

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 <i>Robert Shelton Turner</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>2402 Blanche Dr Burlington NC 27215</i>	d. Date Filed <i>5-10-22</i>
RECEIVED MAY 10 2022 ALAMANCE COUNTY BOARD OF ELECTIONS	
e. Phone Number <i>336-516-0666</i>	

2. Report Year <i>2022</i>	3. Period Start Date (mm/dd/yy) <i>1-20-22</i>	4. Period End Date (mm/dd/yy) <i>4-30-22</i>	5. Treasurer Full Name <i>Robert Shelton Turner</i>
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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 checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<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		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>First Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign</i>	c. Account Code <i>1</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 100.00</i>		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 of Elections.

Robert Turner Printed Name of Signer *[Signature]* Signature of Appointed Treasurer *5-10-22* Date

FOR OFFICE USE ONLY

Date Received: <i>5/10/22</i>	Employee: <i>RT</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

RECEIVED

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	
		ALAMANCE COUNTY			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 100.00		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 3700.00		\$ 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)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3750.00		\$ 3905.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2915.12		\$ 2915.12	
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		\$ 3020.12	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 884.88		\$ 884.88	
ADDITIONAL INFORMATION					
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)		\$		\$	

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) <i>Committee to Elect Robert Turner</i>	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Robert Shelton Turner 2402 Blanche Dr Burlington NC 27215</i>	b. Job Title/Profession <i>Mechanical</i>	c. Employer's Name/Specific Field <i>Business Owner</i>	d. Comments
			e. Election Sum to Date \$ <i>3700.⁰⁰</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>EFT</i>		<i>1-18-22</i>	\$ <i>300.⁰⁰</i>
<input type="checkbox"/>	<i>1</i>	<i>EFT</i>		<i>2-8-22</i>	\$ <i>600.⁰⁰</i>
<input type="checkbox"/>	<i>1</i>	<i>EFT</i>		<i>4-13-22</i>	\$ <i>2000.⁰⁰</i>

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Robert P Shelton Turner 2402 Blanche Dr Burlington NC 27215</i>	b. Job Title/Profession <i>Mechanical</i>	c. Employer's Name/Specific Field <i>Business Owner</i>	d. Comments
			e. Election Sum to Date \$ <i>3700.⁰⁰</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>EFT</i>		<i>4-28-22</i>	\$ <i>500.⁰⁰</i>
<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	c. Employer's Name/Specific Field	d. Comments
			e. Election Sum to Date \$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ <i>3700.⁰⁰</i>
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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>	\$ <i>3700.⁰⁰</i>
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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) <i>Committee to Elect Robert Turner</i>						2. ID Number
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	
<i>Accelerated Graphics 1130 Cherry Lane Graham NC 27253</i>						
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <i>944.88</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>1</i>	<i>Check</i>	<i>B</i>	<i>2-4-22</i>	<i>\$ 640.00</i>	<i>Signs</i>	
<i>1</i>	<i>Check</i>	<i>B</i>	<i>1-6-22</i>	<i>\$ 304.88</i>	<i>Signs</i>	
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	
<i>Alamance News 114 W Elm St Graham NC 27253</i>						
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <i>1996.00</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>1</i>	<i>Check</i>	<i>A</i>	<i>4-15-22</i>	<i>\$ 1198.00</i>	<i>News Paper Add</i>	
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	
<i>Maverick Radio 422 Huffman Mill Rd Suite 208 Burlington NC 27215</i>						
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ <i>732.24</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<i>1</i>	<i>Check</i>	<i>A</i>	<i>4-20-22</i>	<i>\$ 732.24</i>	<i>Radio Add</i>	
5. Total only this Page						\$ <i>2875.12</i>
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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ <i>2915.12</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)						

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a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments																						
<i>First Bank 3214 S Church St Burlington NC 27215</i>			c. Level Registered (Specify)		e. Election Sum to Date																						
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>f. Account Code</th> <th>g. Form of Payment</th> <th>h. Purpose Code</th> <th>i. Date (mm/dd/yyyy)</th> <th>j. Amount</th> <th colspan="2">k. Required Remarks</th> </tr> <tr> <td><i>1</i></td> <td><i>EFT</i></td> <td><i>K</i></td> <td><i>1-31-22</i></td> <td><i>\$ 10.⁰⁰</i></td> <td colspan="2"><i>Bank Fee</i></td> </tr> <tr> <td><i>1</i></td> <td><i>EFT</i></td> <td><i>K</i></td> <td><i>2-28-22</i></td> <td><i>\$ 10.⁰⁰</i></td> <td colspan="2"><i>Bank Fee</i></td> </tr> </table>							f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		<i>1</i>	<i>EFT</i>	<i>K</i>	<i>1-31-22</i>	<i>\$ 10.⁰⁰</i>	<i>Bank Fee</i>		<i>1</i>	<i>EFT</i>	<i>K</i>	<i>2-28-22</i>	<i>\$ 10.⁰⁰</i>	<i>Bank Fee</i>	
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				\$																							
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