Disclosure Repo	rt Cover				Amendment Yes No	
Ose this form for genera Do not use this form to u	I report and committee infor	mation, must b	e signed and sub	mitted along with	n other detailed forms.	
1. Committee Informat						
a. Full Name					c. ID Number	
Robert S	helton Turner		12 m	SEIVED		
b. Mailing Address (include (AD ASA	10 202	d. Date Filed	
2402 Bla	nche Or				5-10-22	
Burlington	1 NC 22	215	ALAMAN BOAPIN	WE COUNTY NET ELECTIONS	e. Phone Number	
Dai Ting 10.					336-516-0616	
2. Report Year 3. P	eriod Start Date (mm/dd/yy)	4. Period (mm/dd/yy	End Date	5. Treasurer F	ull Name	
2022	1-20-22	4-3	30-22	Robert	Shelton Turner	
6. Type of Committee (C		Type of Repor	t (check onl	y one type of rep	ort from one category)	
Candidate Campaign PAC	Party Mu	nicipal	State/Co		Referendum	
Independent		Organization		Organizational	Organizational	
Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five da	ay C	Quarterly	Pre-referendum	
THE PERSON STOCKED AREA WENGER CHESTER AND ADMINISTRATION OF A PROPERTY ADMINISTRATION OF A PROPERTY AND ADMINISTRATION OF A PROPERTY AND ADMINISTRATION OF A PROPERTY AND ADMINISTRATION OF A PROPERTY ADMINISTRATION OF A PROPERTY AND ADMINISTRATION OF A PROPERTY AN	pplicable; check one)	Pre-primary	177/	First	Final	
Booster Fund"		Pre-election	15	Second	Supplemental Final	
Building Fund		Pre-runoff		Third	Annual	
		Semi-annual		Fourth	Special	
Other:	片	Mid Yea Year En	I	emi-annual		
	lΗ	Final		Mid Year Year End	10. Special Report Name	
8. Number of Fundraise	rs this Report	Special		inal		
		•		pecial	ļ	
11. Account Information		GARLAN A	11. Account Ir			
a. Financial Institution Full Na	me	The Sale of the Sale of the Sale of Sa	a. Financial Instit			
	San K					
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
A . !						
Campaign	d. Period Begin Balance				J Dated Date Date	
					d. Period Begin Balance	
	\$ 100.00				\$	
CERTIFICATION		· " · ·				
I certify that the Committee	e or Fund is in compliance	with all applica	ble provisions of	Article 22A, 22	B, & 22D-22M of Chapter 163 of	
the INC General Statutes at	id that no funds are commin	gled with prob	ibited or other no	m-disclosed fund	ls. I further certify that this report	
Konpiete, de and corre	ct and that I have been train-	ed by the NC S	state 3 bard of El	ections.	5-10-27	
	ted Name of Signer		ignature of Appointed	1 Treasurer	Date	
FOR OFFICE USE ONLY				710000.0	2 2 2 2	
Date Received:	5/10/20	Employee:	<u> </u>		Delivery Method Normal Mail	
Date Postmarked:		Employee:		· .	Registered Mail Hand Delivered	
Date Scanned:		Employee:			Electronically Filed	
Date Data Entered:		Employee:		· 	Signer has not received mandatory training	
Plaga Nata W. C						
ricase inute: This form	cannot be used to amend co custodian of b	ommittee infor ooks informati	mation such as th on, or account in	ne committee add formation.	ress, treasurer, assistant treasurer,	

CRO-1000

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary inf

PECHIVED

Amendment
Ves No

Use this form to summarize all disclosure reporting forms and t			
1. Committee Full Name (and Fund if applicable) 2.			
		ALAMANCE COUNT	4.71
Start of Election Cycle: January 1,	2022	Total this Reporting Period	
4) Cash on Hand at Start		\$ 100,00	\$ O
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 3700 ccd	\$ 3905,00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11c)	d and 11e)	\$ 3750, ~	s 3905.00
<u>EXPENDITURIES</u>			
13) Disbursements		2015	20 42 45
13a) Operating Expenditures	(CRO-1310)	\$ 2915.13	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 105,00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$ 2915.12	+ 600_00_1 km
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ 884.88	s 288488
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		rom Individua individual contribution		Pg contributions und	of ler \$50 if form Cl	Amendment Yes No RO 1205 is not used	
1. Con	mittee Full Na	ne (and Rund If ap	licable)			2.ID Number	
(ammi fer	e to Elec	+ Rolle	of Tul	100		
	tributor Inforn			 	nove -	214	
	ame, Mailing Add	المناف والمناف المناف المن		b. Job Title/Profe	rando de la Salada de la Caración de Caración de la Referencia de Caración.	d. Comments	
	le city, state, & zip			Mechan	7-04/		
K	bert J	helton Tu	mer	c. Employer's Nar	, , , , , , , , , , , , , , , , , , ,		
2	YUZ Blan	oche IN		Busaine	64	e. Election Sum to Date	
£		NC 27	215	Basanije	Owner	\$ 3700, ^{LO}	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy		
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	ame, Mailing Addr e city, state, & zip)			b. Job Title/Profes	sion /	d. Comments	
		Hon Turne	2	/cmar			
K	Hoer POM	1 100	<i>y</i> -	c. Employer's Nan	ne/Specific Field	in the second	
		nche Or		Busines	5 Ovener	e. Election Sum to Date	
13	urlington	NC 27	215			\$ 3700, co	
f. Prior	g. Account Code	h. Form of Payment	i. In:Kind Descrip	l tion	j. Date (mm/dd/yyy		
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- Allered Allered Street	ributor Inform	months of the region of the profession of the profession of the contract of the contract of the contract of the					
	ime, Mailing Addre e city, state, & zip)	and the state of t		b. Job Title/Profes	sion	d. Comments	
7.444.00	z 4.01 t minst 20 mile)	<u> </u>					
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		
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			i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount \$ \$ \$ \$	
□ □ □ 4.416t	al only this P		i, In-Kind Descrip	tion	j. Date (mm/dd/yyy	y): k. Amount \$	

Disbursements	Pg	_1_	of	2	Amendment Yes	Ď∕ _{No}
Use this form to report expenditures from the committee for operating ex	xpense	es, contr	ibutio	ns to c	andidate/pol	litical
committees and coordinated party expenditures	_					
1. Committee Eull Name (and Lund if applicable)	711	4		2.1	D Nimber	

L Committée	Full Name (and Eur	dail applicable)				2.11) Nimber
Comi	mittee to	Elect K	0 be-7	P Tur	ner-		
	ninsement : (Please					bürsement	
Operating Exp		ntributions to Candid	A company of the same of the s	THE PROPERTY OF THE PARTY OF TH	ene Nachaberra den 12 a de maior de la compara de la compa	ordinated Par	ty Expenditures
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(include city, state				b. Coordinat	ed Committee Nam	e a d. Co	mments
Acceler	rated Groph	ics		c, Level Regi	stered (Specify)		
1130	Cherry Lanc			Federal State	County:	ality: e. Ele	ction Sum to Date
Grahe	rated Groph Cherry Lane am NC	27253				\$	944,88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Require	d Remarks
1	Check	$oxedsymbol{\mathcal{B}}$	2-7	F.22	\$ 640.00	5/9	n S
/ /	Chech	13	1-6	22.	\$ 304.88	1 ./	igns
4, Payee Infor	nation			Add 🔚 🔲	Remove		7. 2
THE RESERVE OF THE PROPERTY OF	ing Address & Phone	情况的创 <i>业。</i> 在1000年		b. Coordinate	d Committee Nam	d. Cor	nments
(include city, sta	te, & zip)						
Alamai	ice News			o Level Regis	tered (Specify)	Carlos Carlos	
	Elm St			Federal	County:		
				☐ State	Municipa	lity: e. Elec	ction Sum to Date
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4. Payee Inform	nation			Adde	Remove ::	L	
a. Full Name, Maili	ing Address & Phone	en en skriver en		b. Coordinate	d Committee Name	d. Con	nments
(include city; stat			invite (†				
Maver	ich Raded			a foral Posts	tered (Specify)	STANCE.	
1# 4°	22 Huffman	Mi'I Rd		Federal	County:		
C. F.	- 708	•		State	Municipa	lity: e. Elec	tion Sum to Date
Burg	e 208 urlington N	1C 27215				\$	732,24
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<u>l</u>	CHECK	<i>/</i>	7-6	ULL	\$ 732. 2 4	Kadi	o Macl
			THE WHITE		\$	********	
5: Total only th						\$	2875.12 29 15.12
	CRO-1310 Pages						-0-45
	line 13a of Detailed Sum					\$	74/5/12
	line 13b of Detailed Sum line 13c of Detailed Sum						
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E - Salaries	F* - Equipa	nent		tical Party	H* - Ho	lding Pul	olic Office Expenses
I - Postage	${f J}$ - Penaltic	es §	K* - Of	fice Expens	ses Q* - Do	nation to	Legal Expense Fund
O* Other * Codes requir	e detailed explanati	on in required r	marke	ติย์สาขา			

Disbursements

Pg 2 of 2 Amendment YNo

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

L Committee	Full Name (and Fun				الراب ا	25 H	PNumbers of 222
Comm	ittee to	Elect	Kol	e f 1	uner		
	omsementes <i>(Pleas</i>	the management of the residence and the property and the property of the prope		AT THE RESIDENCE OF THE PARTY O	aachiyne oi Di	وتروي خجال واللين بيهاوه بالمستبدع والمساي	NAMED AND ADDRESS OF A DESCRIPTION OF THE PARTY OF THE PA
Operating Exp		ntributions to Candid	ates/Politi		s ∐ C ≈Remove s	oordinated Par	ty Expenditures
THE RESERVE AND ADDRESS OF THE PARTY OF THE PROPERTY OF THE PARTY OF T	failing Address & Pl	ione significant		Control of the last of the las	ed Committee Na	me d.Co	mments
(include city, state	,,& zip)						
First	Bank			c. Level Regi	stered (Specify)		:
321Y S	Bank 5 Church St			Federal State	County Municipal		ction Sum to Date
Burlingt		27215		Dello		s	46.00
	g. Form of Payment.	h. Purpose Code	i. Date (mm/dd/yyyy)	1. Amount	k. Require	d Remarks
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4dPayee Union	SALEN TRANSPORT OF TRANSPORT TO A STATE OF THE SALES			ACTIVITY OF THE PROPERTY OF THE PERSON OF TH	Remove :		
a. Full Name, Mail (include city, sta	ing Address & Phone te. & zip)		900 1885 S	b. Coordinate	ed Committee Na	ne d. Coi	nments
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2714	t Bank Schurch Sf			c. Level Regi	stered (Specify) County		
			:	State	Munici		tion Sum to Date
Burling	ton NC	27215				\$	40,00
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codes requir	e detailed explanati	on in required r	emarks	neld (k)			