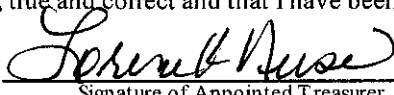


Disclosure Report Cover

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			c. ID Number	
FRIENDS OF CRAIG TURNER				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
124 LOCHMADDY DRIVE BURLINGTON, NC 27215			10/31/2022	
			e. Phone Number	
			(336) 378-5397	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2022	07/01/2022	10/22/2022	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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (If applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
FRIENDS OF CRAIG TURNER				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
FINANCE CAMPAIGN	T9595			
	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				
<u>LORENE NEESE</u> Printed Name of Signer		 Signature of Appointed Treasurer		<u>10/31/2022</u> Date
FOR OFFICE USE ONLY				
Date Received:	<u>11-1-22</u>	Employee:	<u>TT</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> 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.				

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) KENT COBLE 5733 FOSTER STORE ROAD LIBERTY, NC 27298	b. Job Title/Profession BUSINESS OWNER	d. Comments
	c. Employer's Name/Specific Field COBLE'S SANDROCK, INC	
	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	Credit Card		10/06/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN COX 1018 WESTMINSTER DRIVE GREENSBORO, NC 27253	b. Job Title/Profession ATTORNEY	d. Comments
	c. Employer's Name/Specific Field 	
	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	Credit Card		07/15/2022	\$ 400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ANDREW HAILE 6102 GWYNEDD ROAD SUMMERFIELD, NC 27358	b. Job Title/Profession PROFESSOR	d. Comments
	c. Employer's Name/Specific Field ELON UNIVERSITY	
	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	Credit Card		10/18/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1,000.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 7,775.00
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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	
CLIFF PARKER 930 HUFFMAN LANE BURLINGTON, NC 27215			LAW ENFORCEMENT			
			c. Employer's Name/Specific Field			
			ALAMANCE COUNTY SHERIFF'S OFFICE		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	Credit Card		09/28/2022	\$ 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	
DENISE RIDDELL 6343 BEALE ROAD SNOW CAMP, NC			NC HOUSE OF REPRESENTATIVES			
			c. Employer's Name/Specific Field			
			STATE OF NORTH CAROLINA		e. Election Sum to Date	
					\$ 250.00	
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		08/17/2022	\$ 250.00	
<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	
CRAIG TURNER 3021 S FAIRWAY DRIVE BURLINGTON, NC 27215			ATTORNEY			
			c. Employer's Name/Specific Field			
			FOX ROTHSCHILD		e. Election Sum to Date	
					\$ 3,500.00	
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		08/17/2022	\$ 3,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 3,850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 7,775.00	

Contributions from Political Party Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from a political party

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. Comments	
ALAMANCE REPUBLICAN WOMEN 4220 CHIPPENHAM ROAD GRAHAM, NC 27253				
			c. Election Sum to Date	
			\$ 300.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
T9595	Check		08/29/2022	\$ 300.00
				\$
				\$
4. Total only this Page				\$ 300.00
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 300.00

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

FRIENDS OF CRAIG TURNER						Page Number
3. Page 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	Electric Funds Tran	O	07/19/2022	\$ 16.30	FEE FOR ONLINE DONATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	T9595	Electric Funds Tran	O	09/28/2022	\$ 4.30	FEE FOR ONLINE DONATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	T9595	Electric Funds Tran	O	10/06/2022	\$ 20.30	FEE FOR ONLINE DONATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	T9595	Electric Funds Tran	O	10/18/2022	\$ 4.30	FEE FOR ONLINE DONATION
4. Total only this Page					\$	45.20
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	45.20
6. Purpose Code						
B* - Printing		D - To Another Candidate				
E - Salaries		G - Political Party		H - In-House Public Office Expenses		
J - Penalties		Q* - Donations to Legal Expense Fund				
O* - Other						
* Codes require detailed explanation in required remarks field (g)						