

Detailed Summary

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

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
JOHNSON FOR SHERIFF ELECTION COMMITTEE	2024 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 56,379.04	\$ 26,378.43
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 450.00
6) Contributions from Individuals	(CRO-1210)	\$ 9,300.00	\$ 67,313.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 1,500.00
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)		\$ 9,300.00	\$ 69,263.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 21,846.54	\$ 43,808.93
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 5,500.00	\$ 9,500.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 4,000.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 27,346.54	\$ 57,308.93
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 38,332.50	\$ 38,332.50
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Contributions from Individuals

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

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
JACKIE FORTNER 7668 OAK FLAT LANE SNOW CAMP, NC 27349		NOT EMPLOYED				
		c. Employer's Name/Specific Field				
		NOT EMPLOYED				
				e. Election Sum to Date		
				\$ 581.50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		03/05/2024	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
JAMES W KIRKPATRICK 530 COUNTRY CLUB DR BURLINGTON, NC 27215		OWNER				
		c. Employer's Name/Specific Field				
		TRINGLE GRADING				
				e. Election Sum to Date		
				\$ 2,400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		06/17/2024	\$ 1,400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
RONALD G KIRKPATRICK JR 1967 S MAIN ST GRAHAM, NC 27253		OWNER				
		c. Employer's Name/Specific Field				
		TRIANGLE GRADING				
				e. Election Sum to Date		
				\$ 2,400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	A	Check		06/14/2024	\$ 1,400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 3,000.00	
					\$ 9,300.00	

Contributions from Individuals

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

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE															
<table border="1"> <tr> <td rowspan="3"> a. Full Name, Mailing Address & Phone (include city, state, & zip) BRAD KOURY P.O. BOX 850 BURLINGTON, NC 27215 </td> <td colspan="2"> b. Job Title/Profession OWNER </td> <td colspan="2" rowspan="2"> d. Comments </td> </tr> <tr> <td colspan="2"> c. Employer's Name/Specific Field CAROLINA HOSIERY MILLS </td> </tr> <tr> <td colspan="3"> e. Election Sum to Date \$ 6,300.00 </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) BRAD KOURY P.O. BOX 850 BURLINGTON, NC 27215	b. Job Title/Profession OWNER		d. Comments		c. Employer's Name/Specific Field CAROLINA HOSIERY MILLS		e. Election Sum to Date \$ 6,300.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRAD KOURY P.O. BOX 850 BURLINGTON, NC 27215	b. Job Title/Profession OWNER		d. Comments												
	c. Employer's Name/Specific Field CAROLINA HOSIERY MILLS														
	e. Election Sum to Date \$ 6,300.00														
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	A	Check		01/25/2024	\$ 6,300.00										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
					\$ 6,300.00										
					\$ 9,300.00										

Disbursements

Amendment
 Yes No

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

Committee Name: **JOHNSON FOR SHERIFF ELECTION COMMITTEE**

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ALAMANCE COUNTY REPUBLICAN PARTY PO BOX 69 ALAMANCE, NC 27409		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	Alamance	e. Election Sum to Date \$ 4,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	D	02/22/2024	\$ 2,000.00	
A	Check	D	05/08/2024	\$ 500.00	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
COMMITTEE TO ELECT AMY GALEY 233 DR FLOYD SCOTT LANE BURLINGTON, NC 27217		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 2,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	D	04/16/2024	\$ 1,500.00	
A	Check	D	06/07/2024	\$ 1,000.00	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
COMMITTEE TO ELECT RYAN BOWDEN PO BOX 638 MENANE, NC 27210		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	Alamance	e. Election Sum to Date \$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	D	01/03/2024	\$ 500.00	
				\$	

Operating Expenses	\$ 5,500.00
Contributions to Candidates/Political Committees	\$ 5,500.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	

- A* - Media** **B* - Printing** **C* - Fundraising** **D - To Another Candidate**
- E - Salaries** **F* - Equipment** **G - Political Party** **H* - Holding Public Office Expenses**
- I - Postage** **J - Penalties** **K* - Office Expenses** **Q* - Donation to Legal Expense Fund**
- O* Other**

Disbursements

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

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE	
--	--

<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
--	---	---

a. Full Name, Mailing Address & Phone (include city, state, & zip) ACCELERATED GRAPHICS, LLC P. O. BOX 2658 BURLINGTON, NC 27216		b. Coordinated Committee Name _____	d. Comments _____
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 13,308.27

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	01/02/2024	\$ 12,810.00	CAMPAIGN SIGNS
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) AUTHORACARE FOUNDATION 914 CHAPEL HILL ROAD BURLINGTON, NC 27215		b. Coordinated Committee Name _____	d. Comments _____
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	04/16/2024	\$ 300.00	DONATION
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) BEJ PTO 5827 CHURCH RD GRAHAM, NC 27253		b. Coordinated Committee Name _____	d. Comments _____
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	03/05/2024	\$ 200.00	DONATION
				\$	

Total for this Page \$ 13,310.00				
Total for ALL UNRECORDED Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 21,846.54				

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

Disbursements

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

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BOSTON SANDWICH SHOP 238 WEST FRONT STREET BURLINGTON, NC 27215			b. Coordinated Committee Name 		d. Comments 	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date \$ 977.25			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	O	01/24/2024	\$ 977.25	MEALS	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) BURLINGTON FIRE FIGHTERS BENEFIT FUND NC			b. Coordinated Committee Name 		d. Comments 	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date \$ 300.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	O	04/05/2024	\$ 300.00	DONATION	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) BURLINGTON SHAG CLUB PO BOX 1174 BURLINGTON, NC 27216			b. Coordinated Committee Name 		d. Comments 	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date \$ 750.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A	Check	O	01/23/2024	\$ 750.00	DONATION	
				\$		
g. Total on this Page					\$ 2,027.25	
h. Total of all CRO-1100 Pages					\$ 21,846.54	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						

Disbursements

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

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE	
--	--

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DISTRICT 6, VFWNC 917 NEW BERN AVENUE RALEIGH, NC 27601		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	02/22/2024	\$ 500.00	DONATION
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FAMILY ABUSE SERVICES 1950 MARTIN ST BURLINGTON, NC 27217		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 360.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	06/07/2024	\$ 360.00	SPONSORSHIP FOR GOLF TOURNMANENI
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FRIENDS OF CRAIG TURNER 124 LOCH MADEY DR BURLINGTON, NC 27215		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	D	03/27/2024	\$ 2,000.00	
				\$	

5. Total on this Page	\$ 2,860.00
6. Total of ALL CRO-1100 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	\$ 21,846.54

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

For more detailed explanation of required remarks field (k)

Disbursements

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

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE	
--	--

<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
--	---	---

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TERRY JOHNSON 3934 SPANISH OAK HILL ROAD SNOW CAMP, NC 27349		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 213.29

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	02/13/2024	\$ 213.29	MEALS FOR CAMPAIGN COMMITTEE
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
PIEDMONT MEN OF STEEL 430 S. IRELAND STREET CHAPEL BURLINGTON, NC 27217		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	05/31/2024	\$ 1,000.00	DONATION
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
RPT NATION, INC. 75 WEST BONLEE STREET BENNETT, NC 27208		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,275.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	02/16/2024	\$ 1,275.00	DONATION
				\$	

Operating Expenses	\$ 2,488.29
Contributions to Candidates/Political Committees	
Coordinated Party Expenditures	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>	\$ 21,846.54
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

For required detailed explanation, see required remarks field (k)

Disbursements

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

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE	
--	--

<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
--	---	---

a. Full Name, Mailing Address & Phone (include city, state, & zip) SHRINERS AMRAN MOTORCYCLE UNIT 3134 TRUITT DRIVE BURLINGTON, NC 27215	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	02/22/2024	\$ 500.00	DONATION
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) SPRINGDALE AME CHURCH 5554 SOUTH NC 62 HIGHWAY BURLINGTON, NC 27215	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 825.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	06/17/2024	\$ 380.00	SPONSORSHIP
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POST OFFICE 130 W GREENSBORO CHAPEL HILL ROAD SNOW CAMP, NC 27349	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 395.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	K	05/14/2024	\$ 145.00	PO BOX RENTAL
A	Check	K	06/03/2024	\$ 136.00	STAMPS

5. Total only this Page	\$ 1,161.00
6. Total of ALL CRO-1100s	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)	\$ 21,846.54
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

Codes require defined explanation and required remarks field