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 Information								
a. Full Name				c. ID Number				
D. Mailing Address (include City, State an	Jim Johnson							
b. Mailing Address (include City, State an	d. Date Filed							
100 1 2400		24 Feb 2020						
Burlington, NC		e. Phone Number						
			Te (5)	336-253-5351				
2. Report Year 3. Period Start Da	te (mm/dd/yy) 4. Period	End Date (mm/dd/yy)						
2020 01/01/20		15/20		Thomas Ralph Johnson				
6. Type of Committee (Check One) Candidate Campaign Party				rt from one category)				
Candidate Campaign Party PAC Reference	Municipal  dum	State/County		Referendum Organizational				
Independent Expenditure Joint Fu		-		Pre-referendum				
Legal Expense Fund	Pre-primary	Firs		Final				
Legal Expense Fund	Pre-election	7	ond	Supplemental Final				
7. Type of Fund (if applicable, chec		Thi		Annual				
Booster Fund	Semi-annual	Fou		Special				
☐ Building Fund	Mid Ye			special				
	Year Er		Year	10. Special Report Name				
Other:	Final	- Constant	r End	10. Special Report Plante				
8. Number of Fundraisers this Rep	Passent	Final						
<i>h</i>	, o, t	Special						
11. Account Information		11. Account Infor						
a. Financial Institution Full Name		a. Financial Institution						
Surtrust Bank		Suntrust	Bank					
b. Purpose c. A	ccount Code	b. Purpose		c. Account Code				
b. Purpose c. A Fund Carngaign	Regular							
d. I	Period Begin Balance			d. Period Begin Balance				
\$		_	-1	\$				
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.								
6 211 201	111	m		111				
	h Johnson	NAS		02/24/20				
Yam 69 V Names Rayo Printed Name of Signer	Sig	nature of Appointed Trea	surer	Date				
Printed Name of Signer  FOR OFFICE USE ONLY	Sig	nature of Appointed Trea	surer	Date				
FOR OFFICE USE ONLY	si 1/2 <i>02</i> 0 Emplo	10	<u>Deli</u>	very Method Normal Mail				
FOR OFFICE USE ONLY	110000	yee: JG	Deli	Normal Mail Registered Mail				
Date Postmarked:	4/2020 Emplo	yee: JG		Normal Mail				
Date Postmarked:	H/2020 Emplo	yee: JG yee: JG		Normal Mail Registered Mail Hand Delivered				
Date Postmarked:  Date Scanned:  Date Data Entered:	12020 Emplo Emplo 12020 Emplo Emplo	yee: JG yee: JG yee: JG	Deli	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training				
Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form cannot	Employ  Employ  Employ  Employ  Employ  Employ  to be used to amend comm	yee: JG yee: JG yee: uttee information suc	Deli	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasurer,				
Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form canno assistant treat	Employ  Employ  Employ  Employ  Employ  Employ  to be used to amend communications, custodian of book	yee: JG  yee: JG  yee: JG  yee: uittee information such sinformation, or acc	Deli	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasurer, ion.				
Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form canno assistant treaters	Employ  Employ  Employ  Employ  Employ  Employ  to be used to amend commissurer, custodian of book.  Statement of Organization	yee: JG  yee: JG  yee: JG  yee: uittee information such sinformation, or acc	Deli	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasurer, ion.				

FEB 24 2020

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Jim Johnson For Hamana Court Commission	(5)	Quarter	Jim Johnson
Start of Election Cycle: January 1, 2020	-	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 1.171.45	\$ 3655.55
<u>RECEIPTS</u>			/
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ \$	s Ø
6) Contributions from Individuals	(CRO-1210)	s <b>d</b> ,	s Ø
7) Contributions from Political Party Committees	(CRO-1220)	s #	s &
8) Contributions from Other Political Committees	(CRO-1230)	\$ \$7	s Ø
9) Loan Proceeds	(CRO-1410)	s 💞	s <b>4</b> 2
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$ 6
11) Other Receipt Sources		$\mathcal{L}_{i}$	V
11a) Interest on Bank Accounts	(CRO-1250)	s (D)	s 6
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	s 19°/	s J
11d) Legal Expense Fund - Other Sources	(CRO-1270)	s G	s Ø
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ ,4	s b
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and lle)	$s = b^l$	\$
<u>EXPENDITURES</u>	_		Ü
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1.171.45	\$ 3655.55
13b) Contributions to Candidates/Political Committees	(CRO-1310)	s / B	S
13c) Coordinated Party Expenditures	(CRO-1310)	s Ø	s J
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ \$	\$ %
15) Loan Repayments	(CRO-1420)	\$ \$	s d
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ \$	\$ \$
17) In-Kind Contributions	(CRO-1510)	\$ \$	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 1171.45	\$ 35 55,55
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ <b>/</b>	S D
ADDITIONAL INFORMATION			ţ
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ P	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ P	Part and the control of the control
22) Debts and Obligations owed by the Committee	(CRO-1610)	s Ø	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ <b>P</b>	
24) Account Transfers Within the Committee	(CRO-1720)	s d	
25) Administrative Support	(CRO-1710)	s <b>d</b> )	s de
26) Forgiven Loans	(CRO-1440)	\$ <b>4</b>	s 🗞
27) 48-Hour Notice Reports Sum	CRO-2220)	s 🕏	\$ 6
	CRO-1215)	s Ø	sΨ
CRO-1100 NC State Board	of Elections	(	August 2008

Disbursem	nents				Pg of	f Yes  No		
Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political								
A STATE OF A STATE OF THE STATE	l coordinated party ex Full Name (and Func	A N. C. Arten and A. S.			سجائدين سدد	2. ID Number		
		011				Tim John Son		
	3Thomas	Kelph St	<u> </u>	in Ir	f Di-			
3. Type of Disb		<u>e use sebarate CR</u>	<u>RO-1310</u>	0 førms for o	each type of Disb			
Operating Exp		ntributions to Candida				ordinated Party Expenditures		
4. Payee Inform	mation Mailing Address & Pho		<u></u>	Add   h Coordinat	Remove	ne d. Comments		
	•			b. Cooruman	nted Committee Name	e d. Comments		
(include city, state, & zip)  Van's Advertising  3290 Van Drive  Burling for NC 27215  Timidness for Advance  County County:  Carrily County:  Carrily County:  County:  Burling for NC 27215  Timidness for Advance  County County:  Barling for NC 27215								
7-20	taver 1131n	9		c. Level Regi	gistered (Specify)			
3240	Van Dri	10-		Federal		Election Cum to Data		
Burlin	naton NI	",		State	Municipa	ality: e. Election Sum to Date		
					<del>-,</del>	\$ Demonts		
f. Account Code		h. Purpose Code		(mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check		DYOL	6/2020	\$942.60			
	'			- <i>t</i>	\$			
4. Payee Inform	nation		垣	Add 🔲	Remove			
a. Full Name, Maili	ling Address & Phone			b. Coordinat	ted Committee Name	e d. Comments		
(include city, stat				Jim Johns.	onfor Hamir			
Van's 1	tower 18ing	1	1	County	istered (Specify)	<u>r</u>		
3290	tdver Ising Van Drive		1	c. Level Regis	istered (Specify)  County:	$\rightarrow$		
0/	V 10		1	State	<i></i>	ality: e. Election Sum to Date		
Barrior	ng ton, NC	10,0	!					
	1 1 6		!			\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	(mm/dd/yyyy)		k. Required Remarks		
	check	l!	01/2	1/2020	\$128.85			
	1		7	,	\$			
4. Payee Inform	agtion			Add 🔲	Remove			
	ing Address & Phone				ed Committee Name	d. Comments		
(include city, state	•		!					
			J		stered (Specify)			
			J	Federal State	County:	lity: e. Election Sum to Date		
ı			ţ	June	L municipa.			
			_1	1		\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mın/dd/yyyy)	j. Amount	k. Required Remarks		
			1		\$			
			i		\$ .			
5. Total only this	is Page			1	·	\$ 1,171,45		
	CRO-1310 Pages /	/ Page	Ont	4)		\$1,171.45		
	line 13a of Detailed Sumn	\ ' /	)0 if Oper	rating Expense	(s)	0117145		
(This line goes in l	line 13b of Detailed Sumn	mary Page CRO-110	90 if Contr	trib to Candidat	utes/Political Comm)	1 2// / / / /		
(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	g (	C* - Fu	ındraising		Another Candidate		
E - Salaries	F* - Equipm	nent (		itical Party		Iding Public Office Expenses		
I - Postage	J - Penalties	s J	K* - Or	ffice Expens	es Q* - Dor	nation to Legal Expense Fund		
)* Other * Codes require detailed explanation in required remarks field (k)								
* Codes reduire	, detaned expianano	n in required re	marks	Heid (R)	parameter and the second control of the second	en grande and the second control of the seco		

Amendment