Disclosure Report Cover

Do not use this form to update information.

Amendment

Yes

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Information c. ID Number a. Full Name JOHNSON FOR SHERIFF ELECTION COMMITTEE d. Date Filed b. Mailing Address (include City, State and Zip Code) 3530 CARDWELL DR 07/10/2018 **BURLINGTON, NC 27215** e. Phone Number 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) PAUL E COBB JR 06/30/2018 04/01/2018 2018 (check only one type of report from one category) 9. Type of Report 6. Type of Committee (Check One) Referendum State/County Municipal Candidate Campaign ☐ Party Organizational Joint Fundraiser □ PAC Organizational Organizational ☐ Pre-referendum Thirty-five day Ouarterly Legal Expense Fund Referendum ☐ Final (if applicable, check one) Pre-primary First 7. Type of Fund Supplemental Final Second "Booster Fund" Pre-election Annual Third Pre-runoff Building Fund ☐ Special Fourth Presidential Election Year Candidates Fund Semi-annual Semi-annual NC Public Campaign Financing Fund Mid Year 10. Special Report Name Mid Year Year End Year End Final Other: Final Special 8. Number of Fundraisers this Report Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name WELLS FARGO b. Purpose c. Account Code c. Account Code b. Purpose RECEIVE AND DISBURSE Α **FUNDS** d. Period Begin Balance 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 07/10/2018 Date Signature of Appointed Treasurer Printed Name of Signer FOR OFFICE USE ONLY Delivery Method 7-10-18 Employee: Date Received: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed 7-13-18 Employee: Date Scanned: ☐ Signer has not received Employee: Date Data Entered: 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 Re		3	. ID I	Number	
	2018 Second				·	
Start of Election Cycle: January 1, 2015			tal this ting Period	Total this d Election Cycle		
4) Cash on Hand at Start		\$	33,446.1	7 \$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	75.00	0 \$	75.00	
6) Contributions from Individuals	(CRO-1210)	\$	3,675.00	0 \$	9,197.50	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.0	0 \$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.0	0 \$	42,559.17	
9) Loan Proceeds	(CRO-1410)	\$	0.00	0 \$	0.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.0	0 \$	0.00	
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.0	0 \$	0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.0		0.00	
11c) Outside Sources of Income	(CRO-1250)	\$	0.0		0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.0			
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.0			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	<u> </u>	\$	3,750.0			
EXPENDITURES		Ι Ψ	3,750.0	<u>v 1 v</u>		
13) Dis bursements						
13a) Operating Expenditures	(CRO-1310)	\$	7,800.0	0 \$	14,103.00	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	4,600.0			
13c) Coordinated Party Expenditures	(CRO-1310)	8	0.0			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.0	*		
and the same of	(CRO-1420)	\$	0.0	* -	****	
15) Loan Repayments 16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.0	- -		
professional and the second	(CRO-1510)	\$	3,375.0	- -		
17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$	15,775.0			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		\$	21,421.1			
ADDITIONAL INFORMATION			21,121.1	<u>, 1 </u>		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.0	0		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.0	0		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.0	0		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.0	0		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.0	00		
25) Administrative Support	(CRO-1710)	\$	0.0	- 20	0.00	
26) Forgiven Loans	(CRO-1440)	\$	0.0			
20) Forgiven Loans 27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.0			
28) Contributions to be Refunded	(CRO-1215)	\$	0.0		<u></u>	
CRO.1100 NC State Boar		1 -	0.0		August 200	

			ndividuals Page From Individuals of \$		1	Amendm Yes	ent No	
1. Committe	e Full Name (and	Fund if applicable)			2. ID I	Number		
JOHNSON	FOR SHERIFF E	LECTION COMMIT	TTEE					
3. Contribut	or Information							
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/do	l/yyyy)	f. Amount		
☐ Add ☐ Remove	A	Check		04/11/20	18	\$	50.00	
☐ Add ☐ Remove	A	Check		04/11/2018		\$	25.00	
4. Total only this Page					\$		\$75.00	
	ALL CRO-12 oust be on line 5 of D	205 Pages Detailed Summary Page	CRO-1100)		\$		\$75.00	
CRO-1205		N	C State Board of Elections		1.		April 2007	

\sim	, •¥ ,•	•	Individuals	
	<u> </u>	****		

				Amenum	cut
Pg	1	of	2	☐ Yes	X 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
JOHN:	SON FOR SHER	IFF ELECTION COM	IMITTEE				
3. Cont	ributor Informati	on		Add □ Re	emove	-	
	Name, Mailing Ad	the state of the s		b. Job Title/Pi	The state of the s	d. (Comments
(inclu	ide city, state, & z	ip)		RETIRED			
CLYD	E J CHRISTMAS	3					
	IRCH LANE			c. Employer's	Name/Specific Field	-	
BURL	INGTON, NC 27	7215				<u></u>	Dection Sum to Date
						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)		k. Amount
	A	Check		ette minusku a sikiliku metena su	04/25/2018		\$ 100.00
							\$
							\$
3. Cont	ributor Informati	on		Add □ Re	move		
a. Full Name, Mailing Address & Phone			b. Job Title/Pr	ofession	d. C	Comments	
(include city, state, & zip)			SECURITY				
	'NE M JANEY				»: /G .c .c .l.		
	USSELL MCPH			i	Name/Specific Field	ł	
BURLI	BURLINGTON, NC 27215			ALAMANC	E COUNTY	e. I	Dection Sum to Date
		SHERIFF					
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			05/22/2018		\$ 100.00
							\$
							\$
3. Conti	ibutor Informati	on		Add □ Re	move		
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		OWNER			
	ST KOURY SR			a Employania	Name/Specific Field	ł	
NC							
				CAROLINA	HOSIERY MILL	e. F	lection Sum to Date
						\$	3,375.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount
	A	In-Kind	IN KIND USE BILLBOARD	OF SIGN	04/20/2018		\$ 3,375.00
							\$
							\$
4. Tota	l only this Pa	ge				\$	3,575.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary F	nga CRO 1100)			\$	3,675.00
(I nis li	ne musi ve on line (o oj Deianea Summary F	uge CAU-1100)				

•								Amenament		
		om Individuals				of			and the second second	
Use this	form to report in	dividual contributions	s over \$50 or co	ntributions u	nder \$5	0 if form	CRO 1	205 is not 1	ısed	
		(and Fund if applicabl						2. ID Num		
JOHNS	SON FOR SHERI	FF ELECTION COM	IMITTEE							
3. Conti	ributor Informati	ON.		Add 🔲 Re	move					
a. Full N	lame, Mailing Ado	iress & Phone		b. Job Title/Pi	rofessio	n		d. Comments		
(include city, state, & zip)				RETIRED						
JAMES	S D MOSER									
1772 BELMONT ALAMANCE RD				c. Employer's	Name/	Field				
BURLINGTON, NC 27215										
								e. Dection	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Dat	e (mm/d	d/yyyy)	k. Amo	ount	
	A	Check				04/11/2	018	\$	100.00	
								\$		
								\$		
4. Tota	al only this Pa	ge						\$	100.00	

3,675.00 April 2007

4. Total only Line 145.

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

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.,	13			СП		1.5

			Amendment							
Pg	1	of	2		Yes	X	No			

1. Committee Fu	Il Name (and Fund	l if applicable)					2. ID Nu	nber
		TION COMMITT	ΈE					
3. Type of Disbur	sement (Please	use separate CR	0-1310	forms for eac	h type of Disbu	rseme	<u>nt.)</u>	
Operating Expe		tributions to Candida				rdinat	ed Party Ex	rpenditures
4. Payee Informa	the second secon			Add 🔲	Remove			
	iling Address & P	hone		b. Coordinate	d Committee Na	m e	d. Comm	ents
(include city, stat	e, & zip)							
ALAMANCE CO	OUNTY REPUBI	LICAN PARTY			1(6:6-)			
PO BOX 69				Federal	tered (Specify) County:			
ALAMANCE, N	C 27409			State		e. Electio	n Sum to Date	
				Alamance	=		\$	4,000.00
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
A	Check	0	00	6/26/2018	\$ 4,000.00	CON	ITRIBUT	ION
					\$			
7. Dame Y-0				Add 🔲	Remove			
4. Payee Informa	iling Address & P	hone	السا		d Committee Na	ame	d. Comm	ents
(include city, stat	•	non c			·····			
	O ELECT RYAN	BOWDEN						
PO BOX 638	O LLION ICANA				tered (Specify)			
MENANE, NC	27210			Federal	∑ County: ☐ Municip		a Flection	n Sum to Date
				State		anty.		
				Alamance			\$	200.00
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
A	Check	D		4/12/2018	\$ 200.00			
			1		\$			
4. Payee Informa	fion			Add □	Remove			
	iling Address & P	hone		b. Coordinate	d Committee N	ame	d. Comm	ents
(include city, stat								
COMMITTEE T	O REELECT PA	T NADOLSKI			1 (6 : 6-)			
212 WEST ELM				Federal	stered (Specify) County		1	
GRAHAM, NC	27253			State	☐ Municip		e. Electio	n Sum to Date
				Alamance			T	100.00
				7 KIGHKGIOO			\$	
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date	(mm/dd/yyyy)		k. Re	quired Re	marks
A	Check	D	0	4/02/2018	\$ 100.00	L		
					\$			
5. Total only this	Page						\$	4,300.00
6. Total of ALL (
		i Summary Page CRO	0-1100 i	f Operating Exp	enses)		\$	4,600.00
(This line goes in	line 13b of Detailed	l Summary Page CRO	0-1100 ij	f Contrib to Can	didates/Political C	Comm)	,	4,000.00
(This line goes in	line 13c of Detailed	l Summary Page CRO	9-1100 ij	Coordinated Po	arty Expenditures)			
7. Purpose Co	des (List detaile	d expenditure cod	e in (h.)	above)				
A* - Media	B* - Print			Fundraising			her Cand	
E - Salaries	F* - Equip	ment		olitical Party				Office Expenses
I - Postage	J - Penalt	ies	K* - (Office Expense	es Q* - I	onati	on to Leg	al Expense Fund
O* Other	San Sarage and San San San San	•		eald (IV)				
* Codes require	detailed explanat	ion in required re	marks	neia (k)				

					Amendm	ent
Disbursements	Pg	2	of		☐ Yes	No No
Use this form to report expenditures from the committee for operating	expenses,	contril	butio	ns to ca	indidate/po	litical
committees and coordinated party expenditures						

1. Committee Fr	ıll Name (and Fund i	f applicable)		15.00		<u>. 60 1</u>	2. ID Num	ber
	R SHERIFF ELECT		EE					
		e e e e e e	1210 forms for and	le ture	of Dishu	rsomo	nt.)	
3. Type of Dis bu		ise separate CRU	0-1310 forms for each es/Political Committees	u type	Coc	rdinat	ed Party Exp	enditures
Operating Exp		ibutions to Candidat				7 Cilitat		
4. Payce Inform			Add 🗆	Rem	10 to	<u> </u>	d. Comme	a fe
a. Full Name, Ma	ailing Address & Pho	one	b. Coordinate	a Cor	nmittee N	ann e	u. Comme	113
(include city, sta	te, & zip)							
DENNIS RIDD	LE FOR NC HOUS	Е			(C ! C)		ł	
6343 BEALE R	D		c. Level Regis		County:			
SNOW CAMP,	NC 27349		Federal	i	☐ County:		e Election	Sum to Date
			X State		Winitel	anty.	C. Eccuon	
							\$	1,300.00
	E of Dove-	h. Purpose Code	i. Date (mm/dd/yyyy)	li Ar	nount	k. Re	quired Ren	arks
	B. Z.			\$	300.00		VERTISING	
A	Check	0	04/11/2018	↓	300.00	AD	VIMILIBILA	
				\$				
5. Total only thi	s Page						\$	300.00
	CRO-1310 Pages							4 600 00
(This line goes	in line 13a of Detailed S	Summary Page CRO	-1100 if Operating Exp -1100 if Contrib to Can	enses) didato	c/Political ('omm)	\$	4,600.00
(This line goes	in line 13b of Detailed S	Summary Page CRO	-1100 if Coordinated Po	araare. Artv Es	enenditures)			
	odes (List detailed				D T.	A	ther Candid	nte.
A* - Media	B* - Printir	0	C* - Fundraising					ffice Expenses
E - Salaries	F* - Equipm		G - Political Party		H^ - H	lora#	on to Local	Expense Fund
I - Postage	J - Penaltie	s	K* - Office Expense	es	۷ r	оцац	on to regar	турсизе гини
O* Other	n a garage a garage na sagger to a sigger	engan dan pagamagan d	or an elektrical distriction	,	المراكب	1 200		
	e detailed explanation	n in required rer	narks field (K)	<u> </u>				December 200
CRO-1310		NC S	State Board of Elections					Doomoor 200

Disbursements	Pg	_1_	of	
				

				Autonam	LHI
Pg	_1_	of	_3_	☐ Yes	X No

1. Committee Fu	ill Name (and Fund i	f applicable)					2. ID Num	ber
	R SHERIFF ELECT		EE		4,			
3. Type of Disbu	rsement (Please 1	use separate CRO)- <u>131</u> 0	forms for eacl	type of Disbur	seme	<u>nt.)</u>	
X Operating Exp		ributions to Candidat			Coo	rdinat	ed Party Exp	enditures
4. Payee Informa				Add □	Remove			
	iling Address & Pho	one			d Committee Na	me	d. Commer	ıts
(include city, stat								
CUB SCOUT P.								
1020 ARTHUR					tered (Specify)			
GRAHAM, NC	27253			Federal	☐ County: ☐ Municip		e Hection	Sum to Date
				☐ State	ivituiticip	unty.		
							\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
A	Check	0	 	5/11/2018	\$ 500.00	CON	ITRIBUTIO	ON
^ -			<u> </u>		\$			
4. Payee Informa		7		Add Coordinate	Remove d Committee Na	ı m e	d. Commer	ıts
	uiling Address & Pho	one		D. COOLUITATE	и сощиние М			
(include city, stat		TTY						
	LAMANCE COUN	NIX		c. Level Regis	tered (Specify)]	
914 CHAPEL HILL RD BURLINGTON, NC 27215				Federal	☐ County:		<u></u>	
DOMESTICAL ON	, 110 21213			☐ State	☐ Municip	ality:	e. Election	Sum to Date
							\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m/dd/yyvv)	j. Amount	k. Re	quired Rem	ıarks
A	Check	0	 	4/11/2018	\$ 300.00	ADV	VERTISINO	
					\$			
4. Payee Informa	efian			Add 🔲	Remove			
	ation ailing Address & Pho	one			d Committee N	ame	d. Comme	nts
(include city, sta	. •	- -			····			
NAACP FREEI							<u></u>	
PO BOX 1557					tered (Specify)		4	
BURLINGTON	, NC 27216			Federal State	County:		e Hection	Sum to Date
				State	- Iviunicij	anty.		
							\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Ren	arks
A Account Couc	Check	0	+	6/05/2018	\$ 100.00	AD	VERTISIN	G
* *	CALVAL		 	- -	\$,	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<u>l</u>	6	000.00
5. Total only this	s Page						\$	900.00
	CRO-1310 Pages						1	
(This line goes i	n line 13a of Detailed S	Summary Page CRO)-1100 ij	Operating Expe	enses)	-	\$	7,800.00
(This line goes i	n line 13b of Detailed S n line 13c of Detailed S	Summary Page CRO Summary Page CRO)-1100 ij -1100 if	^F Contrib to Cand ^F Coordinated Pa	tidates/Political (rty Expenditures)	omm)	1	
	odes (List detailed	Action to the second second	ar a committee of					
A* - Media	B* - Printir			undraising			ther Candid	
E - Salaries	F* - Equipm	_		litical Party	Н* - Н	[oldin	g Public Of	ffice Expenses
I - Postage	J - Penaltie			Office Expense				Expense Fund
O* Other								
* Codes require	e detailed explanatio	on in required ren	narks i	ield (k)				Dogombor 2000

n	ic	h	ırc	Δm	ents
.,	I K				

				Am	e n dm	ent	
Pg	2_	of	3		Yes	X	No

1. Committee Fu	all Name (and Fund	lifapplicable)					2. ID Nu	mber	
JOHNSON FO	R SHERIFF ELEC	TION COMMITT	EE						
3. Type of Disbu	rsement (Please	use separate CR	0-1310 forms fo	or each	tvne of Disbu	rseme	nt.)		
X Operating Exp		tributions to Candida			Coo	rdinat	ed Party E	xpenditures	
4. Payee Inform			□ Add		Remove				
	ailing Address & P	none	b. Coor	dinate d	Committee Na	ame	d. Comm	ents	
(include city, sta	-								
NLEOMF	•								
PO BOX 97072					ered (Specify)				
WASHINGTON	N, DC 20090		☐ Fede		County:		e. Election Sum to Date		
			L Stat	-	L. Municip	airy.	C. McCiio		
							\$	200.00	
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date (mm/dd	/yyyy)	. Amount	k. Re	quired Re	marks	
A	Check	0	06/26/201	8	\$ 200.00	CON	ITRIBUT	TION	
					 \$.,		
4. Payee Informa			Add		Remove		d. Comm		
	iling Address & Pl	none	b. Coor	dinated	Committee Na	anie	u. Comm	ents	
(include city, sta	te, & zip)								
NRA 11250 WAPLES	CMILL DIV		c. Level	Registe	red (Specify)				
FAIRFAX, AK			Fede		County:				
1711107121,7111	22030		☐ Stat	e	☐ Municip	ality:	e. Electio	n Sum to Date	
							\$	1,000.00	
		T. 5	 			li n.			
	g. Form of Paymen	<u> </u>	i. Date (mm/dd				quired Re		
Α	Check	О	06/26/201	8	1,000.00	CON	TRIBUT	ION	
					\$	İ			
4. Payee Informa	ation		☐ Add		Remove				
	iling Address & Pl	none	b. Coor	dinated	Committee Na	ıme	d. Comm	ents	
(include city, sta	-								
SISTERS HELP	ING SISTERS						ŀ		
SOUTHERN PI	NES, NC		- L		red (Specify)		ĺ		
			☐ Fede		☐ County: ☐ Municip		e Mectio	n Sum to Date	
			L State			turity.			
			1				\$	500.00	
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A	Draft	0	06/29/201	8	500.00	CON	TRIBUT	TON	
					5				
				V 32 32				1.500.00	
5. Total only this	s Page						\$	1,700.00	
化燃烧物 经总额债券 医原性 经海绵证券	CRO-1310 Pages						[
	n line 13a of Detailed						\$	7,800.00	
	n line 13b of Detailed					omm)			
	n line 13c of Detailed	STAR BY WYV LAST		ilea Fari	y Expenauures)	8 J.S.			
	des (List detailed								
A* - Media	B* - Printi	•	C* - Fundrais:	_			her Candi		
E - Salaries	F* - Equipe		G - Political Pa	-		_	-	Office Expenses at Expense Fund	
I - Postage O* Other	J - Penalti	CS	K* - Office Ex	penses	Q" -D	UHAU!	m to reg	и турспос гини	
	detailed explanati	on in required ren	narks field (k)		en de la companya de				

			Amenument
Disbursements			Pg 3 of 3 Yes X No
		•	and ibutions to candidate/nolitical

	coordinated party ex		7.50	n gangtur i susta a	-			2. ID Nu	mber
	all Name (and Fund i		2T2			<u> </u>	<u> </u>		<u> </u>
JOHNSON FOI	R SHERIFF ELECT	ION COMMITTI	ಬ		_				
3. Type of Dis bu	rsement (Please)	use separate CRO	-1310	forms for eacl	typ	e of Disbut	<u>seme</u>	<u>nt.)</u>	
Operating Exp		ributions to Candidat	es/Polit	ical Committees		Coo	rdinate	ed Party E	xpenditures
4. Payee Inform	AND THE STREET OF STREET					nove			
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ım e	d. Com m	ents
(include city, sta	-			1			ļ	ļ	
	LAMANCE HIGH	SCHOOL BAND				1/6			
BOOSTERS		c. Level Regis	tere	d (Specify) County:		ļ			
	N ALAMANCE HI	GH SCHOOL RO	AD	☐ Federal ☐ State		☐ County:		e. Electic	on Sum to Date
GRAHAM, NC	27253			L. State		- winnicib			
							!	\$	5,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. A	mount	k. Re	quired Re	emarks
A A	Check	0		4/25/2018	\$	5,000.00	CON	TRIBUT	TIION
**		<u> </u>	⊢		\$		 		
			L				<u> </u>	Angelia in ia	
4. Payee Inform						move	A 1 - 70 7 80 - 4 - 7	d. Comm	ents
· ·	ailing Address & Ph	one		b. Coordinate	a C	ommittee Na	a in e	u. Comn	10113
(include city, sta				4					
	SONIC LODGE			c. Level Regis	tere	d (Specify)		1	
201 EAST MAI				Federal		County:	:	1	
GIBSONVILLE	z, NC 27249			State		Municip		e. Election	on Sum to Date
								s	200.00
							T	L	
f. Account Code	g. Form of Payment	h. Purpose Code	-		j. A		+	quired R	
A	Check	0	[0	04/11/2018	\$	200.00	ΑD	VERTISI	NG
					\$				
5. Total only thi	s Page							\$	5,200.00
		50 (1956) 1968 (M.1906) 1948 (M.1906) 1989 (M.1906)						1	
	CRO-1310 Pages	Comman. Dans CDC	1100	f Onorativa Fun	ngar		2-3 A.S. E 3 1		7 000 00
(This line goes i	in line 13a of Detailed . in line 13b of Detailed .	oummary ruge CKO Summaro Paga CPA	-1100 L	f Contrib to Can	dida:	, tes/Political C	Comm)	\$	7,800.00
(Inis une goes i	in line 136 of Detailed S in line 13c of Detailed S	Summary Page CRO	-1100 i	f Coordinated Pa	irty I	Expenditures)			
	odes (List detailed			A SECTION OF THE SECT					
A* - Media	B* - Printii			Fundraising		D - To	Anot	ther Cand	lidate
A* - Mema E - Salaries	F* - Equipm	•		olitical Party		H* - H	loldin	g Public	Office Expenses
I - Postage	J - Penaltie			Office Expense	es.				gal Expense Fund
O* Other								-	garan daga seringga salah
	e detailed explanation	on in required ren	narks	field (k)				1,11111	December 200

In-Kind Contributions	Pg		_1_	☐ Yes	No No
Use this form to report non-monetary contributions, don	ations, goods or ser	vices provided t	o the cor	nmittee or i	fund.
Use CRO-1215 if In-Kind Contributions were or will	be refunded within	n 7 days.			
1. Committee Full Name (and Fund if applicable)			2. ID I	Vumber	
JOHNSON FOR SHERIFF ELECTION COMMIT	TEE				
3. Contributor Information		move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Con	ments	
(include city, state, & zip)	X Individual		ļ		
ERNRST KOURY SR	☐ Candidate		1		
NC	☐ Party				
	□ PAC				
	☐ Referendum	ı	d. Elec	tion Sum	to Date
	Other Rece	ipt Source	\$		3,375.00
e. Description		f. Date (mm/d	d/yyyy)	g. Fair M	arket Amount
IN KIND USE OF SIGN BILLBOARD		04/20/20	18	\$	3,375.00
				\$	
	,			\$	
4. Total only this Page			\$		3,375.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page	CRO-1100)		\$		3,375.00
CRO-1510 NC Stat	e Board of Elections	3			December 2007

Amendment