

Disclosure Report Cover


Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

1. Committee Information				
a. Full Name			c. ID Number	
LONG FOR SHERIFF 2026				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO BOX 102 HAW RIVER, NC 27258			06/30/2026	
			e. Phone Number	
			(336) 355-0668	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2026	01/01/2026	02/14/2026	JOANNA JONES	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input checked="" type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		10. Special Report Name		
8. Number of Fundraisers this Report				
1				
3. Account Information			3. Account Information	
a. Financial Institution Full Name			a. Financial Institution Full Name	
FIRST HORIZON				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 13.35			



CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

JOANNA JONES 06/30/2026

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 6-30-26 Employee: JA **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: 6-30-26 Employee: CA Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
LONG FOR SHERIFF 2026	2025 First Quarter		
Start of Election Cycle: January 1, <u>2025</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 13.35	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 2,219.83	\$ 2,874.83	
6) Contributions from Individuals (CRO-1210)	\$ 3,679.00	\$ 7,367.00	
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	\$ 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)	\$ 5,898.83	\$ 10,241.83	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 5,051.58	\$ 7,492.23	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 40.95	\$ 82.95	
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)	\$ 434.83	\$ 2,281.83	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 5,527.36	\$ 9,857.01	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 384.82	\$ 384.82	
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-2020)	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00	

Aggregated Contributions from Individuals

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/09/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/09/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	17.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/09/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	25.00
4. Total only this Page					\$	\$494.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$2,219.83

Aggregated Contributions from Individuals

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LONG FOR SHERIFF 2026					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 18.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 42.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/05/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/20/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/09/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/20/2026	\$ 25.00
4. Total only this Page				\$	\$537.00
5. Total of ALL CRO-1205 Pages				\$	\$2,219.83
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LONG FOR SHERIFF 2026					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/09/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		In-Kind	BREAD FOR FISH FRY FUNDRAISER	01/17/2026	\$ 21.83
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/05/2026	\$ 42.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/09/2026	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/09/2026	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 33.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 18.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/12/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/12/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$ 15.00
4. Total only this Page				\$	\$555.83
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$2,219.83

Aggregated Contributions from Individuals

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/05/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		02/03/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/05/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/20/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	33.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		02/09/2026	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		02/03/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/20/2026	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		01/26/2026	\$	33.00
4. Total only this Page					\$	\$633.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$2,219.83

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	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN ABRAHAM 1610 ABBERLY PLACE GRAHAM, NC 27253			NO JOB TITLE			
			c. Employer's Name/Specific Field NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/20/2026	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CURTIS BASS 109 DRAKE DR. MEBANE, NC 27302			INSTRUCTOR			
			c. Employer's Name/Specific Field BEYOND MEASURE BARBERING INSTITUTE			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Debit Card		02/02/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONALD BATTLE 4168 NORTHROP DR. HAW RIVER, NC 27258			DRIVER/DOCK WORKER			
			c. Employer's Name/Specific Field OLD DOMINION FREIGHT LINE			
					e. Election Sum to Date	
					\$ 65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 15.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,679.00	

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	
LONG FOR SHERIFF 2026							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SCHQUITA BATTLE 4168 NORTHROP DRIVE HAW RIVER, NC 27258				MANAGER			
				c. Employer's Name/Specific Field			
				EARLY YEARS LLC			
						e. Election Sum to Date	
						\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	1	Cash		12/25/2025	\$ 50.00		
<input type="checkbox"/>	1	Debit Card		01/05/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 15.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LAVAR EUBANKS 3020 BERMUDA BAY LANE #108 MEBANE, NC 27302				INSTRUCTOR			
				c. Employer's Name/Specific Field			
				BEYOND MEASURE BARBERING INSTITUTE			
						e. Election Sum to Date	
						\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		In-Kind	2 CASES OF FISH FOR FISH FRY FUNDRAISER	01/13/2026	\$ 240.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRIANA EVANS 2127 HOLLAND AVE. BURLINGTON, NC 27217				SUPERVISOR			
				c. Employer's Name/Specific Field			
				PHE INC			
						e. Election Sum to Date	
						\$ 106.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Debit Card		01/05/2026	\$ 26.00		
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 50.00		
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 30.00		
4. Total only this Page						\$ 386.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,679.00	

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	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EVA GREEN-BAYSMORE 4025 ST. CROIX LANE APT. 107 MEBANE, NC 27302			OFFICE MANAGER			
			c. Employer's Name/Specific Field			
			COMMUNITY HEALTH COALITION			
					e. Election Sum to Date	
					\$ 175.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 30.00	
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 15.00	
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 30.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOANNA JONES 216 SOLSTICE DRIVE HAW RIVER, NC 27258			ACCOUNTING MANAGER II			
			c. Employer's Name/Specific Field			
			EARLY YEARS LLC			
					e. Election Sum to Date	
					\$ 2,327.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/20/2026	\$ 15.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOSEPH JONES 216 SOLSTICE DRIVE HAW RIVER, NC 27258			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	1	Cash		12/25/2025	\$ 50.00	
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 30.00	
<input type="checkbox"/>	1	Cash		01/20/2026	\$ 40.00	
4. Total only this Page					\$ 160.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,679.00	

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	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302			ENTREPRENEUR			
			c. Employer's Name/Specific Field BEYOND MEASURE			
					e. Election Sum to Date	
					\$ 2,687.37	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 30.00	
<input type="checkbox"/>	1	Debit Card		01/10/2026	\$ 900.00	
<input type="checkbox"/>	1	Money Order		01/15/2026	\$ 200.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302			ENTREPRENEUR			
			c. Employer's Name/Specific Field BEYOND MEASURE			
					e. Election Sum to Date	
					\$ 2,687.37	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Money Order		01/15/2026	\$ 1,000.00	
<input type="checkbox"/>		In-Kind	VEGETABLE OIL FOR FISH FRY FUNDRAISER	01/17/2026	\$ 106.37	
<input type="checkbox"/>	1	Cash		01/20/2026	\$ 40.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TIFFANY LONG 4145 DICKEY MILL RD. MEBANE, NC 27302			EXECUTIVE ACCOUNTANT			
			c. Employer's Name/Specific Field DURHAM COUNTY			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 30.00	
<input type="checkbox"/>	1	Cash		01/20/2026	\$ 30.00	
<input type="checkbox"/>	1	Cash		02/03/2026	\$ 40.00	
4. Total only this Page					\$ 2,376.37	
5. Total of ALL CRO-1210 Pages					\$ 3,679.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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	
LONG FOR SHERIFF 2026							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAVID MCLEAN 306 COLLINGTON DRIVE MEBANE, NC 27302				MATERIALS HANDLER			
				c. Employer's Name/Specific Field			
				CORNING			
						e. Election Sum to Date	
						\$ 71.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 26.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANTHONY PIERCE 2009 ATLAS DRIVE HAW RIVER, NC 27258				SENIOR MANAGER, CLINICAL MONITORING			
				c. Employer's Name/Specific Field			
				UNITED THERAPEUTICS			
						e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	1	Cash		12/25/2025	\$ 50.00		
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 30.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GARRY POOLE 1827 ERIC DRIVE GRAHAM, NC 27253				DELIVERY DRIVER			
				c. Employer's Name/Specific Field			
				MCLANE COMPANY			
						e. Election Sum to Date	
						\$ 580.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 15.00		
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 65.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 136.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,679.00	

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	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAKI SHELTON GREEN 226 S ELEVENTH ST. MEBANE, NC 27302			POET LAUREATE			
			c. Employer's Name/Specific Field			
			STATE OF NORTH CAROLINA		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Debit Card		01/05/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MIASHA TORAIN 2564 FRESHWATER RD. HAW RIVER, NC 27258			HEALTH SCIENCE PROGRAM DIRECTOR			
			c. Employer's Name/Specific Field			
			ALAMANCE COMMUNITY COLLEGE		e. Election Sum to Date	
					\$ 142.63	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Debit Card		01/05/2026	\$ 26.00	
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 50.00	
<input type="checkbox"/>	1		DRINKS FOR FISH FRY FUNDRAISER	01/16/2026	\$ 66.63	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TERRIE TORAIN 214 RICHMOND RD. MEBANE, NC 27302			PROGRAM COORDINATOR			
			c. Employer's Name/Specific Field			
			CEDAR GROVE COMMUNITY CENTER		e. Election Sum to Date	
					\$ 67.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/20/2026	\$ 15.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 257.63	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,679.00	

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	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AUDRA WALKER 2817 ANDERSON RD. TRAILER 3 BURLINGTON, NC 27217			PRESCHOOL TEACHER			
			c. Employer's Name/Specific Field			
			THE LITTLE SCHOOL OF HILLSBOROUGH		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DANNY WALKER 5010 PILATUS WAY UNIT 214 MEBANE, NC 27302			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 98.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/09/2026	\$ 28.00	
<input type="checkbox"/>	1	Cash		01/19/2026	\$ 40.00	
<input type="checkbox"/>	1	Cash		01/20/2026	\$ 30.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LEE WILSON 1019 LIPSCOMB GROVE CHURCH RD HILLSBOROUGH, NC 27278			DRIVER			
			c. Employer's Name/Specific Field			
			LM EMPIRE		e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Debit Card		01/26/2026	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 188.00	
5. Total of ALL CRO-1210 Pages					\$ 3,679.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LONG FOR SHERIFF 2026					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
THE SHIRT LAB 1600 SILK OAKS COURT MEBANE, NC 27302					
			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:		
					\$ 902.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B	01/20/2026	\$ 902.04	CAMPAIGN SHIRTS
				\$	
5. Total only this Page					\$ 902.04
6. Total of ALL CRO-1310 Pages					\$ 5,051.58
<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>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	I	Draft	B	01/28/2026	\$ 40.95	CAMPAIGN BANK CHECKS
4. Total only this Page					\$	40.95
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	40.95
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LONG FOR SHERIFF 2026			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
APRIL MITCHELL 1008 COOKS MILL ROAD MEBANE, NC 27302		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 36.83
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BREAD FOR FISH FRY FUNDRAISER		01/17/2026	\$ 21.83
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
LAVAR EUBANKS 3020 BERMUDA BAY LANE #108 MEBANE, NC 27302		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 240.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
2 CASES OF FISH FOR FISH FRY FUNDRAISER		01/13/2026	\$ 240.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 2,687.37
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VEGETABLE OIL FOR FISH FRY FUNDRAISER		01/17/2026	\$ 106.37
			\$
			\$
4. Total only this Page			\$ 368.20
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 434.83

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LONG FOR SHERIFF 2026			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor		c. Comments
MIASHA TORAIN 2564 FRESHWATER RD. HAW RIVER, NC 27258	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		
			d. Election Sum to Date
			\$ 142.63
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
DRINKS FOR FISH FRY FUNDRAISER	01/16/2026	\$ 66.63	
		\$	
		\$	
4. Total only this Page		\$ 66.63	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 434.83	