

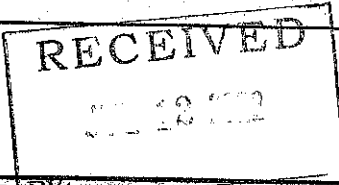
Disclosure Report Cover

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 FRIENDS OF CRAIG TURNER	c. ID Number
b. Mailing Address (include City, State and Zip Code) 124 LOCHMADDY DRIVE BURLINGTON, NC 27215	d. Date Filed 07/10/2022
	e. Phone Number (336) 378-5397



2. Report Year 2022	3. Period Start Date (mm/dd/yy) 05/01/2022	4. Period End Date (mm/dd/yy) 06/30/2022	5. Treasurer Full Name LORENE NEESE
------------------------	---	---	--

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"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

3. Account Information		3. Account Information	
a. Financial Institution Full Name FRIENDS OF CRAIG TURNER		a. Financial Institution Full Name	
b. Purpose FINANCE CAMPAIGN	c. Account Code T9595	b. Purpose	c. Account Code
	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

Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date 07/11/2022

FOR OFFICE USE ONLY

Date Received: 7-12-22 Employee: [Signature] Delivery Method: Electronically Filed

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: 7-12-22 Employee: [Signature] Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

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

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	
FRIENDS OF CRAIG TURNER	2022 Second Quarter		
Start of Election Cycle: January 1, <u>2021</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 14,451.96	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 150.00	\$ 780.00	
6) Contributions from Individuals (CRO-1210)	\$ 2,800.00	\$ 23,681.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 500.00	
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			
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)	\$ 2,950.00	\$ 24,961.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 15,409.00	\$ 22,429.84	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 2.30	\$ 35.50	
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	\$ 505.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 15,411.30	\$ 22,970.34	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,990.66	\$ 1,990.66	
ADDITIONAL INFORMATION			
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 (CRO-1215)	\$ 0.00	\$ 0.00	

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)					2. ID Number	
FRIENDS OF CRAIG TURNER						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	T9595	Check		05/14/2022	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	T9595	Credit Card		05/11/2022	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	T9595	Check		05/01/2022	\$ 50.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 150.00	
5. Total of ALL CRO-1205 Pages					\$ 150.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

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	
FRIENDS OF CRAIG TURNER						
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	
BRUCE ASHLEY 3805 O'BRIANT PLACE GREENSBORO, NC 27410			ATTORNEY			
			c. Employer's Name/Specific Field FIX ROTHSCHILD			
					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"/>	T9595	Check		06/03/2022	\$ 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	
TERRY JOHNSON 3530 CARDWELL DRIVE BURLINGTON, NC 27215			SHERIFF			
			c. Employer's Name/Specific Field ALAMANCE COUNTY			
					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"/>	T9595	Check		05/17/2022	\$ 400.00	
<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	
ERNEST KOURY JR PO BOX 850 BURLINGTON, NC 27215			VICE PRESIDENT			
			c. Employer's Name/Specific Field CAROLINA HOISERY			
					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"/>	T9595	Check		05/11/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,900.00	
5. Total of ALL CRO-1210 Pages (This line must be on the 6. of Detailed Summary Page CRO-1100)					\$ 2,800.00	

Contributions from Individuals

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	
FRIENDS OF CRAIG TURNER							
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		
SHANNON MACKINTOSH 2821 FORESTDALE DRIVE BURLINGTON, NC 27215			CLERK				
			c. Employer's Name/Specific Field				
			UPS STORE		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"/>	T9595	Check		05/11/2022	\$ 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		
LORENE NEESE 2824 FORESTDALE DRIVE BURLINGTON, NC 27215 (336) 260-0902			ACCOUNTANT				
			c. Employer's Name/Specific Field				
			PEACHTREE STREET MANAGEMENT GROUP		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"/>	T9595	Check		05/12/2022	\$ 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		
WILLIAM CRAIG TURNER JR 124 LOCKMADDY DRIVE BURLINGTON, NC 27215			ATTORNEY				
			c. Employer's Name/Specific Field				
			FOX ROTHSCHILD		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"/>	T9595	Check		05/18/2022	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 900.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,800.00	

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	
FRIENDS OF CRAIG TURNER							
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	
FRIENDS OF CRAIG TURNER 124 LOCHMADDY DRIVE BURLINGTON, NC 27215							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 110.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
T9595	Cash	O	06/30/2022	\$ 110.00	ERROR IN REPORTING		
				\$	ON LAST REPORT		
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	
THE ALAMANCE NEWSPAPER 114 WEST ELM STREET GRAHAM, NC 27253							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 399.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
T9595	Debit Card	A	05/12/2022	\$ 399.00	AD FOR NEWSPAPER		
				\$			
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	
THE DIFFERENTIATORS PO BOX 17623 RALEIGH, NC 27619							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 5,900.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
T9595	Check	A	05/04/2022	\$ 5,900.00	HELPING WITH ADS AND MAILING		
				\$			
5. Total only this Page						\$ 6,409.00	
6. Total of ALL CRO-1310 Pages						\$ 15,409.00	
<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>							
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

Amendment
 Yes No

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	
FRIENDS OF CRAIG TURNER							
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	
THE DIFFERENTIATORS PO BOX 17623 RALEIGH, NC 27619							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 9,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
T9595	Check	A	05/18/2022	\$ 9,000.00	ADS AND MAILING		
				\$			
5. Total only this Page						\$ 9,000.00	
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)						\$ 15,409.00	
(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)							

Aggregated Non-Media Expenditures

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)		2. ID Number				
FRIENDS OF CRAIG TURNER						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	T9595	Draft	O	05/11/2022	\$ 2.30	FEE FOR ONLINE DONATION
4. Total only this Page					\$	2.30
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	2.30
6. Purpose Codes (list detailed expenditure code in (g) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						