

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	2026 Second Quarter		
Start of Election Cycle: January 1, <u>2025</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 384.82	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 2,802.00	\$ 5,676.83
6) Contributions from Individuals	(CRO-1210)	\$ 23,778.62	\$ 31,145.62
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)		\$ 26,580.62	\$ 36,822.45
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 11,960.95	\$ 19,453.18
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)	\$ 142.53	\$ 225.48
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)	\$ 7,573.62	\$ 9,855.45
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 19,677.10	\$ 29,534.11
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,288.34	\$ 7,288.34
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

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		04/21/2026	\$	12.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		05/04/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/05/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/04/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/05/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/05/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/11/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/30/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		06/25/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/30/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/27/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/08/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/30/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/06/2026	\$	26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/06/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/05/2026	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/06/2026	\$	26.00
4. Total only this Page					\$	\$609.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$2,802.00

Aggregated Contributions from Individuals

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		04/06/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/21/2026	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/21/2026	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/05/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/01/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/22/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/04/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 16.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/27/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/11/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/30/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 16.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/27/2026	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/04/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/21/2026	\$ 6.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/10/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/27/2026	\$ 26.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/21/2026	\$ 26.00
4. Total only this Page					\$ 621.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,802.00

Aggregated Contributions from Individuals

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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		04/27/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/06/2026	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/04/2026	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/24/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/05/2026	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/27/2026	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/06/2026	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/06/2026	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		02/23/2026	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/24/2026	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/06/2026	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/30/2026	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/06/2026	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/11/2026	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/08/2026	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/04/2026	\$ 6.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/30/2026	\$ 32.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		05/21/2026	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		06/03/2026	\$ 50.00	
4. Total only this Page					\$ 543.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,802.00	

Aggregated Contributions from Individuals

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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	1	Debit Card		05/04/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		04/21/2026	\$ 18.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		02/23/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		04/06/2026	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		05/04/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		03/30/2026	\$ 32.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		05/26/2026	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		06/22/2026	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		06/29/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		03/09/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		06/23/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		05/11/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		05/04/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		03/30/2026	\$ 32.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		03/09/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		03/23/2026	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		03/23/2026	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		05/04/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		06/29/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		04/20/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		05/18/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		03/09/2026	\$ 26.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		04/06/2026	\$ 10.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 555.00
5. Total of ALL CRO-1205 Pages					\$ 2,802.00
<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		03/23/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/06/2026	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/29/2026	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/04/2026	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/21/2026	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/21/2026	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/30/2026	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/27/2026	\$ 26.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		02/17/2026	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/21/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/27/2026	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		05/11/2026	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		04/06/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/23/2026	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		03/09/2026	\$ 26.00	
4. Total only this Page					\$ 474.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,802.00	

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
TIWANNA ADAMS 716 VOYAGER PLACE DURHAM, NC 27712				REAL ESTATE BROKER		
				c. Employer's Name/Specific Field		
				REAL ESTATE BY DESIGN		
						e. Election Sum to Date
						\$ 115.00
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		01/20/2026	\$ 15.00	
<input type="checkbox"/>	1	Debit Card		06/24/2026	\$ 100.00	
<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
RAHEEM ALEEM 2154 W. FRONT STREET BURLINGTON, NC 27215				NO JOB TITLE		
				c. Employer's Name/Specific Field		
				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	
<input type="checkbox"/>	1	Debit Card		06/02/2026	\$ 250.00	
<input type="checkbox"/>	1	Cash		06/29/2026	\$ 50.00	
<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
TIFFANY ALSTON 1371 SOUTHPOINT TRAIL DURHAM, NC 27713				CEO		
				c. Employer's Name/Specific Field		
				SHEAR LUXURY SALON SUITES		
						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	Debit Card		05/28/2026	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

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	
CURTIS BASS 109 DRAKE DR. MEBANE, NC 27302				INSTRUCTOR			
				c. Employer's Name/Specific Field			
				BEYOND MEASURE BARBERING INSTITUTE		e. Election Sum to Date	
						\$ 126.00	
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		02/23/2026	\$ 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	
MAURICE BASS 2440 MILLBROOK DRIVE HAW RIVER, NC 27258				BARBER			
				c. Employer's Name/Specific Field			
				BARBERZ BEYOND MEASURE BARBERSHOP		e. Election Sum to Date	
						\$ 552.00	
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		03/02/2026	\$ 500.00		
<input type="checkbox"/>	1	Debit Card		06/03/2026	\$ 52.00		
<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	
ALEXUS BATTLE 233 STILL PASTURE LANE GRAHAM, NC 27253				HOUSING SPECIALIST			
				c. Employer's Name/Specific Field			
				ORANGE COUNTY GOVERNMENT		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		
<input type="checkbox"/>	1	Debit Card		03/16/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		06/26/2026	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 653.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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	
						\$ 2,405.00	
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		03/23/2026	\$ 10.00		
<input type="checkbox"/>	1	Debit Card		04/06/2026	\$ 5.00		
<input type="checkbox"/>	1	Check		05/11/2026	\$ 2,300.00		
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	
MICHAEL BLACKWELL PO BOX 35 HURDLE MILLS, NC 27541				TRUCK DRIVER			
				c. Employer's Name/Specific Field			
				CAROLINA TANK LINE		e. Election Sum to Date	
						\$ 104.00	
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		02/17/2026	\$ 104.00		
<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	
NITASHA BLACKWELL 418 FULTON ST. BURLINGTON, NC 27217				CLIENT ASSOCIATE			
				c. Employer's Name/Specific Field			
				WELLS FARGO		e. Election Sum to Date	
						\$ 52.00	
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		03/09/2026	\$ 52.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,471.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

Contributions from Individuals

Pg 4 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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
ERIC BLUFORD 1565 GRACE LANDING DRIVE MEBANE, NC 27302				WATER PRE-TREATMENT TECHNICIAN		
				c. Employer's Name/Specific Field		
				CITY OF DURHAM		
						e. Election Sum to Date
						\$ 500.00
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		04/27/2026	\$ 500.00	
<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
LINDA BOLDIN 1500 WILLIE BOLDIN RD CHAPEL HILL, NC 27516				NO JOB TITLE		
				c. Employer's Name/Specific Field		
				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	
<input type="checkbox"/>	1	Debit Card		04/06/2026	\$ 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
MEDORA BURKE-SCOLL 3673 MEBANE ROGERS RD MEBANE, NC 27302				TEACHER		
				c. Employer's Name/Specific Field		
				ALAMANCE-BURLINGTON SCHOOL SYSTEM		
						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		05/26/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

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	
NATE CHAMBERS 1978 RIVERWALK DRIVE GRAHAM, NC 27253				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				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		
<input type="checkbox"/>	1	Debit Card		06/25/2026	\$ 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	
JOEL CLARK 608 PIEDMONT STREET REIDSVILLE, NC 27320				CEO			
				c. Employer's Name/Specific Field			
				I LIVE IN EXPECTATION, LLC			
						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		03/23/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		04/27/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		06/01/2026	\$ 25.00		
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	
JOEL CLARK 608 PIEDMONT STREET REIDSVILLE, NC 27320				CEO			
				c. Employer's Name/Specific Field			
				I LIVE IN EXPECTATION, LLC			
						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		06/29/2026	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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	
VENA CLAY 762 ASPENWOOD DR. GRAHAM, NC 27253				SENIOR APPEALS ANALYST			
				c. Employer's Name/Specific Field			
				BCBS NC			
						e. Election Sum to Date	
						\$ 262.00	
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		04/06/2026	\$ 100.00		
<input type="checkbox"/>	1	Cash		04/21/2026	\$ 10.00		
<input type="checkbox"/>	1	Cash		06/03/2026	\$ 50.00		
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	
VENA CLAY 762 ASPENWOOD DR. GRAHAM, NC 27253				SENIOR APPEALS ANALYST			
				c. Employer's Name/Specific Field			
				BCBS NC			
						e. Election Sum to Date	
						\$ 262.00	
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		06/22/2026	\$ 52.00		
<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	
CARDELL CRISP 5873 N NC49 MEBANE, NC 27302				MAINTENANCE TECHNICIAN			
				c. Employer's Name/Specific Field			
				UNC			
						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		04/20/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 312.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

Contributions from Individuals

Pg 7 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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	
KENNETH CRISP 138 CAPE FEAR DRIVE WHITSETT, NC 27377				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				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		
<input type="checkbox"/>	1	Debit Card		06/24/2026	\$ 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	
ANGELA DAVIS 632 FAIRWAY DR. MEBANE, NC 27302				OFFICE MANAGER			
				c. Employer's Name/Specific Field			
				KENYONS MEAT MARKET			
						e. Election Sum to Date	
						\$ 78.00	
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		02/23/2026	\$ 28.00		
<input type="checkbox"/>	1	Cash		02/23/2026	\$ 50.00		
<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	
LARRY DEWALT 50 SPOTTED BEE WAY YOUNGSVILLE, NC 27596				IS&T SOLUTIONS ARCHITECT			
				c. Employer's Name/Specific Field			
				DURHAM COUNTY			
						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		
<input type="checkbox"/>	1	Debit Card		06/08/2026	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 478.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

Contributions from Individuals

Pg 8 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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	
AMY DORRA 1326 METHYL ST PITTSBURGH, PA 15216				POLITICAL DIRECTOR			
				c. Employer's Name/Specific Field			
				OJEDA FOR CONGRESS			
				e. Election Sum to Date			
				\$		68.00	
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		03/09/2026	\$	42.00	
<input type="checkbox"/>	1	Credit Card		06/24/2026	\$	26.00	
<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	
BETTIE ELLIS 1507 HIGHFIELDS RD GRAHAM, NC 27253				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				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 type="checkbox"/>	1	Debit Card		03/09/2026	\$	30.00	
<input type="checkbox"/>	1	Debit Card		04/06/2026	\$	50.00	
<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	
BRIANA EVANS 2127 HOLLAND AVE. BURLINGTON, NC 27217				SUPERVISOR			
				c. Employer's Name/Specific Field			
				PHE INC			
				e. Election Sum to Date			
				\$		158.00	
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		02/17/2026	\$	26.00	
<input type="checkbox"/>	1	Debit Card		06/22/2026	\$	26.00	
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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	
DIANA EVERETT 107 TRAILBLAZER DRIVE BASTROP, TX 78602				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				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		
<input type="checkbox"/>	1	Debit Card		04/08/2026	\$ 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	
RALPH FRANCE 305 SUTTON PLACE MEBANE, NC 27302				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 152.00	
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		05/04/2026	\$ 52.00		
<input type="checkbox"/>	1	Debit Card		06/05/2026	\$ 100.00		
<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	
JILL MICHELLE GERRINGER 3246 VAN DRIVE BURLINGTON, NC 27215				PHYSICAL THERAPIST			
				c. Employer's Name/Specific Field			
				AUTHORACARE COLLECTIVE			
						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		03/16/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		04/13/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		05/18/2026	\$ 25.00		
4. Total only this Page						\$ 327.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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	
JILL MICHELLE GERRINGER 3246 VAN DRIVE BURLINGTON, NC 27215				PHYSICAL THERAPIST			
				c. Employer's Name/Specific Field			
				AUTHORACARE COLLECTIVE		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		06/15/2026	\$ 25.00		
<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	
TERESA GOINS 1934 GLENN STREET BURLINGTON, NC 27217				EDUCATIONAL DIAGNOSTICIAN			
				c. Employer's Name/Specific Field			
				ALAMANCE-BURLINGTON SCHOOL SYSTEM		e. Election Sum to Date	
						\$ 70.00	
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	Debit Card		01/26/2026	\$ 20.00		
<input type="checkbox"/>	1	Cash		06/03/2026	\$ 50.00		
<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	
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	
						\$ 276.00	
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		03/05/2026	\$ 26.00		
<input type="checkbox"/>	1	Debit Card		03/23/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		05/04/2026	\$ 25.00		
4. Total only this Page						\$ 151.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 23,778.62	

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
						\$ 276.00
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		06/01/2026	\$ 25.00	
<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
STEVEN F HESTER 2211 COLORADO DR GRAHAM, NC 27253				DEPUTY		
				c. Employer's Name/Specific Field		
				DURHAM COUNTY SHERIFF'S OFFICE		e. Election Sum to Date
						\$ 500.00
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		06/08/2026	\$ 500.00	
<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
MARVIN HOLCOMB 212 SOLSTICE DRIVE HAW RIVER, NC 27258				RECEIVING		
				c. Employer's Name/Specific Field		
				LOWES HOME IMPROVEMENT		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		06/08/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 625.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

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	
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	
						\$ 2,782.00	
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		03/23/2026	\$ 10.00		
<input type="checkbox"/>	1	Check		04/06/2026	\$ 245.00		
<input type="checkbox"/>	1	Cash		04/27/2026	\$ 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	
						\$ 2,782.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		06/29/2026	\$ 170.00		
<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	
						\$ 166.00	
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		03/05/2026	\$ 16.00		
<input type="checkbox"/>	1	Cash		04/27/2026	\$ 30.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 501.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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
KEVIN JONES 5522 FIELD VIEW RD. MEBANE, NC 27302				DEPUTY SHERIFF		
				c. Employer's Name/Specific Field		
				ORANGE COUNTY SHERIFFS DEPUTY		
						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		06/24/2026	\$ 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
MARIA JONES 1508 E LITTLE JOHN LN. BURLINGTON, NC 27217				SENIOR OBSERVATIONAL RESEARCH SPECIALIST		
				c. Employer's Name/Specific Field		
				PAREXEL INT.		
						e. Election Sum to Date
						\$ 279.50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Debit Card		02/17/2026	\$ 27.00	
<input type="checkbox"/>	1	Check		06/05/2026	\$ 200.00	
<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
BRANDON LASSITER 1758 RIVERSIDE DR. HILLSBOROUGH, NC 27278				POLICE SARGENT		
				c. Employer's Name/Specific Field		
				CARRBORO POLICE DEPT		
						e. Election Sum to Date
						\$ 500.00
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		06/30/2026	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 827.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

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	
JAMES LATTIMORE 111 BRASSFIELD DRIVE BURLINGTON, NC 27217			PHOTOGRAPHY			
			c. Employer's Name/Specific Field			
			SANKOFA PHOTOGRAPHY BY LATTIMORE			
						e. Election Sum to Date
						\$ 1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	EVENT PHOTOGRAPHY - 3/26/26	03/26/2026	\$ 200.00	
<input type="checkbox"/>	1	In-Kind	EVENT PHOTOGRAPHY 3/27/26	03/27/2026	\$ 200.00	
<input type="checkbox"/>	1	In-Kind	EVENT PHOTOGRAPHY - 04/21/26	04/21/2026	\$ 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	
JAMES LATTIMORE 111 BRASSFIELD DRIVE BURLINGTON, NC 27217			PHOTOGRAPHY			
			c. Employer's Name/Specific Field			
			SANKOFA PHOTOGRAPHY BY LATTIMORE			
						e. Election Sum to Date
						\$ 1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	EVENT PHOTOGRAPHY - 5/2/26	05/02/2026	\$ 200.00	
<input type="checkbox"/>	1	In-Kind	EVENT PHOTOGRAPHY - 06/13/26	06/13/2026	\$ 200.00	
<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	
CHRISTOPHER LONG 4705 MRS WHITE LANE MEBANE, NC 27302			ASSIST. VICE PRES OF REV CYCLE MANAGEMNT			
			c. Employer's Name/Specific Field			
			LABCORP			
						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	
<input type="checkbox"/>	1	Credit Card		06/24/2026	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1,250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

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 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
				e. Election Sum to Date		
				\$ 9,771.99		
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		02/25/2026	\$ 330.00	
<input type="checkbox"/>	1	Cash		03/05/2026	\$ 35.00	
<input type="checkbox"/>	1	In-Kind	SUPPLIES AND WOOD FOR YARD SIGN	03/30/2026	\$ 67.49	
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 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
				e. Election Sum to Date		
				\$ 9,771.99		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	WRAPPING OF CAMPAIGN VAN	03/30/2026	\$ 5,197.46	
<input type="checkbox"/>	1	In-Kind	WOOD FOR YARD SIGNS	03/31/2026	\$ 117.70	
<input type="checkbox"/>	1	In-Kind	WOOD FOR YARD SIGNS	04/02/2026	\$ 33.71	
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 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
				e. Election Sum to Date		
				\$ 9,771.99		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	SUPPLIES AND WOOD FOR YARD SIGN	04/06/2026	\$ 46.93	
<input type="checkbox"/>	1	In-Kind	WOOD FOR YARD SIGNS	04/06/2026	\$ 77.86	
<input type="checkbox"/>	1	In-Kind	SUPPLIES FOR YARD SIGN CONSTRUCTION	04/06/2026	\$ 307.69	
4. Total only this Page					\$ 6,213.84	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 23,778.62	

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 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
						e. Election Sum to Date
						\$ 9,771.99
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	SUPPLIES FOR YARD SIGN CONSTRUCTION	04/10/2026	\$ 111.62	
<input type="checkbox"/>	1	In-Kind	SUPPLIES FOR YARD SIGN CONSTRUCTION	04/15/2026	\$ 152.70	
<input type="checkbox"/>	1	Cash		04/21/2026	\$ 26.00	
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 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
						e. Election Sum to Date
						\$ 9,771.99
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		04/27/2026	\$ 30.00	
<input type="checkbox"/>	1	In-Kind	SUPPLIES FOR YARD SIGN CONSTRUCTION	04/27/2026	\$ 49.00	
<input type="checkbox"/>	1	In-Kind	WOOD FOR YARD SIGNS	05/04/2026	\$ 87.83	
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 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
						e. Election Sum to Date
						\$ 9,771.99
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	SUPPLIES FOR YARD SIGN CONSTRUCTION	05/12/2026	\$ 70.09	
<input type="checkbox"/>	1	Debit Card		05/22/2026	\$ 50.00	
<input type="checkbox"/>	1	In-Kind	SUPPLIES FOR YARD SIGN CONSTRUCTION	06/02/2026	\$ 253.54	
4. Total only this Page						\$ 830.78
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

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 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
						e. Election Sum to Date
						\$ 9,771.99
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		06/03/2026	\$ 40.00	
<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
TIFFANY LONG 4145 DICKEY MILL RD. MEBANE, NC 27302				EXECUTIVE ACCOUNTANT		
				c. Employer's Name/Specific Field		
				DURHAM COUNTY		
						e. Election Sum to Date
						\$ 1,232.00
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		03/05/2026	\$ 16.00	
<input type="checkbox"/>	1	Cash		03/16/2026	\$ 10.00	
<input type="checkbox"/>	1	Cash		04/27/2026	\$ 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
						\$ 1,232.00
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		04/27/2026	\$ 50.00	
<input type="checkbox"/>	1	Cash		05/21/2026	\$ 40.00	
<input type="checkbox"/>	1	Check		06/10/2026	\$ 691.00	
4. Total only this Page						\$ 887.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

Contributions from Individuals

Pg 18 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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	
TIFFANY LONG 4145 DICKEY MILL RD. MEBANE, NC 27302				EXECUTIVE ACCOUNTANT			
				c. Employer's Name/Specific Field DURHAM COUNTY			
				e. Election Sum to Date			
				\$		1,232.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		06/26/2026	\$ 185.00		
<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	
LISA MARINIS 2453 HODGES RD. BURLINGTON, NC 27217				TEACHER			
				c. Employer's Name/Specific Field ALAMANCE-BURLINGTON SCHOOL SYSTEM			
				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		
<input checked="" type="checkbox"/>	1	Debit Card		01/20/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		02/23/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		03/23/2026	\$ 25.00		
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	
LISA MARINIS 2453 HODGES RD. BURLINGTON, NC 27217				TEACHER			
				c. Employer's Name/Specific Field ALAMANCE-BURLINGTON SCHOOL SYSTEM			
				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		
<input type="checkbox"/>	1	Debit Card		04/20/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		05/18/2026	\$ 25.00		
<input type="checkbox"/>	1	Debit Card		06/22/2026	\$ 25.00		
4. Total only this Page						\$ 310.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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
TANISHA MASSEY 2308 REDBIRD LN. HILLSBOROUGH, NC 27278				PROGRAM DIRECTOR		
				c. Employer's Name/Specific Field		
				SOLTY'S PLACE		
						e. Election Sum to Date
						\$ 96.00
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	Debit Card		01/26/2026	\$ 20.00	
<input type="checkbox"/>	1	Cash		05/04/2026	\$ 26.00	
<input type="checkbox"/>	1	Cash		06/03/2026	\$ 50.00	
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
MARK MCADOO 4215 FULLER RD EFLAND, NC 27243				BARBER		
				c. Employer's Name/Specific Field		
				OL' FULLER BARBERSHOP		
						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	Debit Card		05/28/2026	\$ 100.00	
<input type="checkbox"/>	1	Debit Card		06/30/2026	\$ 100.00	
<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
JACQUELINE MCIVER 2446 MICHELLE DR. BURLINGTON, NC 27217				NO JOB TITLE		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
						e. Election Sum to Date
						\$ 91.00
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		01/09/2026	\$ 26.00	
<input checked="" type="checkbox"/>	1	Debit Card		01/26/2026	\$ 15.00	
<input type="checkbox"/>	1	Debit Card		06/24/2026	\$ 50.00	
4. Total only this Page						\$ 326.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

Contributions from Individuals

Pg 20 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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	
APRIL MITCHELL 1008 COOK MILL RD. MEBANE, NC 27302				AP SPECIALIST			
				c. Employer's Name/Specific Field			
				CAROL WOODS			
						e. Election Sum to Date	
						\$ 125.83	
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		01/20/2026	\$ 15.00		
<input type="checkbox"/>	1	Debit Card		03/09/2026	\$ 40.00		
<input type="checkbox"/>	1	Cash		04/27/2026	\$ 17.00		
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	
APRIL MITCHELL 1008 COOK MILL RD. MEBANE, NC 27302				AP SPECIALIST			
				c. Employer's Name/Specific Field			
				CAROL WOODS			
						e. Election Sum to Date	
						\$ 125.83	
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		04/27/2026	\$ 26.00		
<input type="checkbox"/>	1	Cash		05/21/2026	\$ 6.00		
<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	
LEON MOFFETT 2500 TREVANA WAY GRAHAM, NC 27253				ENGINEER			
				c. Employer's Name/Specific Field			
				COMCAST			
						e. Election Sum to Date	
						\$ 52.00	
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		05/18/2026	\$ 52.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 141.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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	
JUSTIN MOODY 1924 JEFFRIES CROSS RD BURLINGTON, NC 27217				CO-OWNER			
				c. Employer's Name/Specific Field			
				GREEN LIFE WASTE SOLUTIONS, LLC			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit Card		06/24/2026	\$ 500.00		
<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	
DENETTA PATTERSON 1031 BROCKTON DRIVE MEBANE, NC 27302				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				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		
<input type="checkbox"/>	1	Debit Card		04/06/2026	\$ 25.00		
<input type="checkbox"/>	1	Credit Card		06/24/2026	\$ 100.00		
<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	
DEBORAH PETTUS 1030 FLATS AVE APT 100 MEBANE, NC 27302				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 85.00	
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		04/20/2026	\$ 64.00		
<input type="checkbox"/>	1	Cash		04/21/2026	\$ 21.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 710.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

Contributions from Individuals

Pg 22 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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	
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			
				\$		386.00	
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		03/30/2026		\$ 256.00	
<input type="checkbox"/>	1	Cash		06/03/2026		\$ 50.00	
<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			
				\$		632.00	
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		05/04/2026		\$ 52.00	
<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	
RUDEAN PRIDE 105 CROSSCUT LANE GIBSONVILLE, NC 27249				PRE K TEACHER			
				c. Employer's Name/Specific Field THE LITTLE SCHOOL OF HILLSBOROUGH			
				e. Election Sum to Date			
				\$		97.00	
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		03/09/2026		\$ 52.00	
<input type="checkbox"/>	1	Debit Card		03/23/2026		\$ 5.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 415.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

Contributions from Individuals

Pg 23 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					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	
VEOTA PRIDE 515 COLLINGTON DR MEBANE, NC 27302			OPS DIRECTOR			
			c. Employer's Name/Specific Field			
			JAC		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	
<input type="checkbox"/>	1	Debit Card		03/09/2026	\$ 75.00	
<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	
CHADEA PULLIAM 4119 STONECREST DR. BURLINGTON, NC 27215			EXECUTIVE DIRECTOR			
			c. Employer's Name/Specific Field			
			GRACE COMMUNITY EMPOWERMENT & RESOURCE CENTER		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		06/29/2026	\$ 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	
WILLIE QUICK JR 1962 MALVINA CT. GRAHAM, NC 27253			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	1	Check		06/26/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 23,778.62	

Contributions from Individuals

Pg 24 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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	
RAREKA ROCHELLE 1203 TORREY PINES CT. MEBANE, NC 27302				LOAN ADMINISTRATOR			
				c. Employer's Name/Specific Field			
				SECU		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 checked="" type="checkbox"/>	1	Cash		01/20/2026	\$ 15.00		
<input type="checkbox"/>	1	Cash		04/27/2026	\$ 50.00		
<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	
ANTONIO SCOTTON 808 SHAW ST. BURLINGTON, NC 27217				BARBER			
				c. Employer's Name/Specific Field			
				BARBERZ BEYOND MEASURE		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 checked="" type="checkbox"/>	1	Debit Card		01/26/2026	\$ 15.00		
<input type="checkbox"/>	1	Cash		04/27/2026	\$ 40.00		
<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	
MARYANNE SHANAHAN 1618 ABBERLY PLACE GRAHAM, NC 27253				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				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		
<input type="checkbox"/>	1	Check		06/26/2026	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 165.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

Contributions from Individuals

Pg 25 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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
KHADERA SMITH 1205 QUAKER CREEK DR. MEBANE, NC 27302				ACCOUNTANT		
				c. Employer's Name/Specific Field		
				UNC HEALTH		
						e. Election Sum to Date
						\$ 52.00
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		03/09/2026	\$ 52.00	
<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
TOM STEVENS 213 W TRYON ST HILLSBOROUGH, NC 27278				ARTIST		
				c. Employer's Name/Specific Field		
				THOMAS STEVENS GALLERY		
						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	Debit Card		03/23/2026	\$ 200.00	
<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
DELLTONIA THOMPSON 4020 ST. CROIX LN. APT. 104 MEBANE, NC 27302				PHARMACIST		
				c. Employer's Name/Specific Field		
				CENTRAL PRISON HEALTHCARE COMPLEX		
						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	
<input type="checkbox"/>	1	Debit Card		06/24/2026	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 502.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

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	
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	
						\$ 1,272.63	
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		02/17/2026	\$ 26.00		
<input type="checkbox"/>	1	Check		06/29/2026	\$ 1,104.00		
<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	
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	
						\$ 167.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		04/27/2026	\$ 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	
WILLIAM TRAYNOR 5768 CHURCH RD GRAHAM, NC 27253				CONSULTANT			
				c. Employer's Name/Specific Field			
				TRUSTED SPACE PARTNERS			
						e. Election Sum to Date	
						\$ 230.00	
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		03/23/2026	\$ 50.00		
<input type="checkbox"/>	1	Debit Card		04/06/2026	\$ 30.00		
<input type="checkbox"/>	1	Debit Card		04/20/2026	\$ 50.00		
4. Total only this Page						\$ 1,360.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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
WILLIAM TRAYNOR 5768 CHURCH RD GRAHAM, NC 27253				CONSULTANT		
				c. Employer's Name/Specific Field		
				TRUSTED SPACE PARTNERS		
						e. Election Sum to Date
						\$ 230.00
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		05/18/2026	\$ 50.00	
<input type="checkbox"/>	1	Debit Card		06/22/2026	\$ 50.00	
<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
KATIE TRIPP 124 MORGAN OAKS DR CHAPEL HILL, NC 27516				SURGICAL DENTAL NURSE		
				c. Employer's Name/Specific Field		
				TRIANGLE PERIODONTICS		
						e. Election Sum to Date
						\$ 52.00
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		04/21/2026	\$ 52.00	
<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
KATHERINE TROUTMAN 3436 COPPER TRACE DR. HAW RIVER, NC 27258				NO JOB TITLE		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
						e. Election Sum to Date
						\$ 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"/>	1	Check		06/10/2026	\$ 400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 552.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62

Contributions from Individuals

Pg 28 of 30

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						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	
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	
						\$ 398.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		03/16/2026	\$ 300.00		
<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	
ROBBIN WALKER 3104 BLUE MOON TRL. BURLINGTON, NC 27217				QUALITY AUDITOR			
				c. Employer's Name/Specific Field			
				LABCORP		e. Election Sum to Date	
						\$ 245.00	
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		01/20/2026	\$ 45.00		
<input type="checkbox"/>	1	Check		05/21/2026	\$ 200.00		
<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	
DEMAH WELLS 2616 LACY HOLT ROAD GRAHAM, NC 27253				GLOBAL MANAGER, FACILITIES & REAL ESTATE			
				c. Employer's Name/Specific Field			
				CLARIO, A THERMOFISHER COMPANY		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		
<input type="checkbox"/>	1	Debit Card		06/08/2026	\$ 100.00		
<input type="checkbox"/>	1	Debit Card		06/08/2026	\$ 150.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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
ERVIN WHITLEY 1706 CARNATION DRIVE DURHAM, NC 27703				INTEGRATION ARCHITECT		
				c. Employer's Name/Specific Field		
				VERIZON		
				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		06/24/2026	\$ 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
ODIS WILLIAMS 3685 WALKER RD. LINDEN, NC 28356				NO JOB TITLE		
				c. Employer's Name/Specific Field		
				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	
<input type="checkbox"/>	1	Debit Card		06/24/2026	\$ 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
LEE WILSON 1019 LIPSCOMB GROVE CHURCH RD HILLSBOROUGH, NC 27278				DRIVER		
				c. Employer's Name/Specific Field		
				LM EMPIRE		
				e. Election Sum to Date		
				\$ 126.00		
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		03/09/2026	\$ 16.00	
<input type="checkbox"/>	1	Debit Card		03/30/2026	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 266.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 23,778.62	

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	
LATOYA WRIGHT 1193 MAPLE RIDGE DR. BURLINGTON, NC 27217				CEO			
				c. Employer's Name/Specific Field			
				BEYOND BEAUTY SALON & TRAINING CENTER, INC.		e. Election Sum to Date	
						\$ 63.00	
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	Debit Card		01/26/2026	\$ 33.00		
<input type="checkbox"/>	1	Cash		03/05/2026	\$ 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	
RACHEL ZAMORSKI 207 S THIRD ST MEBANE, NC 27302				REALTOR			
				c. Employer's Name/Specific Field			
				KELLER WILLIAMS REAL ESTATE		e. Election Sum to Date	
						\$ 750.00	
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		03/16/2026	\$ 250.00		
<input type="checkbox"/>	1	Debit Card		06/02/2026	\$ 500.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 780.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 23,778.62	

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	
ALAMANCE COUNTY BOARD OF ELECTIONS 1128 S MAIN STREET GRAHAM, NC 27253				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:			
						\$ 119.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	K	03/10/2026	\$ 119.00	COPY OF VERIFIED		
				\$	PETITION LIST		
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	
CHRISTIE FARRISH 3667 NORTH NC HIGHWAY 62 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:			
						\$ 1,364.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	03/16/2026	\$ 300.00	CAMPAIGN BUTTONS		
1	Check	B	06/23/2026	\$ 222.00	CAMPAIGN SHIRTS		
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	
JIFYSHIRT.COM 1000 N. WEST ST SUITE 1200 WILMINGTON, DE 19801				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:			
						\$ 741.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	03/30/2026	\$ 120.18	CAMPAIGN SHIRTS		
1	Debit Card	B	06/22/2026	\$ 621.70	CAMPAIGN SHIRTS		
5. Total only this Page						\$ 1,382.88	
6. Total of ALL CRO-1310 Pages						\$ 11,960.95	
(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)							
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)							

Disbursements

Amendment

Pg 2 of 4 Yes No

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				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:			
						\$ 14,473.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	02/27/2026	\$ 960.75	YARD SIGNS		
1	Debit Card	B	03/09/2026	\$ 1,140.85	BANNERS & YARD SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				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:			
						\$ 14,473.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	03/24/2026	\$ 467.37	POSTCARDS		
1	Debit Card	B	04/07/2026	\$ 1,749.27	POSTERS, YARD SIGNS & POSTCARDS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				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:			
						\$ 14,473.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	04/13/2026	\$ 214.16	POSTCARDS		
1	Debit Card	B	05/04/2026	\$ 1,537.20	YARD SIGNS		
5. Total only this Page						\$ 6,069.60	
6. Total of ALL CRO-1310 Pages						\$ 11,960.95	
<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)							

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				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:		
						\$ 14,473.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	B	05/22/2026	\$ 2,045.10	POSTCARDS & YARD	
1	Debit Card	B	06/03/2026	\$ 960.75	SIGNS YARD SIGNS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
RENEGADE SQUIRREL 45 S FRENCH BROAD AVE. ASHEVILLE, NC 28801				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:		
						\$ 649.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Draft	KO	02/26/2026	\$ 99.99	CAMPAIGN SOFTWARE	
1	Draft	O	03/27/2026	\$ 99.99	CAMPAIGN SOFTWARE	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
RENEGADE SQUIRREL 45 S FRENCH BROAD AVE. ASHEVILLE, NC 28801				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:		
						\$ 649.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Draft	O	04/27/2026	\$ 99.99	CAMPAIGN SOFTWARE	
1	Draft	O	05/27/2026	\$ 99.99	CAMPAIGN SOFTWARE	
5. Total only this Page						\$ 3,405.81
6. Total of ALL CRO-1310 Pages						\$ 11,960.95
<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	1	Electric Funds Tran	O	05/22/2026	\$ 2.94	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	05/28/2026	\$ 3.48	WEBSITE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	05/28/2026	\$ 6.73	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	05/29/2026	\$ 1.37	WEBSITE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/01/2026	\$ 1.05	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/02/2026	\$ 8.36	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/02/2026	\$ 16.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/03/2026	\$ 1.86	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/05/2026	\$ 1.86	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/05/2026	\$ 3.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/10/2026	\$ 1.86	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/22/2026	\$ 1.92	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/23/2026	\$ 1.08	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 1.08	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 1.08	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 1.86	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 1.86	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 3.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 3.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 3.48	WEBSITE FEES
4. Total only this Page					\$	68.79
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	142.53
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising		D - To Another Candidate		
I - Postage	F* - Equipment	G - Political Party		H* - Holding Public Office Expenses		
O* - Other	J - Penalties	K* - Office Expenses		Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

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) LONG FOR SHERIFF 2026						2. ID Number
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	1	Electric Funds Tran	O	06/24/2026	\$ 3.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 3.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 3.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 8.36	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 8.36	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/24/2026	\$ 16.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/25/2026	\$ 1.86	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/25/2026	\$ 3.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/26/2026	\$ 1.86	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/29/2026	\$ 1.08	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/30/2026	\$ 1.86	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/30/2026	\$ 3.48	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	06/30/2026	\$ 16.48	WEBSITE FEES
4. Total only this Page					\$	73.74
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	142.53
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing		C* - Fundraising		D - To Another Candidate
I - Postage		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
O* - Other		J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund
* 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	
JAMES LATTIMORE 111 BRASSFIELD DRIVE BURLINGTON, NC 27217		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,000.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT PHOTOGRAPHY - 3/26/26		03/26/2026	\$ 200.00
EVENT PHOTOGRAPHY 3/27/26		03/27/2026	\$ 200.00
EVENT PHOTOGRAPHY - 04/21/26		04/21/2026	\$ 200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
JAMES LATTIMORE 111 BRASSFIELD DRIVE BURLINGTON, NC 27217		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,000.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EVENT PHOTOGRAPHY - 5/2/26		05/02/2026	\$ 200.00
EVENT PHOTOGRAPHY - 06/13/26		06/13/2026	\$ 200.00
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302 (336) 355-0668		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 9,771.99	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES AND WOOD FOR YARD SIGN CONSTRUCTION		03/30/2026	\$ 67.49
WRAPPING OF CAMPAIGN VAN		03/30/2026	\$ 5,197.46
WOOD FOR YARD SIGNS		03/31/2026	\$ 117.70
4. Total only this Page			\$ 6,382.65
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 7,573.62

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	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302 (336) 355-0668		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 9,771.99	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WOOD FOR YARD SIGNS		04/02/2026	\$ 33.71
SUPPLIES AND WOOD FOR YARD SIGN CONSTRUCTION		04/06/2026	\$ 46.93
WOOD FOR YARD SIGNS		04/06/2026	\$ 77.86
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	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302 (336) 355-0668		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 9,771.99	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES FOR YARD SIGN CONSTRUCTION		04/06/2026	\$ 307.69
SUPPLIES FOR YARD SIGN CONSTRUCTION		04/10/2026	\$ 111.62
SUPPLIES FOR YARD SIGN CONSTRUCTION		04/15/2026	\$ 152.70
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	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302 (336) 355-0668		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 9,771.99	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES FOR YARD SIGN CONSTRUCTION		04/27/2026	\$ 49.00
WOOD FOR YARD SIGNS		05/04/2026	\$ 87.83
SUPPLIES FOR YARD SIGN CONSTRUCTION		05/12/2026	\$ 70.09
4. Total only this Page		\$ 937.43	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 7,573.62	

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
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302 (336) 355-0668	<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
			\$ 9,771.99
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
SUPPLIES FOR YARD SIGN CONSTRUCTION	06/02/2026	\$ 253.54	
		\$	
		\$	
4. Total only this Page		\$ 253.54	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 7,573.62	