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.

7 2 2	<u> </u>							
1. Committee In	niormation							c. ID Number
a. Fuil Name								c. II) Mambel
JOHNSON FO	R SHERIFF E	LECTION CO	MMITT	TEE				
b. Mailing Addre	ess (include Cit	y, State and Zip	Code)					d. Date Filed
3934 SPANISH		ROAD						12/18/2022
SNOW CAMP	, NC 2/349							e. Phone Number
2. Report Year	3. Period Star	t Date (mm/dd/y	/ y)	4. Period	End Da	te (mm/dd/yy)	5. Treas ur	er Full Name
2022		7/01/2022			10/22/2	2022	PAUL E C	OBB JR
6. Type of Com	mittee (Check ()ne)	9. Tvn	e of Report	(cl	heck only one	tvpe of rep	ort from one category)
Candidate Car			Munic		. (5)	State/County	iypu cy.up.	Referendum
Joint Fundrais		•		Organizatio	nal	Organizatio	nal	Organizational
Referendum		gal Expense Fund	lii	Thirty-five		Quarterly		Pre-referendum
		le, check one)	lö	Pre-primary	-	☐ First		Final
7. Type of Fund "Booster Fund		e, check onej		Pre-election		Second		Supplemental Final
			멾		1			Annual
Building Fund		######################################		Pre-runoff	1			
	lection Year Can		<u> </u>	Semi-annua		Fourth	•	Special
NC Public Car	mpaign Financing	Fund	<u> </u>	Mid Ye		Semi-annua		
				Year E	nd .	Mid Ye		10. Special Report Name
Other:				Final		Year E	nd E	RECEIVED
8. Number of Fu	undraisers this	Report		Special		☐ Final	er,	
	3					☐ Special		NEC 10 2022
3. Account Info	rmation				3. Acc	ount Informati	ion	- And the control of
a. Financial Inst	itution Full Na	me			a. Fina	ncial Institutio	on Full Nam	AMANCE COUNTY
WELLS FARG	О						BO)	ARD OF ELECTIONS
b. Purpose		c. Account Cod	e		b. Purp	ose		c. Account Code
RECEIVE ANI	D DISBURSE							
FUNDS	DIODORDE		A					
I CNDS		d. Period Begin	Balan	ce				d. Period Begin Balance
		\$ 11H, 3	70.	57				\$
CERTIFICATION)N				1			
		or Fund is in co	mpliana	e with all a	nnlicak	ale provicione	of Article 2	2A, 22B & 22D-22M of
								ther non-disclosed
tunds. 1 furth	er certify that t	nis report is co	mpiete,	true and c	orrect a	ıng that I have	been traine	ed by the NC State Board
Du. E	- 00	10		0.1	C	Carle .		12/18/2022
PAUL F	rinted Name of S	<u>علا ،</u>		1/00	<u></u>	COUL	L	
		igner		J Sign	ature oi	Appointed Tṛĕa	surer	Date
FOR OFFICE U	SEONLY		0					
Date Receiv	ed:	12/19/12	<u>L</u>	Emplo	yee: _	<u> </u>		<u>ivery Method</u> Normal Mail
Date Postma	arked:		_	Emplo	yee: _			Registered Mail Hand Delivered
Date Scanne	ed:		_	Emplo	yee: _		<i>-</i> ∕□	Electronically Filed
Date Data E	ntered:			Emplo	yee: _			Signer has not received mandatory training
Please Not		annot be used t						ittee address, treasurer, on.
	·	d tha Statamant	of Ove	animatian /	ന്നവ വ	100 A E) 40 mm.	za nommitto	a abangas

Amendment X Yes No

Detailed Summary
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 Re			ID Nun	nber
JOHNSON FOR SHERIFF ELECTION COMMITTEE	2022 Third (Quarter			
Start of Election Cycle: January 1, 2019		Total this Reporting Per	iod		Total this ection Cycle
4) Cash on Hand at Start		\$ 114,370	.57	\$	9,627.14
RECEIPTS					,
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ (.00	\$	5,177.50
6) Contributions from Individuals	(CRO-1210)	\$ 87,536	00.	\$	329,013.43
7) Contributions from Political Party Committees	(CRO-1220)	\$ (.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 250	.00	\$	250.00
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)	\$ 87,786	.00	\$	334,440.93
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 120,115	.13	\$	239,249.67
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 320	.00	\$	9,920.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	.00	\$	92.03
15) Loan Repayments	(CRO-1420)	\$ 0	.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	· · · · · · · · · · · · · · · · · · ·	.00	\$	5,600.00
17) In-Kind Contributions	(CRO-1510)	\$ 4,147		\$	11,631.93
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	16 and 17)	\$ 124,582		\$	266,493.63
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 77,574		\$	77,574.44
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)		.00	\$	0.00
CPO 1100 NC State Roard	CEN .:				Annuet 2008

		om Individuals				1 of 98			□ No	
		dividual contribution		ontribu	tions ui	nder \$50 if form CRO				
		(and Fund if applicab					2.	ID Number		
JOHN	SON FOR SHER	IFF ELECTION COM	AMII I EE							
	tributor Informati			Add	Re	move				
1	Name, Mailing Ad			b. Job	Title/Pi	ofession	d. (Comments		
	ude city, state, & z			NOT	EMPLO	OYED				
	E DALE AARON	Ŋ		c. Emr	lover's	Name/Specific Field	+			
1	EDITH STREET INGTON, NC 27	7215		\vdash	EMPL					
I BOKE	11(0101), 1(0 2)	213			DIVII D	OLED	e. l	Dection Sum	to Date	
				ľ			\$		150.00	
f Drier	a Assaunt Cade	h. Form of Payment	i. In-Kind Des	erintio	<u></u>	j. Date (mm/dd/yyyy		k. Amount		
	A Account Code	Check	1. III-Killu Des	criptio			<u>,</u>		150.00	
	, A					07/29/2022		\$	150.00	
								\$		
								\$		
3. Cont	ributor Informati	on		Add	☐ Re	move		<u> </u>		
a. Full ?	Name, Mailing Add	dress & Phone	······································	b. Job	Title/Pr	ofession	d. ¢	Comments		
(inch	ude city, state, & z	ip)		REAL	TOR					
1	ARA ACOSTA	OMEL DD		c Energ	love r's	Name/Specific Field	┨			
	NORTH SELLAR INGTON, NC 27					TE CO, INC.	┪			
BOKE	11101011, 110 27	211		ALLI	M IW	1E CO, INC.	e. I	Dection Sum	to Date	
							\$		540.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount		
	A	Check				07/29/2022		\$	250.00	
								\$		
								\$		
3. Cont	ributor Information	on .		Add	☐ Re	move		. <u> </u>		
	Name, Mailing Add		 _			ofession	d. C	Comments		
(inclu	ide city, state, & z	ip)		OFFIC	CE ADI	MINISTRATION				
	E ALEXANDER				1	N /C	4			
	CARRIAGE PLAC					Name/Specific Field	┨			
BUKL	INGTON, NC 27	213		DDS. A	NLEX F	. ALEXANDER,	e. I	Dection Sum	to Date	
							\$		100.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	l cription	1	j. Date (m m/dd/yyyy)	 	k. Amount		
	A	Check		- .		09/12/2022		\$	100.00	
								\$		
								\$		
4. Tot	al only this Pa	ge	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		L.,.	\$	L	500.00	

\$

		rom Individuals	=		2 of 98 oder \$50 if form CRO		Amendmen X Yes is not used	t No
		(and Fund if applicab					ID Number	
		IFF ELECTION COM						
3. Cont	ributor Informati	on		Add 🔲 Re	move		·	
a. Full N	lame, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		NOT EMPLO	YED	T		
P.O. B				c. Employer's	Name/Specific Field	-		,
GRAH	AM, NC 27253			NOT EMPLO	OYED	<u></u>		45 Data
				1		e. 1	Dection Sum	to Date
						\$		300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	Α	Check			07/22/2022		\$	300.00
							\$	
							\$	
	ibutor Informati			Add 🔲 Rei				
	ame, Mailing Add			b. Job Title/Pro	ofession	d. (Comments	
<u> </u>	de city, state, & z	ip)		ADMINISTR	ATIVE			
	ALLISON	TOTAL		e Employer's	Name/Specific Field	-		
	RNBROOK COU NC 27244	JRI		ALAMANCE	· · · · ·	1		
ELCIA,	NC 2/277			SHERIFFS C		e. E	lection Sum	to Date
						\$		225.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/09/2022		\$	150.00
				· · · · · · · · · · · · · · · · · · ·			\$	
							\$	
	ibutor Informati							
	ame, Mailing Add			b. Job Title/Pro		d. C	Comments	
	de city, state, & zi			NOT EMPLO	YED			
	Y WAYNE AME AVIS LANE	BURN		c. Employer's I	Name/Specific Field	1		
	AVIS LANE NGTON, NC 27	/215		NOT EMPLO				
JUNI				TIOI DIVILED	, <u>, , , , , , , , , , , , , , , , , , </u>	e. E	lection Sum	to Date
						\$		12.50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	i. Date (mm/dd/vvvv)		k. Amount	

						\$		12.50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			09/15/2022	•	\$	12.50
							\$	
			_				\$	
4. Tota	4. Total only this Page					\$		462.50
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							87,536.00

Contributions from Individuals	Pg	3	of	98	X Yes		No
Use this form to report individual contributions over \$50 or contribution	s un	der \$50	if for	m CRO 120:	is not use	ed	

1. Com	mittee Full Name	(and Fund if applicabl	ie)			2.	ID Number	
JOHNS	SON FOR SHER	IFF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add Re	move			
a. Full N	Vame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. (Comments	
(inclu	ide city, state, & z	ip)		NOT EMPLO	OYED	Τ		
	A AMBURN			<u></u>		╛		
	RAVIS LANE				Name/Specific Field	-		
BURL	INGTON, NC 27	/215		NOT EMPLO	OYED		Election Sum to Date	
						-	Mection Sum to Date	
						\$	12.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	escription j. Date (mm/dd/yyyy			k. Amount	
	Α	Check			09/15/2022		\$ 12.50	
						,	\$	
							\$	
3 Cont	L ributor Informati	<u>i</u>		Add 🔲 Rei	move.		<u></u>	
a. Full Name, Mailing Address & Phone				b. Job Title/Pro		d. (Comments	
(include city, state, & zip)			i	NOT EMPLO		u. Comments		
WILLIAM E APPLE								
	IAPLE AVENUE	3	!	c. Employer's !	Name/Specific Field			
BURLI	NGTON, NC 27	215	l	NOT EMPLO	OYED	L_	 	
		•	l			e. E	Dection Sum to Date	
			l			\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	<u>l</u> cription	j. Date (mm/dd/yyyy)	<u></u>	k. Amount	
	A	Check		***F	08/01/2022			
	-		<u> </u>		V8/V1/2022		\$ 75.00	
							\$	
							\$	
	ributor Informati				move	T	=	
	lame, Mailing Add		J	b. Job Title/Pro		d. C	Comments	
	de city, state, & zi	1 p)		NURSING SU	JPERVISOR			
	RIE ASKEW JUNTAIN PLACI	re	1	c. Employer's !	Name/Specific Field	ł		
	NGTON, NC 27		1	KINDRED H		1	:	
BOIL	NOIOI, III 2.	215	I	GREENSBO		e. I	Dection Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			10/03/2022		\$ 100.00	
					V		\$	
		***************************************					\$	
4. Tota	al only this Pa	ge				\$	187.50	
5. Tota	al of ALL CRO	O-1210 Pages				\$	87,536.00	
(This I	ine must be on line	6 of Detailed Summary P	age CRO-1100)			Ψ.	67,550,00	

C_{α}	ntrib	ntion	s from	Indi	onbiv	le
					V 11.11.21	1.3

Pg <u>4</u>	of	98	X Yes	☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicable	e)		· · · · · · · · · · · · · · · · · · ·	2. ID Number			
		IFF ELECTION COM							
3. Conti	ributor Informati	on		Add Re	emove				
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Profession			d. Comments		
	ide city, state, & z	ip)		NOT EMPLOYED					
	BAILEY ILEY'S TRAIL			c. Employer's	Name/Specific Field				
	NGTON, NC 27	215		NOT EMPL	OYED				
						e. I	dection S	um to Date	
								250.00	
f. Prior	g. Account Code	,	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	A	Check			09/15/2022		\$	250.00	
							\$		
							\$		
	ributor Informatic				move				
	lame, Mailing Add			b. Job Title/Pi		d. C	Comment	S	
	de city, state, & zi	(p)		RESTAURA	NT OWNER				
LINDY BAKATSIAS 142 NORTH GRAHAM HOPEDALE ROAD				c. Employer's	Name/Specific Field				
	NGTON, NC 27			WESTERN CHARCOAL					
				STEAKHOUSE			lection S	um to Date	
						\$		4,247.00	
f, Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	A	In-Kind	MEAL		09/01/2022		\$	4,147.00	
							\$		
							\$		
3. Conti	ributor Informatio	on		Add □ Re	move				
	lame, Mailing Add			b. Job Title/Pi		d. C	Comment	S	
	de city, state, & zi	·p)		NOT EMPLO	OYED				
	EN L BAKER AGETOWN ROA	AD	•	c. Employer's	Name/Specific Field				
BURLI	NGTON, NC 27	217		NOT EMPL	OYED	e. F	lection S	um to Date	
						\$		30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amou	nt	
	A	Check		<u> </u>	09/01/2022		\$	30.00	
							\$		
							\$		
4. Tota	al only this Pag	ge			· · · · · · · · · · · · · · · · · · ·	\$		4,427.00	
5. Tota	al of ALL CRO	D-1210 Pages				\$		97 524 00	
		6 of Detailed Summary P	age CRO-1100)			D.		87,536.00	

		rom Individuals dividual contributions			g 5 of 98 nder \$50 if form CRO 1	-		□ No	
		(and Fund if applicabl					ID Number		
		IFF ELECTION COM							
	ributor Informati								
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/P	rofession	d. Comments			
(inclu	ide city, state, & z	ip)		EXECUTIV	E ASSISTANT				
	BARONE		,	- Employante	Name/Specific Field	-			
	VESTON COURT					1			
ROKLI	INGTON, NC 27	215		LAB CORP	•	e. I	Dection Sum	to Date	
						\$		75.00	
f. Prior	g. Account Code	h. Form of Payment	of Payment i. In-Kind Description j. Date (mm/dd/		j. Date (mm/dd/yyyy)		k. Amount		
	A	Check			08/09/2022	,	\$	75.00	
							\$		
							\$		
	ributor Informatio			Add 🔲 Re					
	Name, Mailing Add		,	b. Job Title/Pi		d. C	Comments		
	ide city, state, & zi	i p)		FINANCIAL	ANALYST				
	AEL BARONE VESTON COURT	F	!	c. Employer's Name/Specific Field					
	INGTON, NC 27		!	VIA INVES	_	1 _			
	1101011,110	210	!	MANAGEMENT, LLC			e. Election Sum to Date		
						\$		75.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
	A	Check			07/29/2022		\$	75.00	
							\$		
							\$	·	
	ributor Informatio			Add 🔲 Re					
	Name, Mailing Add		!	b. Job Title/Pi		d. C	Comments		
	ide city, state, & zi			GENERAL N	MANAGER				
	THY W BAUGUI ACLEAN DRIVE		!	c. Employer's	Name/Specific Field				
	NVILLE, NC 27		!	R.H.BARRI	 	l _			
CIL	1111222,	217	!	E .	FOR CO. INC.	e. E	dection Sum	to Date	
	·.					\$		150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
	A	Check			07/29/2022		\$	150.00	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

87,536.00

300.00

\$

\$

\$

Contributions from Individuals	Pg	6_	of	
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		idividual contributions		Jimmunons ui						
		(and Fund if applicabl				2.	ID Number			
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE							
	ributor Informati			Add 🔲 Re						
	Name, Mailing Ado			b. Job Title/Pr	rofession	d. C	Comments			
(inclu	ude city, state, & zi	ip)	· · · · · · · · · · · · · · · · · · ·	OWNER						
	NN BEDWELL				Name/Specific Field	-				
	CARRAWAY DRI	IVE				┨				
СКАп	IAM, NC 27253				OR SENIOR	a]	Dection Sum	to Date		
				AMERICA	,		MCtive Sam			
					,	\$		50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	, 	k. Amount			
	A	Check			08/01/2022		\$	50.00		
							\$			
							\$			
3. Cont	ributor Informatio	on		Add 🔲 Re	move		·			
	Name, Mailing Add			b. Job Title/Pr	ofession	d. (Comments			
(inclu	ıde city, state, & zi	ip)		SALESMAN						
SCOTT	r m bell							1		
	AKER-BELL FA	RM ROAD	ļ	c. Employer's	Name/Specific Field	1				
BURLINGTON, NC 27217			1	DAVID SPE			······································			
			1		1	e. F	dection Sum	to Date		
			•		ļ	\$		720.00		
f. Prior		h. Form of Payment Check	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount			
	A				07/22/2022		\$	150.00		
	A	Check			07/22/2022		\$	500.00		
							\$			
	ributor Informatio			Add 🔲 Rei						
	lame, Mailing Add			b. Job Title/Pr				d. Comments		
	de city, state, & zi			TEACHER						
	FODD BILLINGS IANFORD ROAD		!	c. Employer's	Name/Specific Field					
	AM, NC 27253	,	!	ABSS	-	ĺ				
GIC	That they de the services as		,	ALISS	Ţ	e. E	lection Sum t	o Date		
						\$		150.00		
f. Prior	g. Account Code	*	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount			
	A	Check			08/01/2022		\$	150.00		
							\$			
							\$			
4. Tota	al only this Pag	ge				\$		850.00		
	al of ALL CRC	O-1210 Pages 6 of Detailed Summary Po	- CPO 1100)			\$	87	,536.00		
finis i	ine must be on line t	າ 0] Detailed Summary P	age CRO-1100)		ļ	i		•		

□ No

Contributions from Individuals	Pg	7	of	98	X Yes
Use this form to report individual contributions over \$50 or contribution	s un	der \$50	if forn	ı CRO 1	205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.1	D Number	
JOHNS	SON FOR SHER	IFF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add 🔲	Remove			
	lame, Mailing Ad			b. Job Title	/Profession	d. (d. Comments	
(inclu	de city, state, & z	ip)		NOT EMPLOYED			·	
BONN	IE S BLALOCK							
	ST PINE STREI	ΞT		c. Employe	r's Name/Specific Field]		
	AM, NC 27253			NOT EMI	PLOYED			
	·					e. I	Dection Sum to Date	
						\$	225.00	
		T	T	<u> </u>	1	<u> </u>		
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	A	Check			08/01/2022		\$ 150.00	
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆	Remove		· · · · · · · · · · · · · · · · · · ·	
	ame, Mailing Ado			b. Job Title		d. C	Comments	
	de city, state, & z			NOT EMP	LOVED			
	W BOLEY			lioi Liii	DO 1 DD			
	OOPER ROAD			c. Employer	's Name/Specific Field	1		
GRAHAM, NC 27253				NOT EMP	PLOYED			
						e. E	lection Sum to Date	
		•				\$	10.00	
		12	1. 2 2	L	- I	<u> </u>		
f. Prior		h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount	
	A	Check			07/22/2022		\$ 10.00	
							\$	
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3. Conti	ibutor Informati	on		Add 🔲	Remove			
	ame, Mailing Add			b. Job Title	Profession	d. C	Comments	
(inclu	de city, state, & zi	ip)		FARMING	AND FORESTRY			
PETER	TIMOTHY BO	ORAS						
	OBBY JEAN RO			c. Employer	's Name/Specific Field			
JULIAI	N, NC 27283			TIMS FAI	R AND FORESTRY,	<u> </u>		
				LLC		e. E	lection Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount	
	Α	Check			07/11/2022		\$ 250.00	
				***************************************			\$	
		· · · · · · · · · · · · · · · · · · ·					\$	
4 Tota	only this Pa	7e				\$	410.00	
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E 12.4.	of ALL CRO	7 1210 Pages	· · · · · · · · · · · · · · · · · · ·			· · · · ·		

Contributions from Individuals

Pg 8 of 98 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Use this	s form to report in	dividual contributions	s over \$50 or co	ontributions u	nder \$50 if form CRO	1203	s not used
1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number
		IFF ELECTION COM					
3. Cont	ributor Informati	on		Add 🔲 Re	emove	٠	· · · · · · · · · · · · · · · · · · ·
	Vame, Mailing Ad			b. Job Title/P		d. (Comments
	ide city, state, & z			NOT EMPLO	OVED	T	
МІСН	AEL A BORING						
	NGLEAF PINE	PLACE		c. Employer's	Name/Specific Field	1	
	NE, NC 27302	111102		NOT EMPL	OYED	1	
171111111	1112, 110 27502			THOT ENT E	O I ED	e. J	Dection Sum to Date
						\$	75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	A	Check		•	07/22/2022		\$ 75.00
		**************************************					\$
				· · · · · · · · · · · · · · · · · · ·			\$
3. Cont	ributor Informati	on		Add □ Re	emove		
	ame, Mailing Ado			b. Job Title/Pi	rofession	d. (Comments
(inclu	de city, state, & z	ip)		NOT EMPLO	OYED		
FAYE	W BOSWELL					ŀ	
	LK DR			c. Employer's	Name/Specific Field	1	
BURLINGTON, NC 27215				NOT EMPL	OYED	1	
	,					e. I	Dection Sum to Date
						\$	300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	Ц.,	k. Amount
	A	Check		or pro-			
					07/29/2022		\$ 150.00
							\$
							\$
3. Conti	ributor Informati	on		Add 🔲 Re			
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments
(inclu	de city, state, & zi	ip)		NOT EMPO	LYED		
MARK	DAVID BOYLE						
326 GI	LBREATH STRE	EET		c. Employer's	Name/Specific Field		
GRAH	AM, NC 27253			NOT EMPL	OYED		
						e. I	Dection Sum to Date
						\$	25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			10/13/2022		\$ 25.00
		,		,			\$
							\$
4. Tota	al only this Pa	ge	<u> </u>		-	\$	250.00
5. Tota	al of ALL CRO	D-1210 Pages		· · · · · · · · · · · · · · · · · · ·		\$	87,536.00
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Contributions from Individuals	Pg	9	of	98
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Use this form to report individual contributions over \$50 or contributions under \$50 of from CRO 205 is not used			om Individuals			9 of 98	_	X Yes	□ No
Add					ontributions ur	ider \$50 if form CRO			
3. Contributor Information				-		 	2.	ID Number	
A. Pull Name, Mailing Address & Phone (Include city, state, & 2ip) NOT EMPLOYED	JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE					
Glactude city, state, & ztp) NOT EMPLOYED C. Employer's Name/Specific Field NOT EMPLOYED C. Employ	3. Cont	ributor Informati	on		Add 🔲 Re	move			
C. Employer's Name/Specific Field SNOW CAMP, NC 27349 S. SO.00	a. Full l	Name, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	đ. (Comments	
Sade-A NC HWY 49 SOUTH SNOW CAMP, NC 27349 South to Date State State	(inclu	ude city, state, & z	ip)		NOT EMPLO	OYED			
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A Check 09/06/2022 \$ 50.00				,					30.00
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Add Remove Remo								\$	
B. Job Title/Profession d. Comments								\$	
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MICHAEL LEE BRADSHER 8306 A NC HIGHWAY 49 SOUTH BURLINGTON, NC 27217 C. Employer's Name/Specific Field NOT EMPLOYED	a. Full l	Name, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. (Comments	
Sand A NC HIGHWAY 49 SOUTH BURLINGTON, NC 27217	(inclu	ide city, state, & z	ip)		NOT EMPLOYED				
BURLINGTON, NC 27217 NOT EMPLOYED e. Election Sum to Date 120.00 120.00 120.00					c Employer's Name/Specific Field				
Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount							1		
Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	BUKL	INGTON, NC 21	217		NOT EMPLOTED			Dection Sum	to Date
Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount							—		120.00
□ A Check 09/06/2022 \$ 50.00 □ S \$ 3. Contributor Information □ Add □ Remove Add □ Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession NOT EMPLOYED d. Comments DEBBIE B BROOKS 4343 ROBERT L. BROOKS LANE BURLINGTON, NC 27215 (336) 512-1139 c. Employer's Name/Specific Field NOT EMPLOYED e. Election Sum to Date \$ 30.00 f. Prior g. Account Code h. Form of Payment Check i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount □ A Check 09/01/2022 \$ 30.00 □ A S \$ 130.00 □ S \$ 130.00 5. Total of ALL CRO-1210 Pages \$ 27.536.00		,			<u> </u>	T		T	120.00
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3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) DEBBIE B BROOKS 4343 ROBERT L. BROOKS LANE BURLINGTON, NC 27215 (336) 512-1139 E. Employer's Name/Specific Field NOT EMPLOYED E. Employer's Name/Specific Field NOT EMPLOYED E. Election Sum to Date \$ 30.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount A Check 09/01/2022 \$ 30.00 A Total only this Page \$ 130.00 5. Total of ALL CRO-1210 Pages		A	CHOCK		·*·	09/06/2022		\$	50.00
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DEBBIE B BROOKS		-					d. (Comments	
A343 ROBERT L. BROOKS LANE BURLINGTON, NC 27215 (336) 512-1139 E. Election Sum to Date \$ 30.00		-	ip)		NOT EMPLO	YED			
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				Amendm	LHt
Pg	10	of	98	X Yes	□ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.1	ID Numb	er	
JOHNS	SON FOR SHER	IFF ELECTION COM	IMITTEE						
3. Cont	ributor Informati	on		Add 🔲 Re	move				
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Profession			Commen	ts	
(inclu	de city, state, & z	ip)		NOT EMPLOYED					
RAY S	BROOKS								
ľ		CHURCH ROAD			Name/Specific Field				
BURL	INGTON, NC 27	⁷ 217		NOT EMPLOYED			M4: 6	Sum to Date	
						e. I	uection 8	Sum to Date	
						\$		80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amou	ınt	
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PEGGY C BROTHERS				731	NT 101 1 01 109 1 - 1				
	6710 SOUTH NC HWY 62			c. Employer's Name/Specific Field NOT EMPLOYED					
BURL	NGTON, NC 27	215		NOT EMPLO	DYED	e. F	dection S	Sum to Date	
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						\$		150.00	
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	de city, state, & zi	p)		NOT EMPLOYED					
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	DNEY DRIVE	215			Name/Specific Field				
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	A	Check			07/29/2022		\$	100.00	
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Contributions from Individuals

				AMCHUMY	, III t
Pg	11	of	98	X Yes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comr	mittee Full Name	(and Fund if applicabl	ie)			2.	ID Numbe	r
JOHNS	ON FOR SHERI	IFF ELECTION COM	IMITTEE					
3. Contr	ributor Informati	on		Add 🔲 Rei	move	_		·
	Name, Mailing Add			b. Job Title/Pro	ofession	d. (d. Comments	
(inclu	ide city, state, & z	ip)		NOT EMPLOYED				
	BROWN JR		1					
	UNNYBROOK I		ı	c. Employer's Name/Specific Field				
BURLi	INGTON, NC 27	215	l	NOT EMPLO	JYED	-	Election Su	to Date
			ĺ		!		Mettion 5.	
			l		1	\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amoun	it
	A	Check			08/09/2022		\$	50.00
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	ide city, state, & zi			MANAGER	!	ł		
-	NGS M BRYAN		1	c. Employer's Name/Specific Field				1
-	143 CRAPE MYRTLE COURT BUILD INGTON NO. 27215					ł		
BORT	BURLINGTON, NC 27215			JENNNGS M INSURANCE	•	e. I	Dection Su	m to Date
			!	INSURAINCE	-			
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	de city, state, & zi			NOT EMPLO	YED	ĺ		
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	ICE CT	ıE	1		_ · · · · · · · · · · · · · · · · ·			
HAW	RIVER, NC 2721	.3	1	NOT EMPLO)AED	e. F	Dection Su	m to Date
						\$	-	450.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amoun	t
	A	Check			07/11/2022		\$	250.00
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4. Tota	al only this Pag	ge	<u> </u>		<u>'-</u>	\$	<u> </u>	400.00
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	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							87,536.00

Co	ntribi	itions	from	Ind	ividne	a le

98 12 of ☐ No X Yes 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) DEPUTY CLERK J BYRON BULLIS c. Employer's Name/Specific Field 500 WILDWOOD LANE GRAHAM, NC 27253 STATE OF NC e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 07/29/2022 75.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOOYED EDWARD R BURNS c. Employer's Name/Specific Field 3322 VAN DRIVE BURINGTON, NC 27215 NOT EMPLOYED e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 \$ 150.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MINISTER OF THE GOSPEL TEENA M BURTON OF JESUS CHRIST c. Employer's Name/Specific Field 605 SELLARS MILL ROAD **BURLINGTON, NC 27217** GOD THE FATHER, SON & e. Election Sum to Date HOLY SPIRIT 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/09/2022 1,000.00 \$ \$ \$ 4. Total only this Page 1,225.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Con	4milan	tions	from	Indi	w.du	a la
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13 of X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED CLARENCE G BYRD JR c. Employer's Name/Specific Field 3361-A GARDEN ROAD **BURLINGTON, NC 27215** NOT EMPLOYED e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description Check 09/28/2022 \$ 250.00 \$ П \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED RALPH A CABALLERO c. Employer's Name/Specific Field 6016 WINDSOR CIRCLE ELON, NC 27244 NOT EMPLOYED e. Election Sum to Date 30.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 08/01/2022 \$ 30.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED ALAN G CAPPS c. Employer's Name/Specific Field 2341 HAW RIVER/HOPEDALE ROAD NOT EMPLOYED BURLINGTON, NC 27217 e. Election Sum to Date 100.00 h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code Check Α 09/06/2022 100.00 \$ 380.00 4. Total only this Page \$

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Pg	14	of	98	X	Yes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name		2.]	D Numbe	r			
JOHNS	SON FOR SHERI	FF ELECTION COM	IMITTEE					
3. Conti	ributor Informati	on		Add Re	move			
a, Fuli N	lame, Mailing Ado	lress & Phone	-	b. Job Title/Profession			Comment	3
	de city, state, & z	ip)		OWNER				
	ONY CAPPS	T DOAD		c. Employer's	Name/Specific Field	1		
	/HITES KENNE NGTON, NC 27				TANK LINES	1		
DOKL	indion, NC 27	213		CAROLINA	TAINK LINES	e. Election Sum to Date		
						\$ 4,500.00		4,500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
	A	Check			08/01/2022		\$	1,500.00
	A	Check			09/19/2022		\$	2,500.00
							\$	
3. Conti	ributor Informati	on		Add 🗆 Rei	move		x	
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(inclu	de city, state, & zi	ip)		OWNER				
	CARVER			o Employanto I	Name/Specific Field	ĺ		
-	ORTH CARR STI	REET				l		
MEBA	NE, NC 27302			CARVERS RESTAURANT			lection S	ım to Date
						\$		300.00
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f. Prior	-	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amou	nt
X	A	Check			03/21/2022		\$	50.00
	A	Check			07/11/2022		\$	250.00
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3. Conti	ributor Informatio	On		Add 🔲 Rei	nove			
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	de city, state, & zi F CASEY	p)		NOT EMPLO	YED			
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	NGTON, NC 27			NOT EMPLO	OYED			
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	A	Check			07/29/2022		\$	75.00
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Contributions from Individuals

Pg 15 of 98 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	nittee Full Name	(and Fund if applicabl	le)			2.	ID Number
JOHNS	ON FOR SHERI	FF ELECTION COM	IMITTEE				
3. Cont	ributor Informati	on		Add □ Re	move		
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. (Comments
(inclu	de city, state, & z	ip)		NOT EMPLO	OYED		
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Contributions from Individuals

Pg 16 of 98 X Yes No

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Contributions from Individuals

Pg 17 of 98 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used □ No

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Pg	18	of	98	X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED **BRENDA G CLAPP** c. Employer's Name/Specific Field P.O. BOX 133 HAW RIVER, NC 27258 NOT EMPLOYED 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 Check 08/09/2022 \$ 50.00 Check Α 09/06/2022 \$ 50.00 \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOYED MARGARET G CLAPP c. Employer's Name/Specific Field **817 WAGONER ROAD** ELON, NC 27244 NOT EMPLOYED e. Dection Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check 07/29/2022 25.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED RICHARD CLARK c. Employer's Name/Specific Field 2112 WESTOVER TER **BURLINGTON, NC 27215** NOT EMPLOYED e. Election Sum to Date 1,075.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check Α 09/12/2022 1,000.00 \$ \$ 1,125.00 4. Total only this Page \$

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20 of 98 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used □ No

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Amendment **Contributions from Individuals** 21 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone d. Comments b. Job Title/Profession (include city, state, & zip) WEDDING VENUE KIM WILLIAM COCKERHAM OPERATIONS c. Employer's Name/Specific Field 1785 MONARCH LANE ASHEBORO, NC 27205-1464 MURCHISON FARM, LLC e. Election Sum to Date 100.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check Α 08/01/2022 100.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) OWNER CAROL A COLLINS c. Employer's Name/Specific Field 4480 NORTH NC HIGHWAY 49 BURLINGTON, NC 27217 GLOBAL HEARING AIDS. e. Election Sum to Date INC. 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check A 07/29/2022 \$ 150.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED DONNA MARIE CONENELLO c. Employer's Name/Specific Field **3009 WINSTON DRIVE APARTMENT 96** NOT EMPLOYED e. Election Sum to Date BURLINGTON, NC 27215 10.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)

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Pg 22 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOYED JASON COPLAND c. Employer's Name/Specific Field 3156 ABINGTON PL **BURLINGTON, NC 27215** NOT EMPLOYED e. Election Sum to Date 270.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/01/2022 \$ 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOYED J D COX c. Employer's Name/Specific Field 1532 MILES CHAPEL ROAD MEBANE, NC 27302 NOT EMPLOYED e. Election Sum to Date 35.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check A 08/09/2022 \$ 20.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CAR SALES RUSTY COX c. Employer's Name/Specific Field 604 GREYROCK ROAD WHITSETT, NC 27377 COX TOYOTA AND COX e. Election Sum to Date DODGE & JEEP \$ 1,450.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 09/12/2022 500.00 \$ \$ \$ 4. Total only this Page \$ 620.00 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Pg 23 of 98 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER/PRESIDENT PHILLIP CRABTREE c. Employer's Name/Specific Field 2560 ADAMS FARM ROAD SNOW CAMP, NC 27349 SYSTEM ELECTRIC CORP. 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 Check Α 07/29/2022 \$ 150.00 Check Α 09/01/2022 \$ 150.00 П \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) INSURANCE AGENT JAMES CROUCH c. Employer's Name/Specific Field 2529 PINEWAY DRIVE **BURLINGTON, NC 27215** HARRIS CROUCH e. Dection Sum to Date INSURANCE AGENTS 2,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 08/01/2022 1,000.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) ASSISTANT CLERK OF SUPERIOR COURT KRISTIE CULLER c. Employer's Name/Specific Field 118 HOSKINS CIR BURLINGTON, NC 27215 ALAMANCE COUNTY e. Election Sum to Date 500.00 h. Form of Payment i. In-Kind Description k. Amount f. Prior g. Account Code j. Date (mm/dd/yyyy) Check Α 07/29/2022 \$ 200.00 \$ \$ 1,500.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Pg 24 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED **JERRY A CUMMINGS** c. Employer's Name/Specific Field 511 ALAMANNI COURT GRAHAM, NC 27253 NOT EMPLOYED e. Election Sum to Date 150.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 \$ 150.00 \$ П \$ 3. Contributor Information ☐ Add ☐ Remove d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) NOT EMPLOYED MARY JO DAGGITT c. Employer's Name/Specific Field 200 WALTER HAGEN DRIVE MEBANE, NC 27302 NOT EMPLOYED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Check A 10/14/2022 100.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) BOARD OF DIRECTORS **DAN H DANIELEY** c. Employer's Name/Specific Field 4464 JIMMY BOWLES ROAD ELON, NC 27244 **BURLINGTON AVIATION** e. Election Sum to Date 150.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check Α 07/19/2022 \$ 150.00 \$ 400.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Contributions from Individuals

☐ No

Contributions from Individuals

Pg 27 of 98 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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Pg 28 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CAR SALESMAN GEOFFREY P DOUCETTE c. Employer's Name/Specific Field **322 CENTURY COURT** GEOFF DOUCHETTE AUTO **BURLINGTON, NC 27215** e. Election Sum to Date SALES, LLC 250.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Check A 07/19/2022 \$ 250.00 \$ П \$ ☐ Add ☐ Remove 3. Contributor Information d. Comments a. Fuil Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) NOT EMPLOYED THOMAS J EARLEY c. Employer's Name/Specific Field 407 ASHLEY WOODS DRIVE GIBSONVILLE, NC 27249 NOT EMPLOYED e. Election Sum to Date 225.00 f. Prior g. Account Code h. Form of Payment k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) Check A 08/11/2022 150.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a, Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED MILES L ECKARD c. Employer's Name/Specific Field 600 DRIFTWOOD DRIVE GIBSONVILLE, NC 27249 NOT EMPLOYED e. Dection Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) Check Α 08/01/2022 \$ 100.00 \$ 500.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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98 Contributions from Individuals

Pg 29 of 98 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used ☐ No

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98 30 X Yes

Contributions from Individuals ☐ No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED WILLIAM J EULISS JR c. Employer's Name/Specific Field 909 RIVERS EDGE DRIVE GRAHAM, NC 27253 NOT EMPLOYED e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 50.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED RICHARD M FAUCETTE SR c. Employer's Name/Specific Field 357 DODSON ROAD MEBANE, NC 27302 NOT EMPLOYED e. Election Sum to Date 40.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 \$ 40.00 \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) PRESIDENT DOUGLAS P FINCANNON c. Employer's Name/Specific Field 305 SAWGRASS COURT MEBANE, NC 27302 ALAMANCE FAMERS e. Election Sum to Date MUTUAL INSURANCE CO. 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 07/19/2022 \$ 250.00 \$ 340.00 4. Total only this Page \$

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Contributions from Individuals

Pg 31 of 98 Mendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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1. Committee Full Name (and Fund if applicable) 2. ID Number JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED STEVEN D FORD c. Employer's Name/Specific Field 208 RIDGE COURT **BURLINGTON, NC 27215** NOT EMPLOYED e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 10/03/2022 \$ 50.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED JACKIE FORTNER c. Employer's Name/Specific Field 7668 OAK FLAT LANE SNOW CAMP, NC 27349 NOT EMPLOYED e. Dection Sum to Date 495.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/03/2022 \$ 225.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) PRESIDENT CHRISTOPHER H FOUST c. Employer's Name/Specific Field **1851 SOUTH MAIN STREET** GRAHAM, NC 27253 FPIST & HOLT BACKHOE, e. Election Sum to Date INC. \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 10/05/2022 100.00 \$ \$ 4. Total only this Page 375.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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33 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED THOMAS I FOUST c. Employer's Name/Specific Field 906 HANFORD ROAD GRAHAM, NC 27253 NOT EMPLOYED e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 08/01/2022 75.00 \$ П 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PRESIDENT **GRANT FOX** c. Employer's Name/Specific Field P.O.BOX 628 ELON, NC 27244 FOX DESIGN, LLC e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Check Α 08/01/2022 \$ 75.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER/PRESIDENT TERESA M FRAZIER c. Employer's Name/Specific Field 1314 BOONE ROAD **BURLINGTON, NC 27217** FRAZIER HAULING AND e. Election Sum to Date **GRADING** 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/01/2022 \$ 150.00 \$ \$ 4. Total only this Page 300.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED STEVEN FRESHWATER c. Employer's Name/Specific Field **5256 SARTIN ROAD** BURLINGTON, NC 27217 NOT EMPLOYED 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 Check A 07/29/2022 \$ 200.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED JOYCE W FUQUAY c. Employer's Name/Specific Field 2513 ADAMS FARM COURT SNOW CAMP, NC 27349 NOT EMPLOYED e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 08/18/2022 \$ 50.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED ALAN E GANT c. Employer's Name/Specific Field 1022 W DAVIS ST BURLINGTON, NC 27215 NOT EMPLOYED e. Election Sum to Date 7,500.00 i. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check Α 07/11/2022 5,000.00 \$ \$ \$ 4. Total only this Page 5,250.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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Pg	35	of	98	X	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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RESEARCH PROJECT NARCIE GARCIA MANAGER c. Employer's Name/Specific Field 947 LONGLEAF PINE PLACE MEBANE, NC 27302 UNC CHAPEL HILL e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 07/22/2022 \$ 75.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED KEN GONZALEZ c. Employer's Name/Specific Field 952 SCENIC DRIVE GRAHAM, NC 27253 NOT EMPLOYED e. Election Sum to Date 125.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α X 03/15/2022 \$ 50.00 Check A 07/29/2022 \$ 75.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REAL ESTATE BROKER RICHARD W GUNN JR c. Employer's Name/Specific Field 2714 WEST FRONT STREET APT. - 4 **GUNN & ASSOCIATES** e. Election Sum to Date **BURLINGTON, NC 27215** \$ 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/18/2022 \$ 250.00 \$ \$ 4. Total only this Page 400.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Pg <u>36</u> of

Amendment

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Contributions from Individuals

Pg 37 of 98 Yes 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used ☐ No

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Contributions from Individuals

Pg 38 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALESMAN JOSEPH HAYWOOD c. Employer's Name/Specific Field 7203 MACKINTOSH PL SUMMERFIELD, NC 27358 WINZER CORPORATION e. Election Sum to Date FRANCHISE OWNER 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 08/01/2022 \$ 75.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED SUE J HERRING c. Employer's Name/Specific Field 316 CEDAR STREET GRAHAM, NC 27253 NOT EMPLOYED e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 \$ 75.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a, Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED ZULA R HINSHAW c. Employer's Name/Specific Field 8502 KENLY DRIVE LIBERTY, NC 27298 NOT EMPLOYED 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 Check Α 09/28/2022 100.00 \$ 250.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Pg 40 of 98 Amendment No

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Pg 41 of 98 Mendment No

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Pg 42 of 98 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE Remove 3. Contributor Information ☐ Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER F D HORNADAY III c. Employer's Name/Specific Field 7162 COBLE MILL RD SNOW CAMP, NC 27349 KNITWEAR FABRICS, INC e. Election Sum to Date 6,600.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check Α 07/29/2022 \$ 3,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOYED PEARL HOWE c. Employer's Name/Specific Field 1263 GENEVA ALBRIGHT ROAD GRAHAM, NC 27253 NOT EMPLOYED e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/01/2022 25.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED **DAVID A HUGHINS** c. Employer's Name/Specific Field **5293 LLOYD HILL LANE** GRAHAM, NC 27244 NOT EMPLOYED e. Election Sum to Date \$ 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 \$ 50.00 \$ \$ 3,075.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 43 of 98 Yes No

Use this	s form to report in	dividual contribution	s over \$50 or co	ontributions u	inder \$50 if form CRO	1205	is not used
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133 LA	KEWOOD COU	RT		c. Employer's	Name/Specific Field		
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Pg 44 of 98 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED JAMES A JOBE c. Employer's Name/Specific Field 719 SOUTH 5TH STREET MEBAME, NC 27302 NOT EMPLOYED e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/09/2022 \$ 25.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Fuli Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED AGATHA JOHNSON c. Employer's Name/Specific Field **1827 BETHANY DRIVE** GRAHAM, NC 27244 NOT EMPLOYED e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 \$ 25.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONTRACTOR HERMAN JOHNSON c. Employer's Name/Specific Field P.O. BOX 280 HAW RIVER, NC 27258 **BURLINGTON MECHANICAL** e. Election Sum to Date CONTRACTORS 225,00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/01/2022 \$ 150.00 \$ \$ 4. Total only this Page 200.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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1. Com	<u>mittee Full Name</u>	(and Fund if applicable	le)			<u>[2.]</u>	ID Number
JOHNS	SON FOR SHER	IFF ELECTION COM	IMITTEE				
3. Cont	ributor Informati	on		Add □ Re	move		· · · · · ·
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. (Comments
(inclu	ıde city, state, & z	ip)		DEPUTY SH	IERIFF	Т	- · · · · · · · · · · · · · · · · · · ·
MARK	A JOHNSON						
	OUTH CHURCH	H STREET		c. Employer's	Name/Specific Field]	
BURL	INGTON, NC 27	⁷ 215		ACSO			
						e. J	Dection Sum to Date
				-		s	150.00
		l. n	1. 7 70 15	L			<u> </u>
i. Prior	-	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u>'</u>	k. Amount
	A	Check			07/29/2022		\$ 150.00
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3. Cont	ributor Informati	on		Add 🔲 Re	move		<u> </u>
	lame, Mailing Add			b. Job Title/Pr		d. (Comments
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RONA	LD W JOHNSON	V .		TEGISTE:	D IIGDIVI		
P.O.BC		•		c. Employer's	Name/Specific Field		
	TY, NC 27298			RON JOHNS	SON	<u></u>	
	•			ENTERPRIS		e. I	dection Sum to Date
				ļ	•	\$	50.00
,	, <u>.</u>	,		<u> </u>	<u> </u>	<u></u>	
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check	:		10/05/2022		\$ 50.00
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3. Conti	ributor Informatio	On		Add □ Re	move		
	ame, Mailing Add			b. Job Title/Pr		d. (Comments
(inclu	de city, state, & zi	ip)		NOT EMPLO	YED	Г	
DORIS	L JONES			THE LANGE			
	ARHAM DRIVE			c. Employer's	Name/Specific Field		
GRAH	AM, NC 27253			NOT EMPLO	DYED	L	
						e. I	lection Sum to Date
						\$	225.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			07/29/2022		\$ 225.00
							\$
							\$
4. Tota	al only this Pa	ge				\$	425.00
5. Tota	of ALL CRO	D-1210 Pages	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
		6 of Detailed Summary P	Page CRO-1100)			\$	87,536.00

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		111			44.	118				/ 2	

$Pg = 46$ of 98 \square Yes \square N	No

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
JOHNS	SON FOR SHER	IFF ELECTION CON	MITTEE					
3. Cont	ributor Informati	on	· 🗖	Add □ Re	move			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. (Comments	
(inclu	ide city, state, & z	ip)		REALTOR				
RICH/	RD THOMAS J	ONES						
3067 E	ERITAGE LAN	Ε		c. Employer's Name/Specific Field				
BURL.	INGTON, NC 27	7215			ONES REAL	<u></u>	m 4 6	
				ESTATE CO	MAPNU	e. 1	Dection Sum	to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
	A	Check			08/09/2022		<u>_</u>	150.00
J					06/03/2022		\$	150.00
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3. Cont	ributor Informati	011		Add 🔲 Re	move		·	
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(inclu	de city, state, & z	ip)		NOT EMPLO	OYED			
JOHN :	M JORDAN			. .				
P.O. B					Name/Specific Field			
SAXA	PAHAW, NC 27	340		NOT EMPLO	DYED		7 4! C	4- D-4-
						e. r	lection Sum	to Date
						\$		400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/01/2022		\$	200.00
					00,01,2022		Ψ	200.00
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3. Conti	ributor Informatio	on .		Add 🔲 Rei	move			
a. Full N	ame, Mailing Add	ress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & zi	p)		NOT EMPLO	YED			
	S S KANE							
	ATE DRIVE				Name/Specific Field			
GIBSO	NVILLE, NC 27	249		NOT EMPLO	DYED	e F	lection Sum	to Data
						t. E	iction Sum	
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	Α	Check			08/01/2022		\$	50.00
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	d of ALL CRO	_	an a			\$	8′	7,536.00
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Pg 47 of 98 Mendment No

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE				
3. Cont	ributor Informati	on		Add 🔲 Re	move		
	Name, Mailing Add			b. Job Title/Pr	ofession	d. (Comments
(inclu	ide city, state, & z	ip)		CONSULTA	NT	Г	
MARK	A KEIMIG						
445 FC	E;DSTPME DRI	IVE		c. Employer's Name/Specific Field			
BURL	INGTON, NC 27	7215		THE KEIMI	G GROUP	Ļ,	
						e. 1	Election Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount
	A	Check			08/11/2022		\$ 100.00
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	ETH R KERNOD	DLE		- The standard of	N <i>i</i> G:G	ł	
l .	URNER ROAD				Name/Specific Field	ł	
MEBA	NE, NC 27302			MODERN A	UTOMOTIVE	e. I	Dection Sum to Date
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						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
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	ributor Informatic			Add 🔲 Rei	move		
	iame, Mailing Add			b. Job Title/Pro		d. C	Comments
	de city, state, & zi			HVAC SERV	ICE MANAGER		
	AEL TODD KING			a Employante	Name/Specific Field		
	IBSONVILLE-O	SSIPEE ROAD					
ELON,	NC 27244			CHISHOLM	SERVICE, INC.	e. F	Dection Sum to Date
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			08/01/2022		\$ 150.00
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Contributions from Individuals

				Am	CHUM	cut	
Pg	48	of	98	X	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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOYED LISA F KIRKPATRICK c. Employer's Name/Specific Field 2040 ENGLEMAN COURT NOT EMPLOYED **BURLINGTON, NC 27215** 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 Check Α 08/09/2022 \$ 150.00 \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED SANDY KIRKPATRICK c. Employer's Name/Specific Field P.O. BOX 388 ALAMANCE, NC 27201 NOT EMPLOYED e. Election Sum to Date 50.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code b. Form of Payment i. In-Kind Description k. Amount Check Α 08/01/2022 \$ 50.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSTRUCTION HENRY K KIRKPATRICK JR c. Employer's Name/Specific Field 318 WEST ELM STREET TRIANGLE GRADING AND GRAHAM, NC 27253 e. Election Sum to Date PAVING, INC. 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/19/2022 1,000.00 \$ \$ \$ 4. Total only this Page 1.200.00 \$

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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P	g <u>49</u>	_ of	98	X Yes	□ No

Use this	s form to report in	dividual contribution	s over \$50 or co	ontributions u	nder \$50 if form CRO	1205	is not u	sed
1. Com	mittee Full Name	(and Fund if applicab	le)			2.	D Numb	er
JOHNS	SON FOR SHER	FF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add 🔲 Re	emove			
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/P	rofession	d. ¢	Commen	ts
(inclu	de city, state, & z	ip)		OWNER				
RONA	LD G KIRKPAT	RICK JR			·]		
1987 S	MAIN ST			c. Employer's	Name/Specific Field			
GRAH	AM, NC 27253			TRIANGLE	GRADING			
				ł		e. 1	dection 8	um to Date
						\$		10,650.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	ınt
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(inclu	de city, state, & z	ip)		СРА				
MICKI	Y KLUTTZ							
2611 S	UMAC LANE			c. Employer's	Name/Specific Field			
BURLI	NGTON, NC 27	215		E .	JART MCGOWEN	ļ		
				& KING LL	P	e. I	dection S	um to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
	A	Check			08/09/2022		\$	150.00
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							\$	
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a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	rofession	d. (Comment	s
(inclu	de city, state, & zi	ip)		OWNER	·			
ERNES	T A KOURY JR							
P.O. B0					Name/Specific Field			
BURLI	NGTON, NC 27	215		CAROLINA	HOSIERY MILLS	ļ.,		4- D-4-
						e. r	rection 8	um to Date
						\$		4,500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
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		6 of Detailed Summary I	Page CRO-1100)			\$		87,536.00

Pg 50 of 98 Mendment No

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number	
JOHNS	SON FOR SHERI	FF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add 🔲 Re	move			
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MARY	ANN KOURY					1		
	IGLEMAN AVE			c. Employer's Name/Specific Field				
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(inclu	de city, state, & zi	p)		CO-OWNER	CAROLINA			
TENN	A M KOURY			HOSIERY M	ILLS			
	OX 850				Name/Specific Field	1		
BURL	INGTON, NC 27	215		CAROLINA	HOSIERY MILLS	e 1	dection Sun	n to Nate
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						\$		1,000.00
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(inclu	de city, state, & zi	p)		TEACHER		İ		
1	DY HANFORD I			o Employada i	Name/Specific Field	ŀ		
	ANFORD HILLS	ROAD			vame/specific rieid			
GRAH	AM, NC 27253			ABSS		e. F	dection Sun	a to Date
								100.00
						\$		100.00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/09/2022		\$	100.00
							\$	
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4. Tota	al only this Pag	<u>де</u>				\$		3,100.00
	al of ALL CRO	D-1210 Pages S of Detailed Summary P	age CRO-1100\			\$,	87,536.00
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					Amenum	CHI
Contributions from Individuals	Pg	51	of	98	X Yes	☐ No
Use this form to report individual contributions over \$50 or contribution	ns un	der \$50	if fo	rm CRO 120)5 is not use	ed

1. Com	nittee Full Name	(and Fund if applicabl	le)			2.1	ID Number
JOHNS	SON FOR SHER	IFF ELECTION COM	IMITTEE				
3. Conti	ributor Informati	on		Add 🔲 Rei	move		
	lame, Mailing Ad			b. Job Title/Profession			Comments
(inclu	de city, state, & z	ip)		NOT EMPLO	YED		
SUSAN	I T LAMBERT	· ·					
	OUTH NC HWY	49		c. Employer's l	Name/Specific Field		
	NGTON, NC 27			NOT EMPLO	DYED		
	·					e. I	dection Sum to Date
						\$	30.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)	l	k. Amount
	A	Check			08/01/2022		\$ 30.00
							\$
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	ame, Mailing Add			b. Job Title/Pro		d. (Comments
(inclu	de city, state, & z	ip)		BIO TECH	•		
THOM	AS A LANDER	IV					
2905 SOUTH FAIRWAY DRIVE			c. Employer's Name/Specific Field				
BURLINGTON, NC 27215				TG THERAP	UETICS		
						e. I	Dection Sum to Date
						\$	75.00
<u> </u>	4.6.4	E E en	i. In-Kind Des		: B-4- ((3-3/)		k. Amount
		h. Form of Payment Check	1. In-Kind Des	cription	j. Date (mm/dd/yyyy)		
	Α	CHECK			07/22/2022		\$ 75.00
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a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pro	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		ADMINISTR	ATIVE		
LISA F	OSTER LANE			ASSISTANT			
1045 B	RIARCLIFF RO	AD			Name/Specific Field		
BURLI	NGTON, NC 27	215		ELON UNIV	ERSITY		T
						е. г	dection Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
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4. Tota	d only this Pa	ge				\$	205.00
5. Tota	d of ALL CR	O-1210 Pages				\$	87,536.00
(This l	ine must be on line	6 of Detailed Summary F	age CRO-1100)				

Contributions from Individuals

52 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOYED STAN LASHLEY c. Employer's Name/Specific Field 3474 OLD HILLSBOROUGH ROAD MEBANE, NC 27302 NOT EMPLOYED e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 07/29/2022 \$ 75.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED LINDA LASLEY c. Employer's Name/Specific Field 5307 MEBANE OAKS ROAD MEBANE, NC 27302 NOT EMPLOYED e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 07/29/2022 \$ 25.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a, Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FRONT OFFICE ARLENE S LASSITER c. Employer's Name/Specific Field 2773 UNION RIDGE ROAD CLOVER GARDEN SCHOOL **BURLINGTON, NC 27217** e. Election Sum to Date 85.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description i. Date (mm/dd/yyyy) k. Amount Check Α Х 08/31/2021 \$ 35.00 Check Α 07/22/2022 \$ 50.00 \$ 4. Total only this Page 150.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

				Amenum	CHL
Pg	53	of	98	X Yes	□ No

1. Committee Full Name (and Fund if applicable)						2.	D Number	
JOHNS	JOHNSON FOR SHERIFF ELECTION COMMITTEE							
3. Cont	ributor Informati	on		Add □ Re	move			
	Name, Mailing Ade		· · · · · · · · · · · · · · · · · · ·	b. Job Title/Pr	ofession	d. (Comments	
(inclu	ide city, state, & z	ip)		NOT EMPLO	OYED			
KENT	LASSITER							
3450 C	3450 COUNTRY HILL LANE			c. Employer's	Name/Specific Field			
BURL	INGTON, NC 27	⁷ 217		NOT EMPLO	OYED	L.,		
						e. I	dection Sum to Date	e
						\$	65.0	.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount	
X	A	Check			08/31/2021	··············	\$ 40.0	.00
	A	Check						
	Α	CHOCK			07/29/2022		\$ 25.0	00
							\$	
	ributor Informati		0	Add 🔲 Re	move			
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. (om ments	
(inclu	de city, state, & z	ip)		NOT EMPLO	YED			
	AEL EUGENE L							
708 W. WILLOWBROOK DRIVE				Name/Specific Field	ļ		i	
BULRINGTON, NC 27215				NOT EMPLO	OYED	_ E	lection Sum to Date	
				i				
						\$	275.0	00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			07/19/2022		\$ 125.0	00
	A	Check			07/29/2022		\$ 150.0	00
							\$	
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	de city, state, & zi			b. Job Title/Profession			. Our ar Cu is	
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	WILLOWBROO			c. Employer's I	Name/Specific Field			
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(This line must be on line 6 of Detailed Summary Page CRO-1100)								•

Co	ntributi	ans fram	Individual	2
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Pg <u>54</u> of <u>98</u> X Yes	N

1. Committee Full Name (and Fund if applicable)							2. ID Number	
JOHNSON FOR SHERIFF ELECTION COMMITTEE								
3. Cont	3. Contributor Information							
a. Fuil l	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. 6	Comments	
(inclu	de city, state, & z	ip)		CITY OF BU	RLINGTON			
TONY	TONY G LAWS			RECREATION	N DEPARTMENT			
	VALKER AVEN			c. Employer's Name/Specific Field				
BURL	INGTON, NC 27	7215		CITY OF BU	JRLINGTON	<u> </u>		
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	OY LANE				Name/Specific Field			
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(inclu LARRY	de city, state, & zi	p)		SOFTWARE	ENGINEER			
	RIS DRIVE			c. Employer's !	Name/Specific Field			
	RIVER, NC 2725	8		LEIDOS				
	•				:	e. E	lection Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
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(This line must be on line 6 of Detailed Summary Page CRO-1100)						•		

Contributions from Individuals

55 of 98 □ No X Yes

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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER SANGHO LEE c. Employer's Name/Specific Field **793 BOONE STATION DRIVE BURLINGTON, NC 27215** LEE BROTHERS e. Election Sum to Date 275.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 07/29/2022 \$ 200.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) BUSINESS DEVELOPMENT D CHRIS LEWIS c. Employer's Name/Specific Field 4203 MCCRAY COURT **BURLINGTON, NC 27217** FIRST CALL CLEANING AND e. Dection Sum to Date RESORTATION 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 08/01/2022 \$ 50.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED VICTORIA S LEWIS c. Employer's Name/Specific Field 2255 SADDLE CLUB ROAD **BURLINGTON, NC 27215** NOT EMPLOYED e. Dection Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/22/2022 150.00 \$ \$ \$ 400.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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Contributions from Individuals	Pg	56	of	98	X Yes	□ No
Use this form to report individual contributions over \$50 or contribution	ons un	ier \$50	if for	m CRO 120	5 is not use	ed

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number
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	ORTH GURNEY	STREET		c. Employer's	Name/Specific Field	1	
	BURLINGTON, NC 27215			BRAME			
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						\$	100.00
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1837 MORGAN HILL TRAIL				NOT EMPLO	-	1	
BURLINGTON, NC 27217				NOI EMPL	JI EU	e. I	Dection Sum to Date
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	P						150.00
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CHRIS				o Employante I	Name/Specific Field	ŀ	
	NGTON, NC 27:	TERSON MILL ROA	AD			ł	
DUKL	NGTON, NC 27.	213		BROADCOM	TINC.	e. E	lection Sum to Date
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
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	of ALL CRO)-1210 Pages of Detailed Summary Po	age CRO-1100)			\$	87,536.00
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		om Individual	-	-	57 of 98	_	Amendme X Yes	□ No
		idividual contribution		ontributions u	nder \$50 if form CRO			
		(and Fund if applicab				2.	ID Number	
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	ributor Informat		П					
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(include city, state, & zip)				NOT EMPLO	DYED			
MILLIE C LOY				c. Employer's	Name/Specific Field	┨		
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ALAW	ANCE, NC 272	V1		NOT EMPL	OIED	e. 1	Dection Sur	n to Date
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a. Full Name, Mailing Address & Phone		•	b. Job Title/Pr	ofession	d. (Comments		
(inclu	de city, state, & z	ip)		LIEUTENAN	T BURLINGTON			
	LES D LOY JR			FIRE DEPARTMENT c. Employer's Name/Specific Field				
	REST DRIVE NGTON, NC 27	7215		CITY OF BURLINGTON				
	,	•				e. Election Sum to Date		
		•				\$		50.00
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	K LUDWIG ARROLL DR			c. Employer's l	Name/Specific Field	1		
	NC 27244			GLEN RAVE				
l						e. E	lection Sum	to Date
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					\$	625.00
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	al of ALL CR line must be on line	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)		\$	87,536.00

Co	ntributio	ne from	Individ	nale
T (1)				11/1/15

Pg 58 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED JAMES S LYNCH c. Employer's Name/Specific Field 2197 HOSKINS RD **BURLINGTON, NC 27215** NOT EMPLOYED e. Election Sum to Date 525.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dď/yyyy) k. Amount Check Α 07/22/2022 100.00 Check A 08/09/2022 \$ 100.00 \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER BILL MANESS c. Employer's Name/Specific Field 7561 RAYFIELD RD SNOW CAMP, NC 27349 POTHOLES USA LLC e. Election Sum to Date 375.00 f. Prior g. Account Code h. Form of Payment i, In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 07/29/2022 \$ 150.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) FIREFIGHTER STEVEN A MANN c. Employer's Name/Specific Field 3985 SOUTHERN MOORE TRAIL CITY OF BURLINGTON **BURLINGTON, NC 27215** e. Election Sum to Date 150.00 h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code Check A 08/01/2022 \$ 150.00 \$ 4. Total only this Page 500.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00

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Ca	ntribu	tions	from	Indix	ridna	Q

Pg 59 of 98 X 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

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	ributor Informati					13.2	<u> </u>	
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f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	A	Check			08/09/2022		\$	100.00
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PHILLIP L MARTIN				- The state of	N	4		
3380 BASON ROAD				c. Employer's Name/Specific Field				
MEBANE, NC 27302				NOT EMPL	OYED	e. I	dection Su	m to Date
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						\$		400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amoun	t
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HAW	RIVER, NC 2725	08	. 1	DODSON & CONSTRUC		e. E	lection Su	m to Date
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				Amenum	CHL
Pg	60	of	98	X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED MARK C MAY c. Employer's Name/Specific Field P.O. BOX 178 ALAMANCE, NC 27201 NOT EMPLOYED e. Election Sum to Date 500.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Check A 07/29/2022 \$ 500.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED LINDA A MCADAMS c. Employer's Name/Specific Field 1146 GEORGE BASON ROAD NOT EMPLOYED GRAHAM, NC 27253 e. Election Sum to Date (336) 263-8003 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/11/2022 50.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED CYNTHIA C MCINTYRE c. Employer's Name/Specific Field 2415 BLANCHE DRIVE **BURLINGTON, NC 27215** NOT EMPLOYED e. Election Sum to Date 75.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description . Date (mm/dd/yyyy) Check 07/29/2022 75.00 \$ \$ 625.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Pg 61 of 98 Mendment No

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number
JOHN	SON FOR SHER	IFF ELECTION CON	MITTEE				
3. Cont	ributor Informati	on		Add 🔲 Re	move		<u></u>
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(incl	ude city, state, & z	ip)		NOT EMPO	YED		
GEOR	GE T MCLAMB	JR				_	
2539 C	SLENKIRK DR			c. Employer's Name/Specific Field			
BURL	INGTON, NC 27	7215		NOT EMPL	OYED	<u> </u>	
l						e.	Dection Sum to Date
						\$	400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
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	ide city, state, & z	ip)		NOT EMPLO	OYED		
THOMAS I MCLEAN				<u> </u>		1	
	416 CEDARWOOD DRIVE			c. Employer's Name/Specific Field			
BUKL	BURLINGTON, NC 27215			NOT EMPLOYED			Election Sum to Date
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						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount
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	RAYMOND MC	PHERSON		a Baraharanta I	N		
	CTORIA LANE	240			Name/Specific Field	1	
GIRZO	NVILLE, NC 27	249		MCPHERSO	NS CLEANERS	e. I	Dection Sum to Date
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				-		\$	250.00
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Contributions from Individuals	Pg	62	of	98	X Yes	☐ No
Use this form to report individual contributions over \$50 or contribution	is unc	ler \$50	if for	m CRO 120	5 is not use	ed

1. Com	mittee Full Name		2. ID Number						
JOHN:	SON FOR SHER	IFF ELECTION COM	IMITTEE						
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	Name, Mailing Ad			b. Job	Title/Pr	ofession	đ. t	Comments	
(inclu	ide city, state, & z	ip)		DOCT	OR				
	MAN T MCQUE			. 15	1 1	N /C 1.65 . T.C. 1.1	4		
	. WILLOWBRO			c. Employer's Name/Specific Field			-		
BOTK	INGTON, NC 27	/215		ALAN		E EAR NOSE AND	6.1	Election Sum to Date	
				Ink	JAI				
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cri pti on	1	j. Date (mm/dd/yyyy))	k. Amount	
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	(include city, state, & zip)				EMPLO	YED			
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	ELON, NC 27244				EMPLO		1		
ELON,	ELON, NC 2/244				EMPLC	TED	e. I	Dection Sum to Date	
							<u> </u>	650.00	
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ELOIV,	NC 2/244			rko-i	AVE		e. E	lection Sum to Date	
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	A	Check				08/01/2022		\$ 150.00	
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Co	ntributi	ons from	Individua	le

Pg 63 of 98 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED RICHARD N MORGAN c. Employer's Name/Specific Field 2225 IRIS DRIVE HAW RIVER, NC 27258 NOT EMPLOYED e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 150.00 \$ \$ П \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) MAJOR ALAMANCE COUNTY SHERIFFS OFFICE JAMES CURTIS MORRIS c. Employer's Name/Specific Field 4673 STAFFORD MILL RD LIBERTY, NC 27298 ALAMANCE COUNTY e. Election Sum to Date SHERIFFS OFFICE 790.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 07/29/2022 \$ 150.00 Check A 08/01/2022 150.00 \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) PRESIDENT DAVID MORTON c. Employer's Name/Specific Field 1509 CHARLEIGH COURT ELON, NC 27244 DAVE'S DISCOUNT e. Election Sum to Date **FURNITURE** 3,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/11/2022 1,000.00 \$ \$ \$ 1,450.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00

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Pg 64 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a, Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) GENERAL JACK MORTON CONTRACTOR/REALTOR c. Employer's Name/Specific Field 3336 WATERFORD PLACE **BURLINGTON, NC 27215** HILL BARBOUR REALTY e. Election Sum to Date 600.00 f. Prior g. Account Code h. Form of Payment k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) Check 08/01/2022 \$ 200.00 \$ П \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED JAMES D MOSER JR c. Employer's Name/Specific Field 1772 BELMONT ALAMANCE RD **BURLINGTON, NC 27215** NOT EMPLOYED 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 Check Α 08/01/2022 100.00 \$ Check Α 09/07/2022 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOYED JUAN MUENCH c. Employer's Name/Specific Field 4 WINDSOR PLACE MEBANE, NC 27302 NOT EMPLOYED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check Α 08/01/2022 \$ 50.00 Check A 09/06/2022 \$ 50.00 500.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Pg	65	of	98	X	Yes		No

Amendment **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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information

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CRO-1210

NC State Board of Elections

April 2007

Pg 66 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED HERB NIPARTS c. Employer's Name/Specific Field 3311 COVENTRY PLACE BURLINGTON, NC 27215 NOT EMPLOYED e. Election Sum to Date \$ 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/22/2022 75.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REALTOR NANETTE NOEL c. Employer's Name/Specific Field 213 EVA DRIVE GIBSONVILLE, NC 27249 EXP REALTY e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/01/2022 75.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) TRUCKING OPERATIOR MITCHELL OAKLEY c. Employer's Name/Specific Field 3605 BARNETT RD MEBANE, NC 27302 MITCH OAKLEY TRUCKING e. **Election Sum to Date** 470.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 08/01/2022 \$ 200.00 \$ \$ 4. Total only this Page 350.00 \$ 5. Total of ALL CRO-1210 Pages

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Amendment X Yes No

Contributions from Individuals

Pg 67 of 98 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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Pg 68 of 98 M Yes No

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Contributions from Individuals	Pg	70	of	98	X Yes	☐ No	
Use this form to report individual contributions over \$50 or contribut	ions und	ler \$50	if for	m CRO 120	5 is not use	ed	

1. Committee Full Name (and Fund if applicable) 2. ID Number JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHYSICIAN CHARLIE PICKENS JR c. Employer's Name/Specific Field 3557 LIBERTY DRIVE **BURLINGTON, NC 27215** CONE HEALTH e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 09/01/2022 \$ 50.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) CLEARS LAND WITH MACHINERY C GORDON PIKE c. Employer's Name/Specific Field 3955 EULISS ROAD **BURLINGTON, NC 27215** C. GORDON PIKE GRADING e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (m m/dd/yyyy) k. Amount Check A 07/29/2022 150.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) UNEMPLOYED KATHY PIKE c. Employer's Name/Specific Field **2065 SOUTH NC HWY 54** GRAHAM, NC 27253 UNEMPLOYED 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 Check Α 08/09/2022 \$ 100.00 \$ 300.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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71 of X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NOT EMPLOYED DAVID M PINSON c. Employer's Name/Specific Field 2305 SADDLE CLUB ROAD BURLINGTON, NC 27215 NOT EMPLOYED 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 Check Α 09/19/2022 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PLANT MANAGER RICKY PORTER c. Employer's Name/Specific Field 1008 EAST JOYNER STREET GIBSONVILLE, NC 27249 GREEN LIFE WASTE e. Election Sum to Date 2,189.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description . Date (mm/dd/yyyy) k, Amount Check Α 10/12/2022 \$ 2,189.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) OWNER SAM POWELL c. Employer's Name/Specific Field 1097 EAST LAKE DR **BURLINGTON, NC 27215** POWELL ENTERPRISES e. Election Sum to Date 5,250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check Α 07/19/2022 250.00 \$ Check A 07/29/2022 1,000.00 3,539.00 4. Total only this Page \$

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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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PRESIDENT **DEWEY L RAINEY** c. Employer's Name/Specific Field P. O. BOX 371 HAW RIVER, NC 27258 SOUTHERN MICROSCOPE e. Election Sum to Date INC. 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check A 08/01/2022 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED H DEAN RAINEY c. Employer's Name/Specific Field 2720 KINGSBURY COURT **BURLINGTON, NC 27215** NOT EMPLOYED e. Election Sum to Date 350.00 f. Prior g. Account Code h. Form of Payment k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) Check 07/29/2022 \$ 150.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BAILBONDS / REALTOR MICHAEL DOC REAVES c. Employer's Name/Specific Field 1810 BROADWAY DRIVE GRAHAM, NC 27253 REAVES BAIL BONDS 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 Check Α 07/29/2022 \$ 75.00 \$ 475.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00

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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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED FAIRFAX REYNOLDS c. Employer's Name/Specific Field P.O. BOX 1432 **BLOWING ROCK, NC 28605** NOT EMPLOYED e. Election Sum to Date 1,500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/01/2022 \$ 500.00 \$ П ŝ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) OWNER JANICE A RICHARDSON c. Employer's Name/Specific Field 1541 GIBSONVILLE/OSSIPEE ROAD ELON, NC 27244 BEST ELECTRIC OF e. Election Sum to Date BURLINGTON, INC. 100.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check A 08/11/2022 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NC HOUSE OF REPRESENTATIVES **DENNIS P RIDDELL** c. Employer's Name/Specific Field 6343 BEALE ROAD SNOW CAMP, NC 27349 STATE OF NC e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check Α 08/09/2022 250.00 \$ \$ 850.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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98 74 of 🛛 Yes 🔲 No Contributions from Individuals

Pg 74 of 98 Yes

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)							2.1	D Number
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75_ of 98 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Add ☐ Remove 3. Contributor Information a, Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) HAVAC TINA ROBERTS c. Employer's Name/Specific Field 1892 ELMWOOD DRIVE RJR ELECTRIC HEATING& GRAHAM, NC 27253 e. Election Sum to Date AIR 225.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 08/03/2022 \$ 225.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) LOAN OFFICER **EDDIE ROGERS** c. Employer's Name/Specific Field **409 SOUTH MAPLE STREET** GRAHAM, NC 27253 AMERICAN NATIONAL e. Election Sum to Date BANK 75.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check Α 08/01/2022 75.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) REALTOR HOLLY W ROSE c. Employer's Name/Specific Field 1017 GEORGETOWNE DRIVE ELON, NC 27244 ROSE REALTY GROUP e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/01/2022 \$ 75.00 \$ \$ 375.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment **Contributions from Individuals** 76 of X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED MARSHA WILSON RUDD c. Employer's Name/Specific Field 1854 BILLY T. TRAIL NOT EMPLOYED MEBANE, NC 27302 e. Election Sum to Date 3,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/12/2022 \$ 3,000.00 \$ S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED DIXIE L RUSSELL c. Employer's Name/Specific Field 2315 NC HWY 54 GRAHAM, NC 27253 NOT EMPLOYED e. Election Sum to Date (336) 266-1443 30.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A 08/18/2022 \$ 30.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) REALTOR HARRY W SANFORD JR c. Employer's Name/Specific Field 1973 SHIRLEY DRIVE BURLINGTON, NC 27215 ADVANTAGE HOMEBUYERS e. Election Sum to Date (336) 706-9723 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/09/2022 150.00 \$ \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

3,180.00

87,536.00

\$

\$

Pg 77 of 98 Amendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name		2.	ID Number			
JOHN:	SON FOR SHER	IFF ELECTION COM	IMITTEE				
3. Cont	ributor Informati	on		Add 🔲 Re	move		,
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. 0	Comments
(inclu	ide city, state, & z	ip)		TEACHER		Т	
GARY	F SAUNDERS						
1826 S	ONJA COURT			c. Employer's	Name/Specific Field	1	
GRAH	AM, NC 27253			ALAMANC	E COMMUNITY		
				COLLEGE		e. I	Dection Sum to Date
						\$	150.0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	A ·	Check			08/01/2022		\$ 150.0
							\$
							\$
	ributor Informati			Add 🔲 Re	move		
	. Full Name, Mailing Address & Phone b.				ofession	d. C	Comments
(inclu	de city, state, & z	ip)		NOT EMPLO	YED		
	E RAY SCHMII)				Į	
	OBBIE COURT				Name/Specific Field		
GRAH	GRAHAM, NC 27253			NOT EMPLOYED		_	S4: S 4- B-4-
						e. E	lection Sum to Date
						\$	75.0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount
	Α	Check	"		07/29/2022		\$ 50.0
	A	Check			09/12/2022		\$ 25.0
							\$
3. Conti	ibutor Informatio	on .		Add 🔲 Rei	move		· · · · · · · · · · · · · · · · · · ·
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments
	de city, state, & zi			NOT EMPLO	OYED		
	OLT SCHRONCE REACHER HOLE		•	c. Employer's l	Name/Specific Field		
	AM, NC 27253	WIES ROAD		NOT EMPLO			
OKAII	AIVI, IVC 21233			MOI EMILEC	TED	e. E	lection Sum to Date
						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)	1	k. Amount
	A	Check			08/09/2022		\$ 50.00
							\$
			,				\$
4. Tota	l only this Pag	ge	·			\$	275.00
	. Total of ALL CRO-1210 Pages					\$	87,536.00
(I MIS II	(This line must be on line 6 of Detailed Summary Page CRO-1100)						-

Contributions from Individuals

				Amtuum	CHt
Pg	<u>78</u>	of	98	X 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)							ID Number	
JOHNS	SON FOR SHERI	FF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add 🔲 Re	move	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Full N	Name, Mailing Ado	iress & Phone		b. Job Title/Pr	ofession	d. (Comments	
	ide city, state, & z			TEXTILE SALES				
	ELL E SCOTT II			c. Employer's Name/Specific Field				
	COLLEGE AVEN NC 27244	NUE		AMERITEC		1		
ELOIN,	110 27244			AVIERTEC	.1	e. 1	Dection Sum to	Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy))	k. Amount	
	A	Check		<u> </u>	08/01/2022		\$	150.00
							\$	
							\$	
	ributor Informatio			Add 🔲 Re				
	. Full Name, Mailing Address & Phone				ofession	d. (Comments	
	(include city, state, & zip)			NOT EMPLO	YED			
	RICHARD R SELF 3230 PREACHER HOLMES ROAD			c. Employer's Name/Specific Field				
	GRAHAM, NC 27253			NOT EMPLOYED				
0	GRAHAW, NC 27233			IVOT BIJIL BV		e. I	Dection Sum to	Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/01/2022		\$	150.00
							\$	
				:		:	\$	
	ributor Informatio			Add 🗖 Rei	nove			
	ame, Mailing Add			b. Job Title/Profession			Comments	
	de city, state, & zi	p)		NOT EMPLO	YED			
	A SHARPE WBERN COURT	r		c. Employer's I	Name/Specific Field			
	NGTON, NC 27			NOT EMPLO	OYED			
						e. E	Dection Sum to	Date
						\$	2	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/09/2022		\$ 2	250.00
							\$	
							\$	
4. Tota	ıl only this Paş	ge				\$	-	550.00
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						87,5	536.00
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Contributions from Individuals

Pg 79 of 98

Amendment

Pg 79 of 98 X Yes No

Use thi	s form to report in	dividual contribution	s over \$50 or co	ontributions un	nder \$50 if form CRO	1205	is not used	
1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
JOHN	SON FOR SHER	IFF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on.		Add 🔲 Re	move		•	
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. (Comments	
(inclu	ıde city, state, & z	ip)		SALESMAN				
RICKE	EY SHARPE						•	
2824 H	IUFFMAN MILL	, RD		c. Employer's	Name/Specific Field]		
BURL	INGTON, NC 27	7215		BYNAM SH	ARPE MOTORS	<u></u>		···
						e. 1	Dection Sum	to Date
						\$		475.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	l cription	j. Date (mm/dd/yyyy)	 	k. Amount	
	A	Check	1. In Aunu Des				i	
	A	OHOUR			07/11/2022		\$	250.00
□							\$	
							\$	
3. Cont	ributor Informati	on		Add □ Re	move		·	
	Name, Mailing Add		 	b. Job Title/Pr	ofession	d. (Comments	
(inclu	ide city, state, & z	ip)		OWNER				
BYNU	M D SHARPE SI	R						
2432 N	ORTH CHURCH	I STREET		c. Employer's	Name/Specific Field]		
BURL	BURLINGTON, NC 27217			DOUG SHA	RPES CAROLINA			
				HOMES OF	BURLINGTON	e. I	dection Sum	to Date
			*			\$		575.00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			10/05/2022			500.00
					10/05/2022		\$	300.00
							\$	
							\$	
3. Cont	ributer Informatie	on		Add 🔲 Rei	<u>I.</u> move			
	lame, Mailing Add			b. Job Title/Pr		d. C	Comments	
	de city, state, & zi			NOT EMPLO		-		
	L SHATTERLY			NOT EMILE	/11D			
	LANCHE DRIV		İ	c. Employer's	Name/Specific Field	1		
	NGTON, NC 27			NOT EMPLO	DYED			
						e. I	lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/01/2022		\$	100.00
					00,01,2022		<u></u>	100.00
				·			\$	
							\$	
4. Tota	al only this Pa	ge				\$		850.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-116A			\$	87	7,536.00
(2 1413 t	mus ve on une	, Deminuty I	-8- CHO-1100)			t		

	 		viduals	

Contributions from Individuals	Pg	80	of	98	X Yes	
Use this form to report individual contributions over \$50 or contribution	ns und	ler \$50	if for	m CRO 120)5 is not use	ed

1. Com	mittee Full Name	(and Fund if applicabl	e)			2.	ID Number
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE				
3. Cont	ributor Informati	on		Add □ Re	move	منت السابار. ا	
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (Comments
(inclu	de city, state, & z	ip)		NOT EMPLO	YED	Г	
JOHN	GEORGE SHOU	REAS					
102 VI	LLAGE DRIVE			c. Employer's	Name/Specific Field		
	FMENT 117			NOT EMPLO	OYED		
MEBA	NE, NC 27302					e. I	Dection Sum to Date
						\$	25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	Α	Check			09/28/2022		\$ 25.00
							\$
							\$
3. Cont	ributor Informati	D n		Add 🔲 Re	move		
a. Fuli N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. (Comments
(inclu	de city, state, & zi	ip)		INSPECTOR			
	T SIMPSON						
	OUNT COURT				Name/Specific Field		
BURLI	NGTON, NC 27	215			EXPOSURE USA,	4 F	Dection Sum to Date
				INC			accord Sum to Date
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			08/18/2022		\$ 150.00
							\$
							\$
3. Conti	ibutor Informatio	on		Add 🔲 Rei	nove		
a. Full N	ame, Mailing Add	ress & Phone		b. Job Title/Pro	ofession	d. C	Comments
(inclu	de city, state, & zi	p)		NOT EMPLO	YED		
	RA SMALL					ĺ	
	IALL CT				Name/Specific Field		
BURLI	NGTON, NC 27	215		NOT EMPLO	DYED	a T	lection Sum to Date
						e. E	rection sum to Date
						\$	400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)	\Box	k. Amount
	A	Check			08/09/2022		\$ 200.00
			Ċ				\$
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4. Tota	l only this Pag	ge			<u> </u>	\$	375.00
	l of ALL CRO	D-1210 Pages S of Detailed Summary P	nne CRO-1100\			\$	87,536.00
[1 HI2 [пе тим ок оп ине (, v _i Detutied Summary P	uge CAU-1100)				

Contributions from Individuals Pg 81 of 98

Pg 81 of 98 Yes No

Contributions from marvadas	rg		U1		Z I CS
Use this form to report individual contributions over \$	50 or contributions ur	nder \$50	if form	CRO 1205	is not used

1. Com	mittee Full Name	(and Fund if applicabl	e)			2.	ID Number	
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add 🔲 Re	move			
a. Full N	lame, Mailing Ado	dress & Phone	· ·	b. Job Title/Pr	ofession	d. Comments		
-	de city, state, & z	ip)		NOT EMPLO	OYED			
	DA K SMITH UAIL RUN LAN	I E		c. Employer's	Name/Specific Field	1		
_	NGTON, NC 27			NOT EMPL				
	,					e. l	Dection Sum	to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount	
	Α	Check			08/01/2022		\$	150.00
							\$	
							\$	
	ributor Informati				move			
	lame, Mailing Add			b. Job Title/Pr		d. (Comments	
	de city, state, & zi	ip)		NOT EMPLO	DYED			
	O I SMITH OX 1854			c. Employer's	Name/Specific Field	ł		ſ
	NGTON, NC 27	217		NOT EMPLO	· · · · · · · · · · · · · · · · · · ·	1		
	,					e. I	dection Sum	to Date
						\$		450.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	L	k. Amount	
	A	Check			07/11/2022		\$	250.00
							\$	
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	ibutor Informatio			Add 🔲 Re	move			
	ame, Mailing Add			b. Job Title/Pr		d. (Comments	
	de city, state, & zi	(p)	······································	NOT EMPLO	YED			
	N SMITH OWN BARK LA	ME		c. Employer's	Name/Specific Field			- !
	NVILLE, NC 27			NOT EMPLO	DYED			
	•					e. I	lection Sum	to Date
.						\$		100.00
f. Prior	g. Account Code		i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/09/2022		\$	100.00
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4. Tota	d only this Pag	ge			·	\$		500.00
5. Tota	of ALL CRO	D-1210 Pages	•			\$	۰,	7,536.00
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Pg 82 of 98 Amendment No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is no	iot use	is r)5 i	120	Ю	CF	orm	if fo	\$50	der	une	tions	ribu	conf	0 oı	r \$50	ove	ions	buti	ontril	ıal c	ividu	ind	eport	to r	form	this	Use
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1. Com	mittee Full Name		2.	ID Number			
JOHN:	SON FOR SHER	IFF ELECTION COM	IMIT TEE				
3. Cont	ributor Informati	on		Add 🔲 Re	move		
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. e	Comments
(incl	ide city, state, & z	ip)		NOT EMPLO	OYED	Π	
1	NGS SMITH			<u> </u>	TAT	1	
3	T. GEORGE CO				Name/Specific Field	-	
BOKE	INGTON, NC 27	/215		NOT EMPL	OYED	e. 1	Election Sum to Date
]		\vdash	·
						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	A	Check			08/01/2022		\$ 50.00
							\$
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	ributor Informati			Add 🔲 Re			
	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments
	de city, state, & z	ip)		NOT EMPLO	YED		
	RD P SOMERS			c Employer's	Name/Specific Field	1	
1	ILL RUN LANE AM, NC 27253			NOT EMPLO		ł	
GIVELL	1417, 140 27255	•		NOT EMILE		e. F	Dection Sum to Date
						\$	150.00
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		h. Form of Payment Check	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	CIICCK			07/29/2022		\$ 150.00
							\$
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	ributor Informatio				move		
	ame, Mailing Add			b. Job Title/Pr		d. C	Comments
	de city, state, & zi	(P)		NOT EMPLO	YED	i	
	RAGUE AVIS LANE			c. Employer's l	Name/Specific Field		
	NVILLE, NC 27	249		NOT EMPLO	<u> </u>		
	, , ,			1,01 2	122	e. E	lection Sum to Date
						\$	45.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			09/06/2022		\$ 20.00
							\$
							\$
4. Tota	ıl only this Paş	ge				\$	220.00
	al of ALL CRO	D-1210 Pages S of Detailed Summary P	age CRO-1100\			\$	87,536.00
1	ve on mis (, communy 1	-0		i		

Pg 83 of 98 M Yes No

1. Committee Full Name (and Fund if applicable)	2. ID Number	,
Use this form to report individual contributions over \$50 or contributions	under \$50 if form CRO 1205 is not used	

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
JOHNS	SON FOR SHERI	IFF ELECTION COM	AMITTEE					
3. Cont	ributor Informati	on		Add □ Re	move	_		
	Vame, Mailing Add			b. Job Title/Pr		d. (Comments	
	ide city, state, & z			NOT EMPLO		\vdash		
	SA MARTIN STE	··		THO! EMIL	JIED			
	INSLEY TRACE			c. Employer's	Name/Specific Field	1		
	NGTON, NC 27			NOT EMPL	OYED	1		
D C T CL	2,	210		THO I ENT E	OTEB	e. I	Dection Sum	to Date
	•							50.00
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	A	Check			08/09/2022		\$	50.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add □ Re	move			
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & zi	ip)		VP				
SAMU	EL STUBBLEFI	ELD				1		
3216 C	OVENTRY PLA	CE		c. Employer's	Name/Specific Field			
BURLI	NGTON, NC 27	215		STRATGIC	BRANDS			
				COMPANY		e. F	dection Sum	to Date
						\$		800.00
f. Prior	a Assaunt Code	h. Form of Payment	i. In-Kind Des		i Data (m.m./dd//)		k. Amount	
		Check	I. III-KIRG Des	стърноп	j. Date (mm/dd/yyyy)		K. Amount	
	A				07/19/2022		\$	250.00
	A	Check			07/29/2022		\$	150.00
							\$	
3. Contr	ibutor Informatio	on		Add 🔲 Re	move			
a. Full N	ame, Mailing Add	ress & Phone		b. Job Title/Pr	ofession	d, C	Comments	
(inclu	de city, state, & zi	p)		NOT EMPLO	YED			
BEVER	LLY JEAN SUTT	ON	·					
3711 M	INE CREEK RO	AD		c. Employer's	Name/Specific Field			
BURLI	NGTON, NC 27	217		NOT EMPLO	OYED			
						e. E	lection Sum	to Date
·						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	·
	Α	Check			07/22/2022		\$	100.00
							\$	٠
							\$	
	l only this Pag	~				\$		550.00
	il of ALL CRO	D-1210 Pages S of Detailed Summary P	age CRO-1100)			\$	8	7,536.00

Amendment 98 🛛 Yes 🔲 No 84 of

Use this	form to report in	dividual contributions	s over \$50 or co	ontributions un	der \$50 if form CRO	- 1205	is not used	
1. Com	nittee Full Name	(and Fund if applicabl	le)			2.	ID Number	
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE					
3. Conti	ributor Informati	on		Add Re	move	<u></u>	· · · · · · · · · · · · · · · · · · ·	
	lame, Mailing Add			b. Job Title/Pr		d. (Comments	
(inclu	de city, state, & z	ip)		NOT EMPLO	YED			
	W SUTTON					┨		
	IAPLE AVENUE				Name/Specific Field	-		
BUKLI	NGTON, NC 27	215		NOT EMPLO	DYED	e. 1	Dection Sum	to Date
								25.00
			T			\$	· · · · · · · · · · · · · · · · · · ·	25.00
	-	h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
	A	CHOCK			07/29/2022		\$	25.00
							\$	
							\$	
3. Contr	ibutor Informatio	On ·		Add □ Rei	move		l	· · · · · · · · · · · · · · · · · · ·
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(inclu	de city, state, & zi	ip)		NOT EMPLO	YED			
l .	E TALTON					ł		
	RIAR LANE				Name/Specific Field	-		
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						\$		400.00
f. Prior	· · · · · · · · · · · · · · · · · · ·	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			07/22/2022		\$	100.00
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	MAURY ARCH NGTON, NC 27				 			
DUKLL	NGTON, NC 27.	213		NOT EMPLO	TED	e. E	lection Sum	to Date
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	Щ	k. Amount	,
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	l only this Pag	7e				\$		275.00
	of ALL CRO		····			Ψ		
J. IUU This !!		J-1210 Pages	CRO 1160\			\$	8	7,536.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Con	tributions fr	om Individual	S	P	g 85 of 98	_	Yes No
	_	idividual contribution		ontributions u	nder \$50 if form CRO		
		(and Fund if applicab		· · · · · · · · · · · · · · · · · · ·		2.	ID Number
JOHN	SON FOR SHER	IFF ELECTION CON	MMITTEE				
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	Name, Mailing Ad			b. Job Title/P		d. (Comments
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4	SIXTY COURT			1	Name/Specific Field	-	
GRAH	IAM, NC 27253			NOT EMPL	OYED		Election Sum to Date
1						-	
ŀ				!		\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	A	Check			08/01/2022		\$ 50.00
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E .	RBOR ROAD	7 27104			Name/Specific Field	-	
WINS.	TON SALEM, NO	2/104		RENTALS	ASING TRAILER	e. I	Election Sum to Date
İ				KLIVIALS			5 600 00
		1	T	<u> </u>	T	\$	5,600.00
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	ributor Informati			Add 🔲 Re			
	Name, Mailing Ado			b. Job Title/Pr	rofession	d. (Comments
	ide city, state, & z	ip)		RANCHER			
	Y TEAGUE	MEC DOAD		c. Employer's	Name/Specific Field	1	
1	REACHER HOL AM, NC 27253	MES KOAD		THOMAS T	-	1	
JUAN	AW, NC 27255			IHOMAS I	EAGOE	e. F	Dection Sum to Date
						\$	125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	L cription	j. Date (mm/dd/yyyy)	L	k. Amount
X	A	Check			03/04/2022		\$ 50.00
	A	Check		· · · · · · · · · · · · · · · · · · ·	08/01/2022		\$ 75.00
							\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5,725.00

Pg 86 of 98 M Yes No

				over \$50 or contributions	under \$50 if form CRO 1205 is not used
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1. Com	mittee Full Name	(and Fund if applicabl	le)			2. ID Number		
JOHN:	SON FOR SHER	IFF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add 🔲 Re	move	•		**************************************
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Profession		d. C	d. Comments	
(inclu	ide city, state, & z	ip)		OWNER		Π		
	Y M TERRELL					1		
	OUTH NC HIGH	IWAY 87		<u></u>	Name/Specific Field	4		
GRAH	AM, NC 27253				NITTING MILLS,		dection Sum t	- D.4.
				INC.		e. 1	dection Sum (o Date
						\$	1	,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)))	k. Amount	
	A	Check			10/13/2022		\$	500.00
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3 Cont	ributor Informati	on	П	Add Re	move		l	
	a. Full Name, Mailing Address & Phone			b. Job Title/Pr		d. C	Comments	
(include city, state, & zip)					GY ADVISOR		JOHN HE LIS	
	N TERRY			Lecinose	OI ADVISOR			
1105 OLYMPIC DRIVE				c. Employer's	Name/Specific Field	1		i
MEBANE, NC 27302				PRINCIPAL DATA				
				e. F	lection Sum t	o Date		
						\$		50.00
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
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	ame, Mailing Add			b. Job Title/Profession		d. Comments		
	de city, state, & zi	<u>ip)</u>		NOT EMPLO	YED			
	R THOMAS	0.17		a Employante I	Name/Specific Field			
	DGE SHARPE R AM, NC 27253	OAD						
UKAII	AIVI, NC 2/233			NOT EMPLO	YED	e. E	lection Sum to	Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
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4. Total only this Page					\$		650.00	
	of ALL CRO	D-1210 Pages of Detailed Summary Po	age CDO 1100\		1	\$	87,	536.00
(1 1115 11	must ve on une (, v, vecuseu summury P	18c CHO-1100)					ľ

Contributions from Individuals 87 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE ☐ Remove 3. Contributor Information ☐ Add b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) NOT EMPLOYED HULON R THOMASSON JR c. Employer's Name/Specific Field 3860 STONEY CREEK CHURCH TOAD ELON, NC 27244 NOT EMPLOYED e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 07/29/2022 \$ 50.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY CRAIG THOMPSON c. Employer's Name/Specific Field 2222 DELANEY DRIVE **BURLINGTON, NC 27215** CRAIG T. THOMPSON, e. Election Sum to Date ATTORNEY AT LAW 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check A 08/01/2022 \$ 150.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SECRETARY MARY THOMPSON c. Employer's Name/Specific Field 804 W DAVIS ST **BURLINGTON, NC 27215** LANDMARK SURVEYING e. Election Sum to Date INC 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (m m/dd/yyyy) k. Amount Check 08/09/2022 \$ 50.00 \$ \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

250.00

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\$

Pg 88 of 98 Mendment No

Use this form to report individual contributions of	ver \$50 or contributions under:	\$50 if form CRO 1205 is not used
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1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
JOHNSON FOR SHERIFF ELECTION COMMITTEE								
3. Cont	ributor Informati	on		Add 🔲 Re	move			
	Name, Mailing Ad			b. Job Title/Profession		d. ¢	Comments	
(incl	ide city, state, & z	ip)		RANCHER				<u> </u>
	THY THOMPSO			<u> </u>		1		
	DGE SHARPE F	ROAD			Name/Specific Field	4		
GRAH	AM, NC 27253			THOMAS T	EAGUE FARMS		Dection Sum	to Data
				1		e. 1	dection Sun	to Date
		•				\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A	Check			08/01/2022		\$	175.00
							\$	
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	ributor Informati			Add 🔲 Re	move			
	a. Full Name, Mailing Address & Phone			b. Job Title/Pr	ofession	d. C	Comments	
(include city, state, & zip)			PRESIDENT					
	LD BRUCE TICE	HY		a Emalovania	Name/Specific Field	ļ		
	P.O. BOX 220 ALAMANCE, NC 27201-0220							
ALAW	ALAMANCE, NC 27201-0220			TICHY TRA	IN GROUP	e. F	lection Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	Α	Check			07/19/2022		\$	250.00
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							\$	
	ributor Informatio			Add 🔲 Rei	move			
	lame, Mailing Add			b. Job Title/Profession			Comments	
.,	de city, state, & zi			SALES				
	ERLY B TRAYN ACHLIGHT TR			c. Employer's l	Name/Specific Field			
BURLI	NGTON, NC 27	215		ALAMANCE	E GLASS			
						e. 10	lection Sum	to Date
						\$		75.00
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	ıl only this Pag					\$		500.00
	nd of ALL CRO		gge CRO-1100\			\$	8	7,536.00
(2 2563 24	(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Pg 89 of 98 Amendment
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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED **AVA J TUCK** c. Employer's Name/Specific Field **815 STONE STREET** HAW RIVER, NC 27258 NOT EMPLOYED e. Election Sum to Date 25.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment k. Amount j. Date (mm/dd/yyyy) Check 08/09/2022 \$ 25.00 \$ П \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED WILLIAM B TUCK JR c. Employer's Name/Specific Field **815 STONE STREET** HAW RIVER, NC 27258 NOT EMPLOYED e. Election Sum to Date 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 08/09/2022 \$ 25.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED VAN TURNER c. Employer's Name/Specific Field 642 SPANISH OAK ROAD ELON, NC 27244 NOT EMPLOYED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check Α 08/18/2022 \$ 100.00 \$ \$ 4. Total only this Page 150.00 \$ 5. Total of ALL CRO-1210 Pages \$ 87,536.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Pg 90 of

98

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number
JOHNS	SON FOR SHER	IFF ELECTION COM	1MITTEE				
3. Cont	ributor Informati	on		Add 🔲 Re	move		
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	ide city, state, & z	ip)		NOT EMPLOYED			
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	OPPER TRACE			c. Employer's Name/Specific Field		┨	
HAW	RIVER, NC 2725	38	:	NOT EMPLO	JYED	e.]	Dection Sum to Date
			!				
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check	· ·		07/29/2022		\$ 150.00
							\$
							\$
	ributor Informatio						
	a. Full Name, Mailing Address & Phone			b. Job Title/Pro		d. Comments	
(include city, state, & zip)				NOT EMPLO	YED		
DAVID PAUL WALKER			!	c Employer's	Name/Specific Field	ł	
1722 JIMMIE KERR ROAD HAW RIVER, NC 27258			NOT EMPLO		1		
HAW RIVER, NC 27258			NOI EMILEC	MED	e. I	Dection Sum to Date	
		ļ	!	T.	195.00		
						\$	185.00
f. Prior	_	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
X	A	Check			03/25/2022		\$ 25.00
	A	Check			08/01/2022		\$ 160.00
							\$
	ributor Informatio				move		
	lame, Mailing Add			b. Job Title/Profession		d. Comments	
	de city, state, & zi			RESOURCE SPECIALIST			
	H STEVEN WAI		1	c Employer's I	Name/Specific Field	ĺ	
	LDERWOOD LA NGTON, NC 27			c. Employer's Name/Specific Field DUKE ENERGY CO.			
DUKU.	NGION, NO 21	41J		DONE ENER	tor co.	e. F	dection Sum to Date
ı					·	\$	100.00
f. Prior	g. Account Code		i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount
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(This li	ine must be on line (6 of Detailed Summary P	age CKO-1100)			<u> </u>	

Pg 91 of 98

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number	r
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add Re	move			· · . · . · . · · . · · · · · · · ·
	Name, Mailing Add			b. Job Title/Profession		d. (d. Comments	
(inclu	ıde city, state, & z	ip)		SECOND VICE PRESIDENT				
RONA	LD DALE WAL	KER		<u></u>				
	DIAN VALLEY				Name/Specific Field	1		
BURL	INGTON, NC 27	<i>'</i> 217		WELLS FAR	RGO	L,	Dection Su	4: D=4n
							gection su	m to Date
						\$		600.00
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amoun	t
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	Α	Check			08/01/2022		\$	150.00
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(include city, state, & zip)			EDUCATOR					
	IE WALL					1		
	EADOWOOD DE		!		Name/Specific Field			
BURLI	BURLINGTON, NC 27215			THE BURLE	NGTON SCHOOL		Tastian Cur	to Poto
				ĺ		е. г	dection Sur	m to Date
igi sa a						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	t
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	·	SAXAPAHAW ROAI	D	<u> </u>	Name/Specific Field			ļ
GRAH	AM, NC 27253			NOT EMPLO	YED	_ F	lection Sur	m to Date
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						\$		100.00
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	al of ALL CRO	O-1210 Pages 6 of Detailed Summary Po	(200 1100)			\$	<u></u>	87,536.00
(I HIS II	ine musi be on ane c	i oj Detanea Summary Pi	ige CKU-1100)					

Pg 92 of 98 Mendment No

Use this form to report individual contributions over 500 or contributions under 500 if form CRO 1200 is no	ntributions over \$50 or contributions under \$50 if form CRO 1205 is	not used
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1. Com	mittee Full Name	e (and Fund if applicabl	le)			2. I	ID Numbe	r
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE					
3. Cont	tributor Informati	ion		Add Re	move	<u> </u>		
a. Full l	Name, Mailing Ado	dress & Phone	•	b. Job Title/Pr		d. C	Comments	J
(inclu	ude city, state, & z	.ip)		PRESIDENT				
	PAUL WALLAC]		
	CAPE FEAR TRA	L L	,		Name/Specific Field]		:
GRAH	IAM, NC 27253		,	1	ALLACE, DDS,	<u>_</u>		· 50 / .
			1	PLLC	1	е. г	dection su	ım to Date
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f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	,	k. Amoun	ıt
	A	Check			08/01/2022		\$	75.00
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	ributor Informatio				move			
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(include city, state, & zip)				VICE PRESII	DENT			
TONYA M WARREN			ļ	E-selowayig	**			
	1699 WARREN FARM DRIVE				Name/Specific Field	-		
BUKL	BURLINGTON, NC 27217			AMWINS GI		e E	lection Su	m to Date
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				l		\$		150.00
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	ributor Informatio				move			
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	ide city, state, & zi	(p)		NOT EMPLO	YED		<u> </u>	
	B WATKINS	-	}	- Umnlaver's I	Name/Specific Field	ł		
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BUKL	INGTON, NC 27	215	1	NOT EMPLO		e. E	lection Su	m to Date
			1	1	ļ	\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	rintion	j. Date (mm/dd/yyyy)	<u> </u>	k. Amoun	
	A	Check		Tipe.s	09/12/2022			
	•-				09/12/2022		\$	100.00
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4. Tota	al only this Pag	Зe				\$		323.00
	al only this Pag al of ALL CRO	<u> </u>				\$		87,536.00

Pg <u>97</u> of

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		(and Fund if applicabl				2.1	ID Number
JOHNS	SON FOR SHERI	IFF ELECTION COM	1MITTEE				
3. Cont	ributor Informati	on		Add 🔲 Re	move		
	Name, Mailing Add		· · · · · · · · · · · · · · · · · · ·	b. Job Title/Profession		d. C	Comments
(inclu	ide city, state, & zi	ip)		PLANT MANAGER		Γ	
	R WYATT						!
	ITBY COURT				Name/Specific Field	-	
MEBA	NE, NC 27302			MESSER GA	ASES		Election Sum to Date
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						\$	25.00
f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	Α	Check			10/13/2022		\$ 25.00
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(include city, state, & zip)				NOT EMPLO	YED		
DOYLE DEAN WYRICK				c. Employer's Name/Specific Field			+
2020 MILLS BASON COURT GRAHAM NC 27253					·	1	
GRAHAM, NC 27253				NOT EMPLO	JYED	e. E	Dection Sum to Date
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	<u></u>	<i>2</i>				\$	400.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			07/29/2022		\$ 150.00
	A	Check			09/28/2022		\$ 100.00
	A	Check			10/05/2022		\$ 150.00
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	lame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments
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	GH, NC 27606	•		c. Employer's Name/Specific Field NOTEMPLOYED		l	
IVILL.	UII, INC 2.000			MOTEVITE EC	11517	e. Đ	lection Sum to Date
						\$	100.00
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	. A	Check			08/09/2022		\$ 100.00
							\$
							\$
4. Total only this Page						\$	525.00
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	87,536.00
(I IIIS II	must be on time o	. v, Dewice Summary P	uge (MO-1100)				

Amendment **Contributions from Individuals** 93 of 98 X Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		(and Fund if applicabl				2. J	ID Number
JOHN	SON FOR SHERI	IFF ELECTION COM	IMITTEE				
	tributor Informati			Add □ Re	move		
a. Full l	Name, Mailing Add	dress & Phone		b. Job Title/Profession		d. (Comments
(incl	ude city, state, & zi	ip)		NOT EMPLOYED			
	ELA C WELBORN	N				_	
ľ	OX 593		ĺ		Name/Specific Field	4	
ALAM	IANCE, NC 2720	J1	ĺ	NOT EMPLO	OYED	<u></u>	Election Sum to Date
			•		ı		
			!		ı	\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)) 	k. Amount
	A	Check			09/28/2022		\$ 50.00
							\$
							\$
	ributor Informatio				emove	_	
	Name, Mailing Add		F	b. Job Title/Pro		d. C	Comments
	ide city, state, & zi	(p)		NOT EMPLO)YED		!
JAMES WHITE 4252 DICKEY MILL ROAD		1	c. Employer's Name/Specific Field		!		
		JAD				1	!
MEDIV	MEBANE, NC 27302		1	NOT EMPLO		e. F	Election Sum to Date
			ļ	1	1		
				<u> </u>		\$	100.00
f. Prior	+		i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount
	A	Check			08/01/2022		\$ 100.00
							\$
							\$
	ributor Informatio				move		
	Vame, Mailing Add		-	b. Job Title/Pro		d. C	Comments
	ide city, state, & zi	<u>p)</u>	·····	NOT EMPLO	YED	1	
	CES WILLIAMS RESCENT DRIV	***	}	e Employer's I	Name/Specific Field	1	
	RESCENT DRIV M, NC 27253	Е	F	NOT EMPLO	 	1	
Uku	VI, INC 2,200			NOI LIVE E) TED	e. E	dection Sum to Date
						\$	75.00
f. Prior	g. Account Code		i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)	\Box	k. Amount
	A	Check			07/29/2022		\$ 75.00
							\$
							\$
4. Tota	al only this Pag	₹e				\$	225.00
5. Tota	al of ALL CRC)-1210 Pages					27.526.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$. 87,536.00	

94 of 98 X Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

JOHNSON FOR SHERIFF ELECTION COMMITTEE	2.	2. ID Number		
JOHNSON TOK BILLANT ELECTION COMMITTEE				
3. Contributor Information				
a. Full Name, Mailing Address & Phone b. Job Title/Profession	d.	Comments		
(include city, state, & zip) NOT EMPLOYED				
ROMAN WILLIAMS 2124 CRESCENT DRIVE c. Employer's Name/Specific	c Field			
GRAHAM, NC 27253 NOT EMPLOYED				
	e.	Election Sum to Date		
	\$	75.00		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/	dd/yyyy)	k. Amount		
□ A Check 07/29/	/2022	\$ 75.00		
		\$		
		\$		
3. Contributor Information		·		
a. Full Name, Mailing Address & Phone b. Job Title/Profession	d. (Comments		
(include city, state, & zip) NOT EMPLOYED				
CAROL WILLIAMSON 2802 SNUG HARBOR c. Employer's Name/Specific	Field			
BURLINGTON, NC 27215 NOT EMPLOYED				
DORDING 101, 110 1121	e. l	Election Sum to Date		
	\$	140.00		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/c	dd/yyyy)	k. Amount		
A Check 12/02/	2021	\$ 50.00		
□ A Check 08/09/	2022	\$ 50.00		
□ A Check 09/06/	2022	\$ 40.00		
3. Contributor Information				
TABLE NAME AND ADDRESS OF THE PARTY OF THE P	d. (Comments		
(include city, state, & zip) READING				
(include city, state, & zip) CAROLYN E WILSON INTERVENTIONIST	Field			
(include city, state, & zip) CAROLYN E WILSON P.O. BOX 1288 READING INTERVENTIONIST c. Employer's Name/Specific				
(include city, state, & zip) CAROLYN E WILSON INTERVENTIONIST	OOLS	Dection Sum to Date		
(include city, state, & zip) CAROLYN E WILSON P.O. BOX 1288 C. Employer's Name/Specific HILLSBOROUGH, NC 27278 ORANGE COUNTY SCH	OOLS e. I	Election Sum to Date 50.00		
(include city, state, & zip) CAROLYN E WILSON P.O. BOX 1288 HILLSBOROUGH, NC 27278 C. Employer's Name/Specific ORANGE COUNTY SCH	OOLS e. I			
(include city, state, & zip) CAROLYN E WILSON P.O. BOX 1288 C. Employer's Name/Specific HILLSBOROUGH, NC 27278 ORANGE COUNTY SCH	e. I s	50.00		
(include city, state, & zip) CAROLYN E WILSON P.O. BOX 1288 HILLSBOROUGH, NC 27278 CRANGE COUNTY SCH f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/c)	e. I s	50.00 k. Amount		
(include city, state, & zip) CAROLYN E WILSON P.O. BOX 1288 HILLSBOROUGH, NC 27278 C. Employer's Name/Specific ORANGE COUNTY SCH	e. I s	\$ 50.00 k. Amount \$ 50.00		
(include city, state, & zip) CAROLYN E WILSON P.O. BOX 1288 HILLSBOROUGH, NC 27278 C. Employer's Name/Specific ORANGE COUNTY SCH	e. I s	\$ 50.00 k. Amount \$ 50.00		

Amendment 95 of 98 X 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 JOHNSON FOR SHERIFF ELECTION COMMITTEE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED THOMAS V WISDO JR 1205 COPPERSTONE VILLAGE DRIVE c. Employer's Name/Specific Field MEBANE, NC 27302 NOT EMPLOYED e. Election Sum to Date \$ 125.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check A X 03/15/2022 \$ 50.00 Check Α 08/01/2022 \$ 75.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED CAROLYN WOOD 104 TURNBURY PLACE c. Employer's Name/Specific Field ELON, NC 27244 NOT EMPLOYED e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 \$ 75.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NOT EMPLOYED JOSEPH WOOD 104 TURNBURY PLACE c. Employer's Name/Specific Field ELON, NC 27244 **NOT EMPLOYED** e. Dection Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check Α 07/29/2022 \$ 75.00 \$ \$ 4. Total only this Page 225.00 \$ 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100) 87,536.00

Contributions from Individuals

Pg 96 of 98 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Amendment X Yes No

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		(and Fund if applicab			·····	2.1	D Numb	er
JOHNS	SON FOR SHERI	IFF ELECTION COM	IMITTEE					
3. Cont	ributor Informati	on		Add □ Re	move			
	Name, Mailing Ad			b. Job Title/Profession		đ. C	Comment	s
(inclu	ide city, state, & z	ip)		NOT EMPLO	OYED			
ELAIN	E WORDSWOR	TH			<u> </u>			
111 W.	EST CHURCH S	TREET		c. Employer's	Name/Specific Field	1		
NASH	VILLLE, NC 27	856		NOT EMPL	OYED	L,	- 0 6	
						e. 1	dection 8	um to Date
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
	A	Check			10/03/2022		\$	1,000.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 Re	move			
	Name, Mailing Add			b. Job Title/Pr	ofession	d. (omment	S
(inclu	ide city, state, & z	ip)		DIRECTOR				
STEVE	E WORDSWORT	H						
111 W	EST CHURCH S	TREET		c. Employer's Name/Specific Field				
NASH	NASHVILLE, NC 27856			CPFRM LLC	2			
						e. E	lection S	um to Date
•]		\$		4,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	L	k. Amou	nt
	A	Check			10/03/2022		\$	1,000.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 Re	move			
a. Full N	Name, Mailing Ado	lress & Phone		b. Job Title/Pr	ofession	d. (Comment	s
(inclu	ide city, state, & z	ip)		NOT EMPLO	OYED			
	WYATT					ļ		
	HITBY DRIVE				Name/Specific Field	ļ		
MEBA	NE, NC 27302			NOT EMPLO	OYED	e. F	lection S	um to Date
						\$		25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
	Α	Check			10/13/2022		\$	25.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		2,025.00
5. Tot	al of ALL CR	O-1210 Pages				\$		87,536.00
(This i	une must be on line	6 of Detailed Summary 1	rage CKO-1100)			1		

~	ntribu	tions	from	India	aubis	L
CO	ntribu	tions	irom	Inaiv	adua	IS

Pg 98 of 98 Amendment Yes No

1 C the Table 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not use	<u>d</u>
TT 11 6	

1. Com	mittee Full Name	2. ID Number						
JOHNS	SON FOR SHERI							
3. Cont	ributor Informati	on		Add 🔲 Rei	move	<u> </u>		
	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		NOT EMPLO	YED		·	
	H ZIMMERMAN	Ţ						
	OOK ROAD				Name/Specific Field	1		
ELON,	NC 27244			NOT EMPLO	DYED	e. 1	Dection Su	m to Date
		\$		75.00				
f. Prior	g. Account Code	j. Date (mm/dd/yyyy)		k. Amoun	t			
	A	Check			08/09/2022		\$	75.00
							\$	
							\$	
3. Conti	ributor Informati	On .		Add 🔲 Rei	nove			
	lame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments	
	de city, state, & zi			NOT EMPLOYED				
	H ZIMMERMAN	N		a Employania	Name/Specific Field			
	OOK ROAD NC 27244			NOT EMPLO		-{		
ELON,	NC 2/244			NOT EMPLO	TED	e. Election Sum to Date		
						\$		75.00
			1. 2			*		
		h. Form of Payment Check	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amoun	t
	A	Crieck			08/09/2022		\$	75.00
							\$	
							\$	
4. Tota	l only this Pa	ge	·			\$		150.00
	al of ALL CRO	\$		87,536.00				
1 4 6889 1. 7	me must be on time (о од Бенинен Вининиту Г	age Cho-1100)					

		B 114 1 5		_		Amendmen	t
Contributi	ons from Othe	er Political C	ommittees	Pg <u>1</u> of	1	X Yes	□ No
Use this form to	report contributions	from other candidat	te, referendum o	or PAC committees			
1. Committee Fo	all Name (and Fund if	applicable)			2.1	D Number	
JOHNSON FO	R SHERIFF ELECTI	ON COMMITTEE				-, -,	
3. Contributor I	nformation		Add 🗖	Remove	<u> </u>		
	iling Address & Phon		b. Type of Com		d. C	Comments	
(include city,			X Candidate	☐ PAC	+		
COMMITTEE	TO ELECT JIM BUT	TIER	Referendum	_			
520 MEADOW		LILIA	c. Levei Regist	ered (Specify)	1		
BURLINGTON			☐ Federal	County:	1		
	,		☐ State	☐ Municipality:	e. E	lection Sum	to Date
					\$		250.00
f. Account Code	g. Form of Payment	h. In-Kind Descri	ption	i. Date (mm/dd/y	ууу)	j. Amount	· · · · · · · · · · · · · · · · · · ·
A	Check			08/01/2022		\$	250.00
					•	\$	
						\$	
4. Total only this	s Page				\$		\$250.00
	CRO-1230 Pages be on line 8 of Detailed S	ummary Page CRO-1	100)		\$		\$250.00
CRO-1230		NC State	Board of Election	ns			April 2007

								Amenda	ient
Disbursem	ents				Pg			Yes	☐ No
	report expenditures		ee for op	erating expen	ıses,	contributi	ons to	candidate/p	olitical
	coordinated party ex							<u></u>	
1. Committee Fr	ull Name (and Fund i	f applicable)						2. ID Numb	er
JOHNSON FO	R SHERIFF ELECT	ION COMMITT	EE						
							···	<u> </u>	
3. Type of Disbu		use separate CRO			typ.				
Operating Exp		ributions to Candidat				L Co	ordinat	ed Party Expe	nditures
4. Payee Inform				Add 🔲	Rem				
1	ailing Address & Pho	one	<u>[1</u>	b. Coordinate	d Cor	nmittee N	ame	d. Comment	S
(include city, sta	te, & zip)								
DENNIS RIDD	ELL FOR NC HOU	SE 64	<u> </u>						
6343 BEALE R			ļ.	c. Level Regist	te re d]	
SNOW CAMP,	NC 27349			Federal		County			
			<u> </u>	X State	i	Municip	anty:	e. Dection Sum to Date	
								\$	2,570.00
								<u>. </u>	
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/vvvv)	i. An	กอหาก	k. Re	anired Remai	rks
		h. Purpose Code					k. Re	quired Rema	rks
f. Account Code A	g. Form of Payment Check	h. Purpose Code		(mm/dd/yyyy) /18/2022	\$	320.00	k. Re	quired Rema	rks
							k. Re	quired Rema	rks
	Check				\$		k. Re	quired Rema	320.00
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A 5. Total only this 6. Total of ALL	Check s Page CRO-1310 Pages	D	10/	/18/2022	\$		k. Re	\$	320,00
A 5. Total only this 6. Total of ALL (This line goes is	Check s Page	D Jummary Page CRO-	10/	(18/2022 Operating Expen	\$ \$	320.00			
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						Amend	men	t
Disbursements	Pg	ş	_1_	of	13_	X Yes	j	C

1. Committee F	ull Name (and Fund	. Committee Full Name (and Fund if applicable) 2. ID Number									
JOHNSON FO	R SHERIFF ELECT	ION COMMITT	EE								
3. Type of Disbu		use separate CRO									
Operating Exp		tributions to Candidat				Coc	rdinat	ed Party Expe	enditures		
4. Payee Inform						move					
-	ailing Address & Ph	one	1	b. Coordinate	d Co	mmittee Na	am e	d. Commen	ts		
(include city, sta				-							
	ED GRAPHICS, LLO	Z	1	c. Level Regist	te re	d (Specify)		1			
P. O. BOX 2658 BURLINGTON			1	Federal		County:					
DUKLINGIO	I, NC 21210		!	☐ State		Municip		e. Election S	Sum to Date		
								\$	4,263.06		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j A	mount	k. Re	quired Rema	arks		
A	Check	0	01	8/29/2022	\$	2,017.04	НАТ	S/SHIRTS			
A	Check	0	05	9/15/2022	\$	1,349.32	NAII	L FILES			
					<u></u>			ERTISING			
4. Payee Inform				Add 🔲		move					
· ·	ailing Address & Pho	one		b. Coordinated	d Co	mmittee Na	ım e	d. Commen	ts		
(include city, sta				1							
	ED GRAPHICS, LLC	3	!	c. Level Regist	+are,	4 (Specify)					
P. O. BOX 2658 BURLINGTON			,	Federal	it i c	County:					
BURLINGIO	, NC 2/210		1	State	_	Municipa		e. Dection S	um to Date		
						No.		\$	4,263.06		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. <u>A</u>	mount	k. Re	quired Rema	ırks		
Α	Check	0	1		\$		HAT	`S			
					\$						
4. Payee Informa	ation			Add 🔲	Ren	nove					
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	d Co	mmittee Na	m e	d. Comment	ts		
(include city, stat											
	COUNTY CATTLEM	MENS ASSOCIA	TION	Tamal Degiet	*0.6	1 (C at fer)					
3624 DR. PICK				c. Level Regist Federal		d (Specify) County:					
BURLINGTON	, NC 27215		1	State		Municipa	ality:	e. Dection S	um to Date		
İ			1			- · · <u>-</u>					
								\$	750.00		
· ·			f	* *****	<u> </u>			quired Rema			
Α	Check	С	08	8/24/2022	\$			LDING REN			
A	Check	0	10	0/03/2022	\$	500.00	REN	PFORFUN	DRAISING		
							EVE				
5. Total only this	s Page							\$	4,808.10		
6. Total of ALL	CRO-1310 Pages	-									
_	n line 13a of Detailed S		-		-		1	\$	120,115.13		
	n line 13b of Detailed S		-				mm)	*	*****		
	n line 13c of Detailed Si				ty Ex	cpenattures)					
	odes (List detailed						 	····	··· ··· ··· · ··· · · · · · · · · · ·		
A* - Media	B* - Printing	-		undraising				ner Candidat			
E - Salaries	F* - Equipme			litical Party					ce Expenses		
I - Postage O* Other	J - Penalties	3	K* - U	office Expenses		Q≖ - De)natio	n to Legai L	xpense Fund		
	e detailed explanation	n in remired rem	ısrks fi	ield (k)							

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17	S	Ð	ш	ГS	е	m	e	п	IN	

			Amendment	
2	of	13	XI Ves	

1. Committee Full Name (and Fund if applicable) 2. ID Number									
	OR SHERIFF ELECT		EE						
3. Type of Disb	mrsement (Please	use separate CR	0-1310	forms for eac	·h t	wne of Dishi	reom	ouf)	
Operating Ex	xpenses	tributions to Candida	tes/Polit	ical Committee	48			ted Party Exp	enditures
4. Payce Inform	<u> </u>			Add 🔲		emove	01	tour mry Day	Cituit ta ca
	Tailing Address & Ph	ione		b. Coordinate			ame	d. Commen	ıtç
(include city, sta	_	OHC .				, Olimitato	ашс	u. Commen	113
ALAMANCE 1				1					
114 WEST ELI				c. Level Regis	ster	ed (Specify)		1	
GRAHAM, NO			1	Federal		County	:	†	
	, 2.20		1	☐ State		Municip		e. Dection	Sum to Date
								\$	12,984.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	<u>]j.</u>	Amount	k. Re	l equired Rem	arks
A	Check	A		9/12/2022	\$	1,598.00	1	VERTISING	
A	Check	A	10	0/01/2022	\$	6,093.00	ΑD\	VERTISING	
4. Payee Inform				Add 🔲	Re	emove			WAW.
a. Full Name, M	Iailing Address & Pho	one		b. Coordinate	d C	ommittee Na	am e	d. Commen	ts
(include city, sta	ate, & zip)					·		<u> </u>	
ALAMANCE N				<u></u>					
114 WEST ELN			J	c. Level Regist	tere]	
GRAHAM, NC	27253		1	Federal		County:			
			ļ	☐ State		☐ Municip	ality:	e. Election S	um to Date
		- · <u></u>			_			\$	12,984.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. /	Amount	k. Re	quired Rema	rks
Α	Check	A	10	0/13/2022	\$			ERTISING	
					\$				
4. Payee Inform				Add 🔲	Re	move			
	ailing Address & Pho	one		b. Coordinated			me	d. Comment	s
(include city, sta	-							-	
ARROWHEAD									
508 HOUSTON			[c. Level Regist	ere	d (Specify)			
GREESBORO,			[/	Federal		County:			
				☐ State		☐ Municipa	ality:	e. Bection S	um to Date
								\$	69,287.78
Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Rec	quired Rema	rks
A	Check	В	07/	/19/2022	\$	9,701.50	FUN	DRAISER	
A	Check	В	08	/31/2022	\$	822.06	ĮŊŲĨ	UNTEER S/I	HANDOUT
				31/2022	Ψ			KETSAND I	
5. Total only this	s Page				—		1 (1)		
	CRO-1310 Pages							\$	20,611.56
		D - 400		· -					,
	n line 13a of Detailed Su							\$	120,115.13
(This une goes in (This line goes in	n line 13b of Detailed Su n line 13c of Detailed Su	immary Page CKU-i immary Page CRO-i	1100 If C 1100 If C	Sontrib to Candid	date E	!s/Political Co	mm)	*	140,12
	des (List detailed e				<i>y</i>	tpenunai co,			,···.
* - Media	B* - Printing			ndraising	—	D - To /	noth	er Candidate	
E - Salaries	F* - Equipme	•		tical Party					
- Postage	J - Penalties			fice Expenses				Public Offic	
O* Other	V . T.L.W.L.	•	W - On	ace expenses		Q Do	natioi	n to Legai 124	rpense Fund
	e detailed explanation	in required rem	arks fie	ને ત (k)					
			11 11.5	III (IX)					The state of the s

Th:	. L			ents
1719	S FOLL	rse	me	ents

				Amendme	ent
g	3	of	13	X Yes	☐ No

1. Committee F	1. Committee Full Name (and Fund if applicable) 2. ID Number									
JOHNSON FOR SHERIFF ELECTION COMMITTEE										
3. Type of Disbu		use separate CRO)-1310	forms for eac	h typ	e of Disbu	rseme	nt.)		
X Operating Exp	penses	ributions to Candidat	es/Polit	ical Committees		Coc	ordinat	ed Party Exp	penditures	
4. Payee Inform	ation			Add 🔲	Ren	nove				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Co	mmittee N	am e	d. Comme	nts	
(include city, sta	te, & zip)				,					
ARROWHEAD	GRAPHICS									
508 HOUSTON				c. Level Regis	te re d					
GREESBORO,	NC 27349			Federal		County:		- TN4'	C 1 . D . 1	
State Municipality: e. Election Sum to Date										
	Account Code g. Form of Payment h. Purpose Code i, Date (mm/dd/yyyy) j. Amount k. Required Remarks									
f. Account Code	g. Form of Payment	h. Purpose Code			_	· · · · · · · · · · · · · · · · · · ·				
A	Check	Ю	10	0/10/2022	\$ 1	6,576.31			PRINTED	
A	Check	В	10)/10/2022	\$ 2	6,105.03	MA	TING FO	R MAILERS	
4. Payee Inform				Add 🔲	Rem					
•	ailing Address & Pho	one		b. Coordinate	d Cor	mmittee Na	ame	d. Comme	nts	
(include city, sta	te, & zip)									
	DIGITAL CONSUL	TANTS				40 10				
1852 BANKING				c. Level Regist	tered	County:				
GREENSBORO), NC 27408			State		☐ County: ☐ Municip		a Flaction	Sum to Date	
				State		withinterp	any.	e. Meenon	Sum to Date	
								\$	800.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date		_	nount		quired Rem		
A	Check	A	08	3/31/2022	\$	800.00	FUL	L PAGE A	D -	
					\$		ADV	OVERTISING		
4. Payee Inform:				Add 🔲	Rem	юvе			:	
a. Full Name, Ma	iling Address & Pho	one		b. Coordinated	d Con	nmittee Na	me	d. Commer	ı ts	
(include city, sta	te, & zip)									
	SHRINE CLUB			- T I D !		(5) 10)				
PLANTATION				c. Level Regist		County:				
BURLINGTON	, NC 27253			State	ľ	= '		a Flaction	Sum to Date	
				State		TATOMICIP	anty.	e. Methon	Sum to Date	
								\$	2,100.00	
	g. Form of Payment		i. Date	(mm/dd/yyyy)	-			quired Rem	arks	
Α	Check	0	08	/31/2022	\$	1,000.00	DON	ATION		
					\$					
5. Total only this	Page							\$	44,481.34	
6. Total of ALL C	CRO-1310 Pages									
	i line 13a of Detailed S	ummarv Page CRO-	1100 if	Onerating Expen	ises)			_	400 44-45	
-	line 13b of Detailed S		-		-	/Political Co	mm)	\$	120,115.13	
	i line 13c of Detailed Si		-							
7. Purpose Co	des (List detailed	expenditure code i	in (h.) a	bove)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate										
E - Salaries	F* - Equipme			itical Party			_		ice Expenses	
I - Postage	J - Penalties	5	K* - O	ffice Expenses		Q* - Do	natio	n to Legal :	Expense Fund	
O* Other	3.4.9. 3 3 6		, -	11/15						
* Codes require	detailed explanation	ı ın required rem	arks fi	eld (k)				· · · · · · · · · · · · · · · · · · ·		

D	.	L			_		_		4	
1)	ıs	n	111	-5	e	m	e	n	S	

				Amendme	nt
g	4_	of	13	X Yes	☐ No

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	mber
JOHNSON FO	R SHERIFF ELECT	,			_				
3. Type of Disbu		use separate CRO							
X Operating Exp	penses	ributions to Candidat	tes/Polit	ical Committees		☐ Co	ordinat	ed Party E	xpenditures
4. Payee Inform	ation			Add 🔲	Re	move			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Co	ommittee N	am e	d. Comm	ents
(include city, sta	te, & zip)								
COURTNEY G	EELS FOR CONG	RESS]	
POST OFFICE				c. Level Regis	tere				
HILLSBOROU	GH, NC 27278			Federal		County:		*** - a48 a	C to Date
				X State		Municip	ality:	e. Electio	n Sum to Date
		<u> </u>	<u>. </u>					\$	1,000.00
		h. Purpose Code	1		1	mount	k. Re	quired Re	marks
Α	Check	D	08	8/12/2022	\$	1,000.00			
					\$				
4. Payee Inform				Add □	Rei	nove			
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	am e	d. Comm	ents
(include city, sta	te, & zip)								
PHILLIP CRAE	BTREE								
2560 ADAMS I				c. Level Regis	tere				
SNOW CAMP,	NC 27349			☐ Federal ☐ State		County:		- Flantin	n Sum to Date
				T Praire		L Munch	amy.		B Sum to Date
								\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
A	Check	0	09	0/12/2022	\$	150.00	REF	UND OF	DONATION
				 	\$	· · · · · · · · · · · · · · · · · · ·	wĸı	TTEN O	BUSINESS
4. Payee Inform	ation			Add 🔲	Rer	nove			
	iling Address & Pho	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comm	ents
(include city, star									
CUMMINGS H	IGH SCHOOL BAN	D BOOSTERS							
2200 NORTH M	MEBANE STREET			c. Level Regis	terec				
BURLINGTON	, NC 27217			☐ Federal		County:			
				☐ State		☐ Municip	ality:	e. Election	n Sum to Date
								\$	2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
Α	Check	o	08	3/24/2022	\$	2,000.00	DON	ATION	
					\$			······································	
5. Total only this	Page		· · · · · ·					\$	3,150.00
6. Total of ALL	CRO-1310 Pages				****				
	n line 13a of Detailed S	ummary Page CRO-	1100 if	Overating Expe	nses)			ф	100 115 10
	n line 13b of Detailed S		-			s/Political Co	mm)	\$	120,115.13
(This line goes in	n line 13c of Detailed Si	ummary Page CRO-	1100 if	Coordinated Pai	ty Es	xpenditures)			
	des (List detailed					-			
A* - Media	B* - Printing	—		undraising		D - To	Anoth	er Candid	late
E - Salaries	F* - Equipme			itical Party					ffice Expenses
I - Postage	J - Penalties	;	K* - O	ffice Expenses	š	Q* - Do	onatio	n to Lega	Expense Fund
O* Other	14.51			1145					
" Codes require	detailed explanation	ı ın required rem	arks fi	eia (k)					

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D	IS	n	ш	rs	e	m	e	ni	

				Ашенише	: II t	
P g	5	of	13	X Yes		N

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	mber	
JOHNSON FO	HNSON FOR SHERIFF ELECTION COMMITTEE									
3. Type of Disbu	rsement (Please	use separate CR(<i>)-1310</i>	forms for eac	h typ	e of Disbu	rseme	nt.)		
X Operating Exp		ributions to Candida	tes/Polit	ical Committees		Coo	ordinat	ed Party E	xpenditures	
4. Payce Inform	ation			Add 🔲	Ren	юvе				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Co	nmittee N	am e	d. Comm	ents	
(include city, sta	te, & zip)					·				
EMILY PIERC	E							!		
534 SPAULDIN	NG STREET			c. Level Regis	tered			ļ		
BURLINGTON	I, NC 27215			Federal	.	County:			5	
				☐ State		Municip	апту:	e. Electio	n Sum to Date	
								\$	340.00	
	g. Form of Payment		·				1	quired Re		
A	Check	0	10	0/03/2022	\$	340.00			VG - GOLF	
					\$		TOU	KNAME	N1	
4. Payee Inform	ation			Add □	Rem	ove				
	ailing Address & Ph	one		b. Coordinate	d Cor	nmittee Na	me	d. Comm	ents	
(include city, sta	te, & zip)									
FRIENDS OF N	JRA									
11250 WAPLES	S MILL ROAD			c. Level Regis						
FAIRFAX, VA	22030			☐ Federal		County:				
				☐ State		Municip	ality:	e. Electio	n Sum to Date	
								\$	1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	ount	k. Re	quired Re	marks	
A	Check	0	08	3/18/2022	\$	1,500.00	DON	IATION		
					\$					
4. Payee Inform	ation	· · · · · · · · · · · · · · · · · · ·		Add 🔲	Rem	ove				
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	d Con	nmittee Na	те	d. Comm	ents	
(include city, sta	te, & zip)				•					
GOD ENCOUN	TERS									
519 HATCH ST	REET			c. Level Regist			·			
BURLINGTON	, NC 27217			☐ Federal☐ State	_	County:			S (B (
				State		Municip	auty:	e. Electio	n Sum to Date	
								\$	250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	lount	k. Re	quired Re	marks	
A	Check	o	09	/08/2022	\$	250.00	DON	ATION		
					\$					
5. Total only this	Page			······································				\$	2,090.00	
6. Total of ALL	CRO-1310 Pages	· · · · · · · · · · · · · · · · · · ·								
	i line 13a of Detailed S	ummarv Page CRO-	.1100 tf	Onerating Exper	15PS)		1	_		
	i line 13b of Detailed S		-		•	Political Ca	mm)	\$	120,115.13	
	i line 13c of Detailed S									
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)	•		······································			
A* - Media	B* - Printin	g	C* - F	undraising		D - To .	Anoth	er Candid	late	
E - Salaries	F* - Equipme	ent	G-Pol	itical Party		H* - Ho	lding	Public O	ffice Expenses	
I - Postage	J - Penalties	S	K* - O	ffice Expenses	ŀ	Q* - Do	natio	n to Lega	l Expense Fund	
O* Other										
* Codes require	detailed explanation	n in required rem	arks fi	eld (k)						

T	1		4	
I Die	burs	em	onte	

				Amenum	ent	
Pg	6	of	13	X Yes		N

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	mber
JOHNSON FO	R SHERIFF ELECT	TION COMMITT	ΈE						
3. Type of Disb	ursement <i>(Please</i>	use separate CRO	<i>D-1310</i>	forms for eac	h typ	e of Disbu	rseme	nt.)	
X Operating Ex		ributions to Candida							xpenditures
4. Payee Inform	ation			Add □	Ren	10ve			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Co	mmittee N	am e	d. Com m	ents
(include city, sta	ite, & zip)								
GRAHAM CIN	IEMA								
POST OFFICE	BOX 872			c. Level Regis					
GRAHAM, NC	27253			Federal		County			
				☐ State		Municip	banty:	e. Electro	n Sum to Date
				!				\$	55.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Re	marks
A	Check	A	0:	8/31/2022	\$	55.19	ADV	ERTISIS	SNG
					\$				
4. Payee Inform		·		Add 🔲	Rem				
	ailing Address & Ph	one		b. Coordinate	d Cor	mmittee N	ame	d. Comm	ents
(include city, sta									
KIMBERS RES				c. Level Regist	tarad	(Specify)			
230 WEST MA				Federal		County:			
GIBSONVILLE	E, NC 27249			State		Municip	1	e. Electio	n Sum to Date
			I		I			\$	1,535.06
				(mm/dd/yyyy)				quired Re	
Α	Check	С	0	7/19/2022	\$	1,535.06			VOLUNTEERS
					\$		DIN	NEK	
4. Payee Inform				Add 🔲	Rem	ove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Con	nmittee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)								
TAYLOR E KII					······································				
	NVILLE ROAD			c. Level Regist					
GRAHAM, NC	27253			Federal State	ı,	County:	Ŀ	a Floatio	n Sum to Date
				E. State	<u>.</u>	Municip	anty.	e. Mecho	i Sum to Date
								\$	1,250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	ount	k. Re	quired Re	marks
Α	Check	В	09	/15/2022	\$	1,250.00	CUS'	TOMIZIN	NG CUPS
		•			\$			******	
5. Total only this	s Page						1	\$	2,840.25
6. Total of ALL	CRO-1310 Pages							•	, , , , , , , , , , , , , , , , , , , ,
	n line 13a of Detailed S	ummary Page CRO.	.1100 if	On <i>arotina</i> Evn <i>a</i> s	10001				
–	n line 13b of Detailed S		-		•	/Political C	mm)	\$	120,115.13
	n line 13c of Detailed S		-						
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	bove)		·			
A* - Media	B* - Printin			indraising		D - To	Anoth	er Candio	late
E - Salaries	F* - Equipme	~		itical Party					ffice Expenses
I - Postage	J - Penaltie	3	K* - O	ffice Expenses			-		Expense Fund
O* Other									
* Codes require	detailed explanation	n in required rem	arks fi	eld (k)					

Die	bursements	
1715	mursemens	

				Amendia	ш
Pg	7	of	13	X Yes	□ No

1. Committee Fu	ull Name (and Func	if applicable)						2. ID Nu	mber
JOHNSON FO	R SHERIFF ELEC	TION COMMITT	EE						
3. Type of Disbu		e use separate CRC				oe of Disbu	rseme	ent.)	
M Operating Exp	enses	ntributions to Candidat	tes/Polit	ical Committees	j	Cor	ordinat	ed Party E	xpenditures
4. Payee Informa	ation			Add □	Rei	move			
a. Full Name, Ma	ailing Address & P	hone	,	b. Coordinate	d Cc	mmittee N	ame	d. Comm	ents
(include city, sta	te, & zip)		····						
MAVERICK RA	ADIO								
1183 UNIVERS	ITY DRIVE		1	c. Level Regist	tere]	
#105-419			1	Federal		County:			
BURLINGTON	, NC 27215		ļ	☐ State		☐ Municip	ality:	e. Electio	on Sum to Date
								\$	2,305.20
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
A	Check	A	05	9/06/2022	\$	1,305.20	ADV	/ERTISIN	NG .
			<u> </u>	<u> </u>	\$				
4. Payee Informa	ation			Add 🔲	Rer	move			:
	iling Address & Pl	none		b. Coordinated	d Co	mmittee Na	ame	d. Comm	ents
(include city, stat	te, & zip)								
MURRAY WIL	LIAMS	·····	/			<u> </u>			
5176 LOWDER	ROAD		1	c. Level Regist	terec				
BURLINGTON,	, NC 27217		,	Federal		County:		<u></u>	
				☐ State		Municip	ality:	e. Dectio	n Sum to Date
								\$	2,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
Α	Check	С	10	0/03/2022	\$	2,500.00	BBQ	FOR FU	NDRAISER
					\$				
4. Payee Informa	ition			Add 🔲	Ren	nove			· .
	iling Address & Ph	ione	$\overline{}$	b. Coordinated	d Co	mmittee Ns	ıme	d. Comm	ents
(include city, stat	e, & zip)								
NEXT GENERA	ATION GRIZZLIE	S		<u> </u>					
% MONTREL V			ļ	c. Level Regist					
2708 FRESHWA			-	Federal		County:	L		
HAW RIVER, N	IC 27258		J	State		☐ Municipa	ality:	e. Election	n Sum to Date
				1				\$	2,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
Α	Check	0	09	0/06/2022	\$	2,500.00	ADV	ERTISIN	ĮG
					\$				
5. Total only this	Роде	<u></u>		<u></u>	Ψ.			\$	6,305.20
									0,303.20
6. Total of ALL C	_	CDO							
	-	Summary Page CRO-	-		,	~		\$	120,115.13
		Summary Page CRO Summary Page CRO					mm)		
		expenditure code i			<i>y</i> —	Param,			17.00.00
A* - Media	B* - Printis			undraising		n.To	Anoth	er Candid	late
E - Salaries	F* - Equipm	_		litical Party					ffice Expenses
I - Postage	J - Penaltic			ffice Expenses	!				l Expense Fund
O* Other	<u> </u>			mee ampende		· ·	/110000		I Imponov I amo

T\:~1	bursements	
	oursements	

		IUMERL	ICHL			
Pg	8	of	13	XY	es [Ne

1. Committee Fi	ull Name (and F	und	if applicable)						2. ID Nu	mber
JOHNSON FO	R SHERIFF EL	ECT	TION COMMITT	EE						
3. Type of Disbu			use separate CRO				•	•		
X Operating Exp	penses	Cont	ributions to Candidat	tes/Polit	ical Committees		Coc	ordinat	ed Party E	xpenditures
4. Payee Inform	ation				Add 🔲	Re	move			
a. Full Name, Ma	ailing Address (& Ph	one		b. Coordinate	d C	ommittee N	ame	d. Comm	ents
(include city, sta	ıte, & zip)									
NORTH TOWE	ER BAND				<u></u>]	
4609 THENDA	.RA WAY				c. Level Regis	te re]	
RALEIGH, NC	27612				Federal		County:			~
					State		☐ Municip	oality:	e. Electro	on Sum to Date
			<u> </u>						\$	2,000.00
f. Account Code	g. Form of Payn	aent	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
A	Check		С	0	8/08/2022	\$	2,000.00	BAN	D FOR I	FUNDRAISER
				<u> </u>		\$		<u> </u>		
4. Payee Informa							move			
a. Full Name, Ma	•	Ł Ph	one		b. Coordinated	d Co	mmittee Na	ame	đ. Comm	ents
(include city, sta										<u> </u>
OPERATION N		3		ì	L		= (5 14)			
151 WINDEME				1	c. Level Regist	tere				
WINSTON SAI	LEM, NC 2712	.7		!	☐ Federal ☐ State		☐ County: ☐ Municip		- Montin	- 6 to Data
				ļ	T DINIC		Minnicip	anty.	е. месно	n Sum to Date
									\$	1,000.00
f. Account Code	g. Form of Paym	ent	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
A	Check		0	07	7/28/2022	\$	1,000.00	DON	IATION	
		!		l		\$				
4. Payee Informa	ation				Add 🔲	Rer	nove			
a. Fuli Name, Ma		ż Pho	one		b. Coordinated	d Co	mmittee Na	ıme	d. Comm	ents
(include city, stat	te, & zip)									
ALAN PAGE									i	
2300 YORK RC					c. Level Regist	tere				
BURLINGTON	, NC 27215			1	☐ Federal		County:			
					☐ State		☐ Municip	ality:	e. Hection	n Sum to Date
									\$	3,499.30
f. Account Code	g. Form of Paym	ent	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Rec	quired Re	marks
A	Check		С	09	0/15/2022	\$	2,418.34	VOT	ER LIST	S AND
		\neg				\$			JRANCE	
7 Madal anleythic	- D					φ		<u> </u>		C 410 24
5. Total only this									\$	5,418.34
6. Total of ALL (
_	-		ummary Page CRO	-				1	\$	120,115.13
			ummary Page CRO ummary Page CRO-1	-	and the second s			mm)	•	,
			expenditure code i			ty Es	(рениши ез,			
A* - Media	B* - Pri		*****	 	undraising		D - To	Anath	er Candio	Hote
E - Salaries	F* - Equ	•	_		itical Party					ffice Expenses
I - Postage	J - Pen	-			ffice Expenses	!				l Expense Fund
O* Other	0 1011			11 0	ince Expenses		Q -DC	matio	n to Lega	r impense runu
	detailed explar	atio	n in required rema	arks fi	eld (k)					
						_				

Disbursements	Pg	9

				ru	CHADI	LIEL	
g	9	of	13	X	Yes		N

1. Committee Full Name (and Fund if applicable)								2. ID N	umber
JOHNSON FO	R SHERIFF ELECT	TION COMMITT	EE						
3. Type of Dis b	ırsement <i>(Please</i>	use separate CRO)-1310	forms for eac	h ty	pe of Disbu	rseme	ent.)	
Operating Ex	penses 🔲 Cont	ributions to Candida	tes/Polit	ical Committees	1	☐ Co	ordinat	ted Party	Expenditures
4. Payee Inform	ation			Add 🔲	Re	move	•		
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d C	ommittee N	ame	d. Com	nents
(include city, sta	ite, & zip)								
PIP PRINTING								4	
825 S MAIN S'				c. Level Regis	te re	County		1	
BURLINGTON	N, NC 27215			State				e Flecti	on Sum to Date
	·						oursey.	s	6,245.70
f Account Code	g. Form of Payment	h. Purnose Code	i Date	(mm/dd/www)	Ti A	Amount	lt Re	quired R	
A	Check	В	 	9/23/2022	\$	1,692.79	t e	ERS	· marks
	Check	, D	0	712312022	\$	1,092.79	ГЬІ	EKS	
A Daysa Inform	ation.		<u> </u>	A 3 3	_				
4. Payee Inform	ailing Address & Pho	220		Add D. Coordinate		move	n mi o	d. Comn	nants
(include city, sta	_	one		D. COURMINE	u C	ommittee 14	ame	u. Com	rents
	TABLES TENTS AT	ND CHAIRS		İ					
	P.O. BOX 56 c. Level Registered (Specify)								
GIBSONVILLE, NC 27249									
				☐ State		☐ Municip	ality:	e. Electi	on Sum to Date
								\$	1,813.69
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
A	Check	С	10)/14/2022	\$	1,813.69	TEN	T AND	STAGE FOR
				<u></u>	\$		FUN	DRAISI	NG EVENT
4. Payee Inform	ation			Add 🔲	Rei	nove			,
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	d Co	mmittee Na	m e	d. Comп	ients
(include city, sta	te, & zip)								
SHRINE CLUB				T		1.0 10			
904 PLANTAT				c. Level Regist	еге	County:			
BURLINGTON	, NC 2/215			State			1	e. Electic	on Sum to Date
					,			\$	2,600.00
	g. Form of Payment							quired Ro	
A	Check	0	09	/12/2022	\$	600.00	ADV	ERTISI	NG
				,	\$				
5. Total only this	Page							\$	4,106.48
6. Total of ALL	CRO-1310 Pages					, , , , , , , , , , , , , , , , , , ,			
(This line goes in	ı line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expen	ıses)			ø	120 115 12
(This line goes in	i line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Candi	idate		mm)	\$	120,115.13
(This line goes in	i line 13c of Detailed Si	ummary Page CRO-	1100 if	Coordinated Par	ty E.	xpenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	bove)					
A* - Media	B* - Printing	5	C* - F	ındraising		D - To .	Anoth	er Candi	idate
E - Salaries	F* - Equipme			itical Party			_		Office Expenses
I - Postage	J - Penalties	3	K* - O	ffice Expenses		Q* - Do	natio	n to Leg:	al Expense Fund
O* Other	datailad*			.13.65					
" Codes require	detailed explanation	ı ın required rem	arks fi	eld (k)					

-					
Dis	hii	rse	m	en	18

Amendment

X Yes

Disoursen	in Carto				rg <u>rv</u> 01		168 TINO
Use this form to	o report expenditures	from the committ	ee for o	operating exper	nses, contributi		
	l coordinated party e						14 TA ST
	Full Name (and Fund OR SHERIFF ELECT		TE		 		2. ID Number
ACTITION -	A DILLEGE LAND	,IOH COMME	بدنا				
3. Type of Disb		use separate CRO					
X Operating Ex		tributions to Candidat			Cor	orđinat	ted Party Expenditures
4. Payee Inforn					Remove		
	ailing Address & Ph	one		b. Coordinate	d Committee Na	am e	d. Comments
(include city, sta			·	4			T
	COADCAST GROUP	?		A Lavel Regis	stered (Specify)		4
	R DAM ROAD			Federal	County:		-
HUNT VALLE (410) 568-1500				State			e. Dection Sum to Date
(410) 200-1200	ı				- Birous -	-	
							\$ 15,000.00
······································	g. Form of Payment		1	e (mm/dd/yyyy)			quired Remarks
A	Check	Α	0	9/29/2022	\$ 15,000.00	TV A	ADVERTISING
					\$	Ĺ	
4. Payee Inform				Add 🔲	Remove		
,	ailing Address & Pho	one		b. Coordinate	d Committee Na	am e	d. Comments
(include city, sta							
	LAMANCE HIGH S	SCHOOL BAND					
BOOSTERS			· - <u>-</u>	c. Level Regist	tered (Specify)		
	RN ALAMANCE HIG	GH SCHOOL RU	AD	State	County:		e. Election Sum to Date
GRAHAM, NC	27253			LI State	141801164	amy.	
						ļ	\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
Α	Check	0	0′	7/28/2022	\$ 500.00	DON	NATION
					\$		
4. Payee Inform	etion	<u> </u>		Add 🗖	Remove		
	ailing Address & Pho	one			d Committee Na	me	d. Comments
(include city, sta	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ľ		100	****	u o o o o o o o o o o o o o o o o o o o
	LAMANCE HIGH S	SCHOOL BOOST	TERS		·		
	N HIGH SCHOOL I			c. Level Regist			
GRAHAM, NC			,	Federal	County:		
				☐ State	☐ Municipa	ality:	e. Dection Sum to Date
			,			1	\$ 480.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amount	k. Re	quired Remarks
A		0				-	F TOURNAMENT
						TEAL	
					2	·· · · · · · · · · · · · · · · · · · ·	
5. Total only this		·	<u> </u>				\$ 15,780.00
	CRO-1310 Pages						
	n line 13a of Detailed Si						\$ 120,115.13
	n line 13b of Detailed Si					mm)	,
	n line 13c of Detailed Si				ty Expenditures)		
	des (List detailed o						
A* - Media	B* - Printing	_		undraising			ner Candidate
E - Salaries I - Postage	F* - Equipme J - Penalties			litical Party			Public Office Expenses
1 - Postage O* Other	J - Fenance	,	K" - ∪	ffice Expenses	Q Do	natio	n to Legal Expense Fund

T				4
IFIG	DII	rse	m	ents

				* ****	4 II 4 III .	
Pg	11	of	13	X	Yes	No

1. Committee Fo	ull Name (a	ind Fund	if applicable)						2. ID Nu	mber
JOHNSON FO	R SHERIF	F ELECT	FION COMMITTI	EE						
3. Type of Disbu	ırsement		use separate CRO							
X Operating Exp			ributions to Candidat							xpenditures
4. Payee Inform					Add 🔲		nove			
a. Full Name, Ma	_	ess & Ph	one		b. Coordinate	d Cor	mmittee N	ame	d. Com m	ents
(include city, sta										
SPECTRUM RI				1	T I Bagia					
200 CENTREP	ORT DRIV	Æ.		1	c. Level Regist		County:		ł	
SUITE 250	~ ¥t⊘ 07/	20		!	State	í	Municip		e Bectic	on Sum to Date
GREENSBORO), NC 2/40	J 0		!		· · · · · · ·) ett.,		
	_								\$	4,999.70
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	<u>j. A</u> r	nount	k. Re	quired Re	marks
A	Che	ck	A	10	0/06/2022		4,999.70	ADV	ERTISII	NG
	t	-			<u></u>	\$		l	· <u> </u>	
4. Payee Inform					Add 🔲	Rem	юve			
a. Full Name, Ma		ess & Ph	one		b. Coordinated	d Cor	mmittee Na	ame	d. Comm	ents
(include city, sta	_			!						
SPRINGDALE	AME CHU				L					
5554 SOUTH N				,	c. Level Regist					
BURLINGTON	i, NC 2721	.5		,	Federal State	:	County:			
				,	State	!	Municip	ality:	e. Electro	n Sum to Date
	<u> </u>								\$	380.00
f. Account Code	g. Form of I	Payment	h. Purpose Code	 	(mm/dd/yyyy)	1			quired Re	
A	Che	ck !	0	90	3/01/2022	\$	380.00			NG AT GOLF
						\$		TOU	RNAME	NI
4. Payee Inform					Add 🔲	Rem	ove			
a. Full Name, Ma	ailing Addre	ess & Pho	one		b. Coordinated	I Cor	nmittee Na	ım e	d. Comm	ents
(include city, sta	te, & zip)									
STEVE ROSS F				ļ	7 7					
1314 MCCUIST				1	c. Level Regist					ļ
BURLINGTON	, NC 2721	.5		1	Federal State	_	County:	L	- Westin	n Sum to Date
				1	Diano		TATALTIANA	amy.		
·				ļ				ĺ	\$	1,200.00
f. Account Code	g. Form of J	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Rec	quired Re	marks
A	Chec		D				1,000.00			
						\$				
5. Total only this	- Dogs						<u></u>		\$	6,379.70
		D							<u> </u>	0,317.10
6. Total of ALL C		-	" " - CDO	aa 16	· · · · · · · · · · · · · · · · · · ·	A				
			Summary Page CRO-				on that and all		\$	120,115.13
–	_		Summary Page CRO- Summary Page CRO-	-)mm)		
7. Purpose Co	des (List	detailed	expenditure code i	in (h.) a	ibove)					
A* - Media		- Printing			undraising		D - To .	Anoth	er Candi	date
E - Salaries		- Equipme			litical Party					ffice Expenses
I - Postage		Penalties			ffice Expenses	į		_		l Expense Fund
O* Other					_				-	_
* Codes require	detailed er	xplanatio	n in required rem	arks fi	eld (k)					ı

_		
T\:_	bursemei	_4_
1116	niireamai	TE.

			Amenament							
g	12	of	13	X Yes						

1. Committee Full Name (and Fund if applicable)								2. ID N	ımber
JOHNSON FOR SHERIFF ELECTION COMMITTEE									
3. Type of Disbu		use separate CR(oe of Disbu	rseme	nt.)	
☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures									
4. Payee Information									
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name							ame	d. Comn	nents
(include city, state, & zip)									
THE CUTTING BOARD									
2699 RAMADA				c. Level Regis Federal	tere	d (Specify) County:			
BURINGTON,	NC 27215							a Flactic	on Sum to Date
				L State			Janty.	\$	312.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	li. A	mount	k. Re	quired R	
Α	Check	0		0/05/2022	\$	312.90	1		TAL AND
			 	01001202	\$	<u></u>		TING F	
									·
4. Payee Inform				Add 🔲		nove	•		
· · · · · · · · · · · · · · · · · · ·	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ame	d. Comm	ients
(include city, sta									
THE MEBANE	ENTERPRISE OURTH STREET		-	c. Level Regist	tere	d (Specify)			
MEBANE, NC				Federal	County:				
WIEDANE, NC	21302			☐ State ☐ Municipality				e. Electic	on Sum to Date
							<u> </u>	\$	1,165.26
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. A	mount	k. Re	quired Re	marks
A	Check	A			\$	1,165.26		'ERTISING	
					\$				
4. Payee Informa				Add 🔲		nove			
-	ailing Address & Pho	ne		b. Coordinate	đ Co	mmittee Na	me	d. Comm	ents
(include city, sta									
WBAG RADIO	,			- T 1 Th		7.60			
PO BOX 2450	. NO 27216			c. Level Regist		County:			
BURLINGTON	, NC 2/216			State		<u> </u>	L	e. Electio	n Sum to Date
			Ì						
: 				···				\$	2,915.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ai	nount	k. Rec	juired Re	marks
Α	Check	Check A 08/08/2022 \$ 200.00 AD					ADV	ERTISI	√G
A Check A 09/02/2022 \$ 2,115.00 AD						ADV	ERTISIN	1G	
5. Total only this Page								\$	3,793.16
6. Total of ALL CRO-1310 Pages									
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								e	120 115 12
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							mm)	\$	120,115.13
(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* - Ft	ındraising		D - To 1	Anoth	er Candi	date
				Political Party H* - Holding Public Office Expen				ffice Expenses	
I - Postage	J - Penalties	,	K* - O	ffice Expenses		Q* - De	natio	n to Lega	l Expense Fund
O* Other									
* Codes require detailed explanation in required remarks field (k)									

Disburseme

				Amenument				
g	13_	of	<u>13</u>	X Yes	□ No			

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	mber	
JOHNSON FOR SHERIFF ELECTION COMMITTEE										
3. Type of Disb	irsement <i>(Please</i>	use separate CR	<i>0-1310</i>	forms for each	h typ	e of Disbu	rseme	ent.)	, i., <u>i</u> i , ii	
X Operating Ex	penses 🔲 Cont	ributions to Candida	tes/Polit	ical Committees	}	Coc	rđinat	ed Party Ex	xpenditures	
4. Payee Inform	ation			Add 🔲	Ren	юvе				
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Co	nmittee Na	am e	d. Comm	ents	
(include city, sta	ite, & zip)									
WELLS FARGO										
SOUTH MAIN ST c. Level Registered (Specify)										
GRAHAM, NC	27253			Federal County:				e. Election Sum to Date		
				☐ State		Municip	anty:	e. Hectio	n Sum to Date	
			<u>,</u>		,			\$	215.22	
	;		i -	(mm/dd/yyyy)		nount		quired Remarks		
A	Draft	0	0	7/29/2022	\$	11.00			ICE CHARGE	
A	Draft	0	0	8/31/2022	\$	16.50	BXK	K FEE		
4. Payee Inform				Add 🔲	Rem	ove				
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name								d. Comments		
(include city, sta	te, & zip)									
	ORLD INSURANCE	COMPANY		× 1 10		(0) 10)				
300 KIMBALL	DRIVE			c. Level Regist	terea	County:		[
SUITE 500	NIV 07054			State	i	☐ County. ☐ Municip		e Election	n Sum to Date	
PARSIPPANY,	N1 0/034						unty.		oum to bate	
	·							\$	323.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	ount	k. Re	quired Re	marks	
A	Check	0	01	8/24/2022	\$	323.50	INSU	URANCE FOR		
					\$		BUII	DING FO	DREVENT	
5. Total only thi	s Page							\$	351.00	
6. Total of ALL	CRO-1310 Pages									
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								\$	120,115.13	
(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)							mm)	. 	120,113.15	
			_		rty Exp	oenditures)				
.	des (List detailed	expenditure code	in (h.)	above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate										
				litical Party			_		ffice Expenses	
I - Postage	J - Penalties	5	K* - O	ffice Expenses	3	Q* - De	matio	n to Legal	Expense Fund	
O* Other	detailed explanation	n in magninad	anka S	ald (le)						
Coucs require	- cemien exhananol	ı in requirea rem	arks I	ciu (K)						

					Amenda	lent
In-Kind Contributions	Pg	1	of	1	X Yes	□ No
Use this form to report non-monetary contributions, donation	ns, goods or ser	vices pr	ovided to	the con	nmittee or	fund.
Use CRO-1215 if In-Kind Contributions were or will be	refunded withi	n 7 day	s.			
1. Committee Full Name (and Fund if applicable)				2. ID I	Number	
JOHNSON FOR SHERIFF ELECTION COMMITTE	Е					
3. Contributor Information	Add 🔲 Re	move			٠	
a. Full Name, Mailing Address & Phone	b. Type of Cor	tri bu to	r	c. Com	ments	
(include city, state, & zip)	X Individual					
LINDY BAKATSIAS 142 NORTH GRAHAM HOPEDALE ROAD BULRINGTON, NC 27217	Candidate Party PAC				4 - 6	A. D.A.
	Referendum			d. Election Sum to Date		
	Other Rece	apt Sour	ce	\$		4,247.00
e. Description		f. Date	(mm/dd	l/yyyy)	g. Fair M	arket Amount
MEAL		0	9/01/20	22	\$	4,147.00
					\$	"
					\$	
4. Total only this Page		•		\$,	4,147.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO	O-1100)			\$		4,147.00

NC State Board of Elections

CRO-1510