b. Purp	oose		c. Account Code	
CAMPAIGN A	CCOUNT		1						
		d. Period Begin	Balan	ce				d. Period Begin Balance	
		\$ 32,59	15.0	71				32545.01	
CERTIFICATIO	N	,							
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 Printed Name of Signer O7/18/2016 Signature of Appointed Treasurer Date									
FOR OFFICE US	SEONLY								
Date Receive	ed:	7-18-16	_	Emplo	yee: _	76	- 0	<u>ivery Method</u> Normal Mail	
Date Postma	rked:	./-!:	_	Emplo	yee: _			Registered Mail Hand Delivered	
Date Scanne	d:	8/3/16	_	Employ	yee: _	JG	- 0	Electronically Filed	
Date Data En	itered:		_	Employ	yee: _			Signer has not received mandatory training	
	assistan	nt treasurer, cus	todian	of books is	nformat		it informatio		

Amendment ☐ Yes 🛛 No

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			ID Numl	ber
JOHNSON FOR SHERIFF ELECTION COMMITTEE	2016 Mid Ye	ear Semi-Annual			
Start of Election Cycle: January 1, 2016		Total this Reporting Pe	riod	1	Total this ction Cycle
4) Cash on Hand at Start		\$ 32,54	5.01	\$	32,545.01
RECEIPTS				-	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	0.00
6) Contributions from Individuals	(CRO-1210)	\$ 15	0.00	\$	150.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00
11) Other Receipt Sources		A motor			
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 15	0.00	\$	150.00
EXPENDITURES					
13) Disbursements		al de la companya de			
13a) Operating Expenditures	(CRO-1310)	\$ 4,64	1.00	\$	4,641.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 2,00	0.00	\$	2,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	0.00
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00
17) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 6,64	1.00	\$	6,641.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 26,05	4.01	\$	26,054.01
ADDITIONAL INFORMATION		<u></u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		0.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)		0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	 	0.00	\$	0.00
28) Contributions to be Refunded ORO-1100 NC State Board	(CRO-1215)	\$	0.00	\$	0.00 August 2008

Con	ridutions ir	rom Individuals	S	3	$Pg = \frac{1}{1}$ of $\frac{1}{1}$	_	☐ Yes	X No	
Use thi	s form to report in	ıdividual contribution	s over \$50 or co	ontributions	under \$50 if form CRO	1205	is not used		
1. Com	mittee Full Name	(and Fund if applicab	le)			2.1	D Number		
JOHN!	SON FOR SHERI	IFF ELECTION COM	MITTEE						
3. Cont	ributor Informati	íon		Add 🔲 I	Remove	<u> </u>			
a. Fuli l	Name, Mailing Add	dress & Phone		b. Job Title/Profession			d. Comments		
(inclu	ide city, state, & z	.ip)		RETIRED					
CLARI	ENCE G BYRD J	ЛR							
3361A GARDEN RD				c. Employer's Name/Specific Field					
BURL	INGTON, NC 27	<i>1</i> 215							
						e. E	lection Sum	to Date	
						\$		150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			01/27/2016		\$	150.00	
				ht - sk			\$		
							\$		
4. Tota	al only this Pa	ge				\$		150.00	

CRO-1210

5. Total of ALL CRO-1210 Pages

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

NC State Board of Elections

150.00 April 2007

\$

Amendment

		Amendment
Disbursements	Pg <u>1</u> of _	2 Yes X No

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Nur	nber
JOHNSON FO	R SHERIFF ELEC	TION COMMITT	ΈE					
3. Type of Disb	ursement <i>(Please</i>	use separate CRO	<i>9-1310</i>	forms for eac	h type of Disbu	rseme	nt.)	
Operating Ex	penses X Con	tributions to Candida	tes/Polit	ical Committees	Coe	ordinat	ed Party Ex	penditures
4. Payee Inform				Add 🔲	Remove		-	
a. Full Name, M	ailing Address & Pl	none		b. Coordinate	d Committee N	ame	d. Comme	ents
(include city, sta	ite, & zip)		· · · · · · · · · · · · · · · · · · ·	1				
1	T FOR LT GOVEF	RNOR		<u> </u>				
310 N BLOUN				c. Level Regis	tered (Specify)			
RALEIGH, NC	27601			X State	☐ County ☐ Municip		a Flactice	Sum to Date
				State	within the	ailiy.	c. Izection	1 Sum to Date
							\$	500.00
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Res	marks
1	Check	D	0	5/31/2016	\$ 500.00			
					\$			
4. Payee Inform	ation			Add 🔲	Remove	<u> </u>		
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments								
(include city, sta	T.			<u> </u>	"			
	RRENTINE FOR S	SUPERIOR COUR	T	1				
JUDGE				c. Level Regis	tered (Specify)			
3029 STONEYBROOK DR				Federal	County:			
RALEIGH, NC 27604				X State	☐ Municip	ality:	e. Election	Sum to Date
							\$	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m/dd/yyyy)	j. Amount	k. Re	quired Rei	marks
1	Check	D	+	3/04/2016	\$ 250.00			
	,		<u> </u>		\$			
4. Payee Inform	ation			Add 🔲	Remove	<u> </u>		
	ailing Address & Pl	none			d Committee N	am e	d. Comme	ents
(include city, sta	_							
MARK WALK	ER FOR CONGRE	SS						
O BOX 38334					tered (Specify)			
GREENSBORG), NC 27408			X Federal	County:		- I	
				State	☐ Municip	ality:	e. Election	Sum to Date
							\$	1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
1	Check	D	0.	3/14/2016	\$ 1,000.00			
					\$	 -		
5. Total only thi	a Dogo		<u> </u>				o o	1 750 00
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			\$	1,750.00
	CRO-1310 Pages	C D CD C	1100 1					
_	n line 13a of Detailed					۱ مسمعه ۵	\$	2,000.00
-	n line 13b of Detailed n line 13c of Detailed		-			ommi		
7. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media	B* - Printi	 		undraising	D - To	Anot	her Candio	late
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses								
I - Postage	J - Penalti			office Expense:		_	-	l Expense Fund
O* Other				<u>-</u>	_		-	
* Codes require	e detailed explanati	on in required ren	aarks f	ield (k)				

Disbursen	nents				Pø	2	of	2 🗖	Yes	No No
Use this form to committees and	o report expenditures d coordinated party ex	from the committ xpenditures	ee for o	perating exper	_		_			
1. Committee F	Full Name (and Fund i	if applicable)						2. ID No	ımber	· · · · · · · · · · · · · · · · · · ·
JOHNSON FO	OR SHERIFF ELECT	ION COMMITT	EE							
3. Type of Disb	ursement (Please	use separate CRO	<i>9-1310</i>	forms for eac	h typ	e of Dis	bursen	rent.)		
Operating Ex		ributions to Candida						ated Party E	xpendit	ures
4. Payee Inforn				Add 🔲	Ren	nove		-	:	
a. Full Name, M	Iailing Address & Pho	one		b. Coordinate	d Co	mmittee	Name	d. Comments		
(include city, sta	ate, & zip)									
STEVE ROSS	COMMITTEE									
1314 MCCUIS				c. Level Regis	te re d		· <i>·</i>			
BURLINGTON	N, NC 27215			Federal County: State Municipality: e. Flection Sum to Date						
				X State		Muni	cipality	: e. Election	on Sum	to Date
								\$		250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. R	tequired R	emarks	
1	Check	D	0.5	5/31/2016	\$	250.0	0			
					\$					
5. Total only thi	is Page							\$		250.00
6. Total of ALL	CRO-1310 Pages					-				
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								\$		2,000.00
	in line 13b of Detailed S) *		2,000.00
(This line goes i	in line 13c of Detailed Si	ummary Page CRO-	·1100 if	Coordinated Par	rty Ex	penditure	rs)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.) :	above)						

CRO-1310

O* Other

A* - Media

E - Salaries

I - Postage

B* - Printing

J - Penalties

F* - Equipment

* Codes require detailed explanation in required remarks field (k) NC State Board of Elections

C* - Fundraising

G - Political Party

K* - Office Expenses

December 2009

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Disbursements	Amendment
Use this form to report expenditures from the committee for operati	Pg $\frac{1}{2}$ of $\frac{5}{2}$ Yes $\frac{1}{2}$ ating expenses, contributions to candidate/political
committees and coordinated party expenditures	
committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable)	2. ID Number

1. Committee F	ull Name (and Fi	and if applicable)				· · · · · · · · · · · · · · · · · · ·		2. ID Nu	mber
JOHNSON FO	R SHERIFF EL	ECTION COMMITT	EE		,,,,,				
3. Type of Disbu	irsement (Ple	ase use separate CR	0-1310	forms for eac	h type o	f Disbu	rseme	nt.)	
X Operating Exp		Contributions to Candida							xpenditures
4. Payee Inform	ation			Add 🔲	Remov	e		***************************************	
a. Full Name, Ma	ailing Address &	Phone		b. Coordinate	d Comm	ittee N	ame	d. Com m	ents
(include city, sta	te, & zip)								
	COUNTY CRIM	ESTOPPERS							
P O BOX 237				c. Level Regis					
BURLINGTON	I, NC 27216			Federal State		County:		0 171 o o di o	- Cum to Data
				State	ᅳᆜ	Municip	amy.	e. mecu	on Sum to Date
								\$	500.00
f. Account Code	g. Form of Paym	ent h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	ınt	k. Re	quired Re	marks
1	Check	О	·	4/19/2016	\$ 5	00.00	CON	ITRIBUT	TION
			 		\$				
4 D T C	4				<u> </u>		L	,	
4. Payee Information a. Full Name, Ma		Dhara		Add 🔲	Remov		<u></u>	11.6	
a. run Name, Ma (include city, sta	_	Phone		b. Coordinate	a Comm	ittee Na	ım e	d. Com m	ents
AMERICAN HI		ATION							
7029 ALBERT		c. Level Regis	tered (S	pecify)					
GREENSBORO, NC 27409				☐ Federal ☐ County:					
	,			☐ State		Municip	ality:	e. Electio	n Sum to Date
								\$	100.00
£ 4	- E en	ent h. Purpose Code	1. 5		1		1 75	·	
1			 	(m m/dd/yyyy)	j. Amou			quired Re	
1	Check	О	02	2/15/2016	\$ 1	00.00	CON	TRIBUT	ION
					\$				
4. Payee Informa	ntion			Add □	Remove	е			
a. Full Name, Ma	iling Address &	Phone		b. Coordinate	d Comm	ittee Na	m e	d. Comm	ents
(include city, stat	te, & zip)								
BAPTIST TEM					1.05				
2224 ANTHON				c. Level Regist		County:			
BURLINGTON	, NC 27215			State				e Electio	n Sum to Date
									· · · · · ·
								\$	227.00
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	nt	k. Re	quired Re	marks
1	Check	0	06	6/03/2016	\$ 2	27.00	CON	TRIBUT	ION
					\$				
5. Total only this	Dogo		<u> </u>					Φ.	927.00
					· · · · · · · · · · · · · · · · · · ·			\$	827.00
6. Total of ALL (. •		110010						
		ed Summary Page CRO ed Summary Page CRO				lideal C		\$	4,641.00
							mm)		
(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* - Prin					D To	A noth	on Condi	data
E - Salaries	B" - Prii F* - Equi	_		undraising litical Party				ner Candi Public C	oate Office Expenses
I - Postage	J - Pena	_		office Expenses			_		d Expense Fund
O* Other		-	0		-	ς μ)	ee 68 U		zaspenoe z unu
* Codes require	detailed explana	ition in required ren	arks fi	eld (k)					

-	3				,
-1)	10	hii	re	ρm	ents

			Amenument							
Pg	_ 2	of	5	☐ Yes	X No					

1. Committee F	ull Name (and Fund	if applicable)			··			2. ID Nu	mber
JOHNSON FO	OR SHERIFF ELECT	TION COMMITT	EE						
3. Type of Disb	ursement (Please	use separate CR(D-1316	forms for eac	h tune o	f Dishu	rsomo	ent)	
Operating Ex		ributions to Candida						ed Party Ex	xpenditures
4. Payee Inform				Add 🔲	Remov	_			F
	ailing Address & Ph	one		b. Coordinate			ame	d. Comm	ents
(include city, sta	-					*·		†	
BURLINGTON	N CHRISTIAN ACA	DEMY							
621 EAST SIX				c. Level Regis	tered (S]	
BURLINGTON	N, NC 27215			Federal		County			
1				☐ State	<u> </u>	Municip	oality:	e. Election	n Sum to Date
								\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Re	marks
1	Check	0	 	2/15/2016	+	00.00	 	TRIBUT	
			ļ	2, 13, 2010	 				1011
	L				\$		<u> </u>		
4. Payee Inform				Add 🗖	Remov				
-	ailing Address & Ph	one		b. Coordinate	d Comm	ittee N	ame	d. Comm	ents
(include city, sta									
GRAHAM ROTARY CLUB 503 MC GEE ST c. Level Reg						ne ci fy)			
	GRAHAM, NC 27253				Federal County:				
				☐ State		Municip	ality:	e. Election	n Sum to Date
								\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amor	ınt	k. Re	quired Re	marks
1	Check	0		5/02/2016	 	00.00		ERTISEN	
			0.	3/02/2010	\$		710 (VILDI (1
4. Payee Inform				Add 🔲	Remov			<u> </u>	
a. Full Name, Ma (include city, sta	ailing Address & Pho	one		b. Coordinate	a Comm	ittee Na	ame	d. Comme	ents
HOSPICE	te, & zip)								
914 CHAPEL H	III.I. ROAD			c. Level Regis	tered (S	pe cify)			
BURLINGTON				Federal	County:				
	•			☐ State		Municip	ality:	e. Election	n Sum to Date
								\$	175.00
f Account Code	g. Form of Payment	h. Purpose Code	: Data	(l: A		l Do		
1	Check	O		· · · · · · · · · · · · · · · · · · ·	j. Amou			quired Res	
1	CHECK	· ·		4/19/2016		75.00	ADV	ERTISIN	<u> </u>
					\$				
5. Total only this	s Page							\$	375.00
6. Total of ALL	CRO-1310 Pages								
	n line 13a of Detailed S							\$	4,641.00
	n line 13b of Detailed S n line 13c of Detailed S		_				omm)		1,011.00
·		-							<u> </u>
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate									
E - Salaries	F* - Equipme	_		litical Party					ffice Expenses
I - Postage	J - Penalties			office Expenses	S		_		l Expense Fund
O* Other				•		_	-		
* Codes require	detailed explanation	n in required rem	arks f	ield (k)					

-		Amendment
Disbursements	Pg <u>3</u> of	5 Yes

1. Committee I	full Name (and Fund	if applicable)					2. ID Numb	er
JOHNSON FO	OR SHERIFF ELECT	TION COMMITT	EE					
3. Type of Disb		use separate CR(D-1310	forms for eac	h type of Disbu	rseme	<u>:nt.)</u>	
X Operating Ex	penses	ributions to Candida	tes/Poli	tical Committees	☐ Co	ordinat	ted Party Expe	nditures
4. Payee Inform	nation			Add 🔲	Remove			
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name						d. Comments		
(include city, st	ate, & zip)							
	POINT MARINE AS	SSOCIATION						
P O BOX 7222			c. Level Registered (Specify) Federal County:				-	
JACKSONVILLE, NC 28541				Federal State			e. Dection S	um to Doto
				State	within	ranty.	e. Mettion 5	um to Date
							\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rema	rks
1	Check	0	0	6/03/2016	\$ 150.00	CON	TRIBUTIO	N
			 		\$			
4. Payee Inform	etion			Add 🔲	Remove	<u> </u>		
	ailing Address & Ph	one	<u> </u>		d Committee Na	am e	d. Comment	8
(include city, sta	-	one.		B. Coordinate	d Committee 111		u. comment	
	AW ENFOREMENT	COFFICERS		1				
MEMORIAL F		OTTODAG		c. Level Regis	tered (Specify)			
PO BOX 97072	2			Federal County:				
WASHINGTO:	N, DC 20090-7072			☐ State	☐ Municip	ality:	e. Election S	um to Date
							\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rema	rks
1	Check	0		2/03/2016	\$ 100.00	CON	TRIBUTIO	N
					\$			
4. Payee Inform	ation	L	П	Add \square	Remove	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	ailing Address & Pho	one		b. Coordinated Committee Name			d. Comment	<u> </u>
(include city, sta	_							
	SPORTS - GRAHA	M HIGH SCHOO)L					
5575 HOLLINS					tered (Specify)			
ROANOKE, V	A 24019			I ====	County:			
				☐ State	☐ Municip	ality:	e. Election S	um to Date
							\$	199.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rema	rks
1	Check	0		4/13/2016	\$ 199.00	ADV	ERTISING	
					\$			
T-4-)4b:	- D				Ψ		•	440.00
5. Total only this Page							\$	449.00
	CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							\$	4,641.00
(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)								
	des (List detailed			**********				
A* - Media B* - Printing C* - Fundraising D - To Another Candidate								
E - Salaries	F* - Equipme	_		litical Party	<u> </u>			
I - Postage	J - Penaltie			office Expenses		-	on to Legal Ex	_
O* Other				_			-	•
* Codes require	e detailed explanation	n in required rem	arks f	ield (k)				

No No

N°al					Amendm	ent
Disbursements	Pg	4	of	5_	☐ Yes	

1. Committee I	Full Name (and Fund	l if applicable)						2. ID Numb	or
	OR SHERIFF ELEC		EE			711.511		2. ID INGHID	61
3. Type of Disb	ursement (Please	e use separate CR	0-1310	forms for ea	ch tv	ne of Dishu	rseme	ont)	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) \[\begin{align*} \text{Superating Expenses} \end{align*} \text{Contributions to Candidates/Political Committees} \text{Coordinated Party Expenditures} \]									
4. Payee Inform						move			
	ailing Address & Pl	hone		b. Coordinat			am e	d. Comment	<u>s</u>
(include city, st									
SOUTHERN A	LAMANCE ATHI	ETICS & BOOST	ER	1					
CLUB				c. Level Regi	stere	d (Specify)			
631 SOUTHER	Federal County:								
GRAHAMN, N	NC 27253			State		☐ Municip	ality:	e. Dection S	um to Date
								\$	2,300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i Date	(m m /dd/yyyy	li A	mount	l De	quired Rema	
1	Check	0		4/07/2016	\$				
1			 	·	 -	1,000.00	CON	TRIBUTIO	N
1 4 D X 6	Check	0		6/07/2016	\$	1,300.00	CON	TRIBUTIO	1
4. Payee Inform						move			
a. Full Name, M (include city, sta	ailing Address & Ph	ione		b. Coordinate	ed Ce	ommittee Na	ıme	d. Comment	5
TABASCO LO				-					
P O BOX 433	DGE			c. Level Regis	stere	d (Specify)			
GIBSONVILLE	E. NC. 27249			Federal County:					
	3,110 27219			☐ State				e. Dection S	ım to Date
								\$	300.00
f. Account Code	g. Form of Payment	h. Purnose Code	i Doto	(m m /dd/www.)	T: A		ly Do	quired Remai	
1	Check	O							KS
	CHOCK		02	4/14/2016	\$	300.00	ADV	ERTISING	
					\$				
4. Payee Inform				Add 🔲	Rer	nove			
	ailing Address & Ph	one		b. Coordinate	ted Committee Name d. Comments				
(include city, sta									
U S POST OFF									
	HALL STREET			c. Level Regis Federal					
GRAHAM, NC 27253				State		Municip		e. Election Su	m to Data
						I with the	anty.	c. Mection St	III to Date
							l	\$	130.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Rec	uired Remar	ks
1	Check	1	01	/12/2016	\$	130.00			
				······································	\$	·	.		
5. Total only this	. Раде				1	=		Φ	2.720.00
6. Total of ALL (\$	2,730.00			
		l	*****				.		
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13h of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 4,641.00								4,641.00	
(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)									
	des (List detailed					*		· · · · · · · · · · · · · · · · · · ·	1
A* - Media B* - Printing C* - Fundraising D - To Another Candidate									
				olitical Party H* - Holding Public Office Expenses				e Expenses	
- Postage	J - Penalties			ffice Expenses	\$	Q* - Do	nation	to Legal Ex	pense Fund
O* Other				-		-		•	
Codes require detailed explanation in required remarks field (k)									

X No

Disbursen	nents				_	_		_	Amendr		
		Gramatha a samulit	С		Pg		of	5	_	No No	
committees and	report expenditures coordinated party e	mom the commit xpenditures	ee tor c	perating exper	ises,	contrib	utior	is to	candidate/p	olitical	
	ull Name (and Fund				~			Ī	2. ID Numb	er	
	R SHERIFF ELECT		EE			* *********					
ļ											
3. Type of Disbu	irsement (Please	<u>use separate CRC</u>	<u> </u>	forms for each	h type	e of Dis	burs	emei	nt.)		
M Operating Exp		ributions to Candidat	tes/Polit	ical Committees			Coord	linate	d Party Expe	nditures	
4. Payee Inform					Rem						
1	ailing Address & Pho	one		b. Coordinate	d Con	n m itte e	Nau	ı e	d. Comments		
(include city, sta										·····	
B .	WOOD PRODUCTS	}									
5631 NC 62				c. Level Registered (Specify)							
BURLINGTON	I, NC 27215			Federal	Ļ	Coun		_			
				State		Muni	cipal	ity:	e. Dection S	um to Date	
									\$	260.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k	. Req	uired Rema	rks	
1	Check	0		05/10/2016 \$ 260			0 A	ADVERTISING			
					\$						
5. Total only this	s Page				<u> </u>				\$	260.00	
6. Total of ALL	CRO-1310 Pages		 -					\dashv			
	n line 13a of Detailed S	ummarv Page CRO.	-1100 if	On <i>eratino</i> Eynes	nepe)						
(This line goes in	n line 13b of Detailed S	ummary Page CRO-	.1100 if	Contrib to Cand	idates)	Politica.	Com	1993	\$	4,641.00	
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	rty Exp	enditure	s)				
	des (List detailed						7			-	
A* - Media							٠				
				olitical Party H* - Holding Public Office Expe							
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O* Other				-		•				T	
* Codes require	detailed explanation	ı in required rem	arks fi	eld (k)							

NC State Board of Elections

Amendment