

Disclosure Report Cover

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

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

RECEIVED
JUL 27 2023

1. Committee Information			
a. Full Name FRIENDS OF CRAIG TURNER			c. ID Number
ALAMANCE COUNTY BOARD OF ELECTIONS			
b. Mailing Address (include City, State and Zip Code) 124 LOCHMADDY DRIVE BURLINGTON, NC 27215			d. Date Filed 07/26/2023
			c. Phone Number (336) 378-5397
2. Report Year	3. Period/Start Date (mm/dd/yy)	4. Period/End Date (mm/dd/yy)	5. Treasurer Full Name
2023	01/01/2023	06/30/2023	LORENE NEESE
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal State/County Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual <input type="checkbox"/> Year End <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)			
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
1			
3. Account Information			
a. Financial Institution Full Name FRIENDS OF CRAIG TURNER		a. Financial Institution Full Name	
b. Purpose FINANCE CAMPAIGN	c. Account Code T9595	b. Purpose	c. Account Code
d. Period Begin Balance \$		d. Period Begin Balance \$	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board			
<u>LORENE NEESE</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer	
		07/26/2023 Date	
FOR OFFICE USE ONLY			
Date Received:	7/27/2023	Employee:	KON
Date Postmarked:	_____	Employee:	_____
Date Scanned:	7-27-23	Employee:	A
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
<p>Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>			

Detailed Summary

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

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
FRIENDS OF CRAIG TURNER	2023 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,068.82	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 980.00
6) Contributions from Individuals	(CRO-1210)	\$ 7,702.73	\$ 39,858.73
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 300.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 500.00
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)		\$ 7,752.73	\$ 41,638.73
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 8,571.65	\$ 40,803.13
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)	\$ 0.00	\$ 80.70
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 505.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,571.65	\$ 41,388.83
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 249.90	\$ 249.90
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Contributions from Individuals

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

FRIENDS OF CRAIG TURNER						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANK BELL 1413 BOONE ROAD BURLINGTON, NC 27217			FARMER			
			c. Employer's Name/Specific Field			
			SELF 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"/>	T9595	Check		01/01/2023	\$ 100.00	
<input type="checkbox"/>	T9595	Check		02/10/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVE CARTER 2779 S CHURCH STREET BURLINGTON, NC 27215			COUNTY COMMISSIONER			
			c. Employer's Name/Specific Field			
			ALAMANCE COUNTY			
					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"/>	T9595	Check		01/25/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAULA DAVIS 2508 GREENVIEW DRIVE GRAHAM, NC 27253			TRIAL COURT ADMINISTRATOR			
			c. Employer's Name/Specific Field			
			ADMIN OFFICE OF COURT ALAMANCE COUNTY			
					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"/>	T9595	Check		02/11/2023	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 950.00	
TOTAL CRO 1210 Page 1 (include all Detailed Contributions)					\$ 7,702.73	

Contributions from Individuals

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

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

Committee Name (and Employer) <input type="checkbox"/> <input type="checkbox"/> FRIENDS OF CRAIG TURNER					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MEREDITH EDWARDS 123 BAUMAN COURT GRAHAM, NC 27253		b. Job Title/Profession CLERK OF COURT c. Employer's Name/Specific Field ALAMANCE COUNTY		d. Comments e. Election Sum to Date \$ 1,002.73	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	T9595	Check		06/23/2023	\$ 1,002.73
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Committee Name (and Employer) <input type="checkbox"/> <input type="checkbox"/> a. Full Name, Mailing Address & Phone (include city, state, & zip) F.D HORNADAY PO BOX 790 BURLINGTON, NC 27216					
a. Full Name, Mailing Address & Phone (include city, state, & zip) F.D HORNADAY PO BOX 790 BURLINGTON, NC 27216		b. Job Title/Profession PRESIDENT c. Employer's Name/Specific Field KNIT-WEAR FABRICS INC		d. Comments e. Election Sum to Date \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	T9595	Check		02/07/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Committee Name (and Employer) <input type="checkbox"/> <input type="checkbox"/> a. Full Name, Mailing Address & Phone (include city, state, & zip) TERRY JOHNSON 3530 CARDWELL DRIVE BURLINGTON, NC 27215					
a. Full Name, Mailing Address & Phone (include city, state, & zip) TERRY JOHNSON 3530 CARDWELL DRIVE BURLINGTON, NC 27215		b. Job Title/Profession SHERIFF c. Employer's Name/Specific Field ALMANCE COUNTY		d. Comments 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"/>	T9595	Check		02/06/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 2,502.73
					\$ 7,702.73

Contributions from Individuals

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

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

FRIENDS OF CRAIG TURNER					
<input type="checkbox"/> <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
JAMES KIRKPATRICK 530 COUNTRY CLUB DRIVE BURLINGTON, NC 27215			VICE PRESIDENT		
			c. Employer's Name/Specific Field		
			TRIANGLE GRADING AND PAVING		
					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"/>	T9595	Check		02/10/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
JAMES MCCLURE 622 JOHNSON AVE GRAHAM, NC 27253			OWNER OF FURNITURE STORE		
			c. Employer's Name/Specific Field		
			GREEN & MCCLURE		
					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"/>	T9595	Check		01/20/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
LORENE NEESE 2824 FORESTDALE DRIVE BURLINGTON, NC 27215 (336) 260-0902			ACCOUNTANT		
			c. Employer's Name/Specific Field		
			PEACHTREE STREET MANAGEMENT GROUP		
					e. Election Sum to Date
					\$ 1,700.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	T9595	Check		02/03/2023	\$ 1,000.00
<input type="checkbox"/>	T9595	Check		05/09/2023	\$ 200.00
<input type="checkbox"/>					\$
					\$ 1,950.00
					\$ 7,702.73

Contributions from Individuals

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

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

FRIENDS OF CRAIG TURNER						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MYRON PRIVET FRONT STREET BURLINGTON, NC 27215			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			UNEMPLOYED		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"/>	T9595	Check		02/11/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DENISE RIDDELL 6343 BEALE ROAD SNOW CAMP, NC			NC HOUSE OF REPRESENTATIVE			
			c. Employer's Name/Specific Field			
			STATE OF NORTH CAROLINA		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"/>	T9595	Check		02/11/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM CRAIG TURNER JR 124 LOCKMADDY DRIVE BURLINGTON, NC 27215			ATTORNEY			
			c. Employer's Name/Specific Field			
			FOX ROTHSCHILD		e. Election Sum to Date	
					\$ 2,300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	T9595	Check		01/26/2023	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 2,300.00	
					\$ 7,702.73	

Aggregated Contributions from Individuals Page 1 of 1

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

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

FRIENDS OF CRAIG TURNER					
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	T9595	Check		02/02/2023	\$ 50.00
4. Total only this Page					\$ 50.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 50.00

CRO-1205

NC State Board of Elections

April 2007

Disbursements

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

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

Name and Fund Name FRIENDS OF CRAIG TURNER						ID Number
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE COUNTY REPUBLICAN PARTY 2643 RAMADA ROAD BURLINGTON, NC 27215			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
			Alamance		\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
T9595	Check	A	04/27/2023	\$ 250.00	ADVERTISING	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DIFFERENTIATORS PO BOX 17623 RALEIGH, NC 27619			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 7,909.41	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
T9595	Check	A	01/26/2023	\$ 2,051.41	FLYERS ADVERTISING	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) HOSPICE OF BURLINGTON 914 CHAPEL HILL ROAD BURLINGTON, NC 27215			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
T9595	Check	A	04/20/2023	\$ 300.00	SIGN FOR GOLF TOURNAMENT	
				\$		
					\$ 2,601.41	
(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)					\$ 8,571.65	
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other						

Disbursements

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

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

FRIENDS OF CRAIG TURNER	
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<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
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a. Full Name, Mailing Address & Phone (include city, state, & zip) IT'S A MYSTERY 31 WOODGATE COURT DURHAM, NC 27713		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 1,950.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T9595	Check	C	01/25/2023	\$ 900.00	FUNDRAISING EVENT
T9595	Check	C	02/13/2023	\$ 1,050.00	FUNDRAISING EVENT

a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM CRAIG TURNER NC		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 872.93	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T9595	Check	O	05/09/2023	\$ 872.93	REIMBURSEMENT
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM CRAIG TURNER JR NC		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 700.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T9595	Check	O	05/02/2023	\$ 700.00	REIMBURSEMENT
				\$	

	\$ 3,522.93
(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)	\$ 8,571.65

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

Disbursements

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

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

FRIENDS OF CRAIG TURNER		ID Number
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<input checked="" type="checkbox"/> Operating Expenses	<input type="checkbox"/> Contributions to Candidates/Political Committees	<input type="checkbox"/> Coordinated Party Expenditures
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a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM CRAIG TURNER JR 3021 S. FAIRWAY DRIVE BURLINGTON, NC 27215	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 2,051.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T9595	Check	O	04/19/2023	\$ 2,051.41	REIMBURSEMENT
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) US POST OFFICE 405 MAPLE AVE BURLINGTON, NC 27215	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 106.74

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T9595	Debit Card	I	04/17/2023	\$ 18.90	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) VAILTREE EVENT CENTER 1567 BAKATASIAS LANE HAW RIVER, NC 27258	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 377.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
T9595	Check	C	02/27/2023	\$ 377.00	FUNDRAISING
				\$	

	\$ 2,447.31
(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)	\$ 8,571.65

- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| 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 | | | |