Disclosure Report Cover

Amendment ☐ Yes ☒ No

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

1. Committee Information

a. Full Name	c. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

RECEIVED
OCT 23 2025
ALAMANCE COUNTY BOARD OF ELECTIONS

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3934 SPANISH OAK HILL ROAD SNOW CAMP, NC 27349	10/21/2025
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	01/01/2025	06/30/2025	REBEKAH W LOY

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name	
WELLS FARGO	

b. Purpose	c. Account Code
RECEIVE AND DISBURSE FUNDS	A
	d. Period Begin Balance
	$ 24,009.11

3. Account Information

a. Financial Institution Full Name	

b. Purpose	c. Account Code
	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

Rebekah W. Loy	Rebekah W. Loy	10/21/2025
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	10-23-25	Employee:	CB	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail
Date Scanned:	10-24-25	Employee:		☐ Registered Mail
Date Data Entered:		Employee:		☐ Hand Delivered
				☒ Electronically Filed
				☐ Signer has not received mandatory training

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

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

Detailed Summary

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	2025 Mid Year Semi-Annual	

Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 24,009.11	$ 26,378.43
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 410.00	$ 860.00
6) Contributions from Individuals	*(CRO-1210)*	$ 88,880.00	$ 156,193.00
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 0.00	$ 0.00
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ 0.00	$ 1,500.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	*(CRO-1250)*	$ 0.00	$ 0.00
11c) Outside Sources of Income	*(CRO-1250)*	$ 0.00	$ 0.00
11d) Legal Expense Fund - Other Sources	*(CRO-1270)*	$ 0.00	$ 0.00
11e) Exempt Purchase Price Sales	*(CRO-1265)*	$ 0.00	$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 89,290.00	$ 158,553.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 14,752.67	$ 72,884.99
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 0.00	$ 9,500.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 0.00	$ 0.00
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 500.00	$ 500.00
17) In-Kind Contributions	*(CRO-1510)*	$ 0.00	$ 4,000.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 15,252.67	$ 86,884.99
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 98,046.44	$ 98,046.44
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	*(CRO-1330)*	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	*(CRO-1430)*	$ 0.00	
22) Debts and Obligations owed by the Committee	*(CRO-1610)*	$ 0.00	
23) Debts and Obligations owed to the Committee	*(CRO-1620)*	$ 0.00	
24) Account Transfers Within the Committee	*(CRO-1720)*	$ 0.00	
25) Administrative Support	*(CRO-1710)*	$ 0.00	$ 0.00
26) Forgiven Loans	*(CRO-1440)*	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	*(CRO-2220)*	$ 0.00	$ 0.00
28) Contributions to be Refunded	*(CRO-1215)*	$ 0.00	$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☒ No

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE	

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	A	Check		03/06/2025	$ 50.00
☐ Add ☐ Remove	A	Check		03/16/2025	$ 50.00
☐ Add ☐ Remove	A	Check		03/05/2025	$ 15.00
☐ Add ☐ Remove	A	Check		03/15/2025	$ 50.00
☐ Add ☐ Remove	A	Check		03/27/2025	$ 50.00
☐ Add ☐ Remove	A	Check		03/08/2025	$ 20.00
☐ Add ☐ Remove	A	Check		04/01/2025	$ 50.00
☐ Add ☐ Remove	A	Check		03/05/2025	$ 25.00
☐ Add ☐ Remove	A	Check		03/06/2025	$ 50.00
☐ Add ☐ Remove	A	Check		03/16/2025	$ 50.00
4. Total only this Page					$ $410.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*					$ $410.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BARBARA ACOSTA 1347 NORTH SELLARS MILL RD BURLINGTON, NC 27217	REALTOR	ALLEN TATE CO, INC.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/19/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT DOUG ADAMS PO BOX 882 GRAHAM, NC 27253	TOWING- OWNER	ADAMS TOWING AND RECOVERY		$ 6,400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/20/2025	$ 4,400.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JANICE ALEXANDER 3307 CARRIAGE PLACE BURLINGTON, NC 27215	OFFICE ADMINISTRATION	DR. ALEX F. ALEXANDER, DDS		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/12/2025	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 5,150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
AUNDREA AZELTON 727 STONEY CREEK DRIVE ASHEBORO, NC 27205	CHIEF DEPUTY	RANDOLPH COUNTY SHERIFF'S OFFICE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 100.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DALLAS L BALDWIN 2303 TRAIL FIVE BURLINGTON, NC 27215	OWNER	WESTGATE TRIAD MITSUBISHI		$ 550.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/05/2025	$ 250.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JANICE R BEATY P.O. BOX 35 HAZELWOOD, NC 28738	SALES	THE SHERIFFS AND POLICEMENS JOURNAL AND CALENDAR		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/04/2025	$ 250.00
☐					$
☐					$

	$ 600.00
	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SCOTT M BELL 5224 BAKER-BELL FARM ROAD BURLINGTON, NC 27217	SALESMAN	DAVID SPENCER		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/12/2025	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD L BELTON 2411 PINEWAY DR BURLINGTON, NC 27215	OWNER	ALAMANCE GLASS		$ 750.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/14/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LARRY R BERTUCCELLI 4447 NC HWY 54 GRAHAM, NC 27253	HOUSING MANAGER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/25/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 825.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DARLENE BIRCHETTE 4365 FRIENDSHIP PATTERSON MILL RD BURLINGTON, NC 27217	LESS EXPENSIVE CARS - OWNER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/21/2025	$ 250.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN P BLAYLOCK 1001 STUART DRIVE MEBANE, NC 27302	LABCORP	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 100.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JENNIFER BRANNOCK 2917 ARMFIELD DRIVE BURLINGTON, NC 27215	STORE MANAGER	LOWES HOME IMPROVEMENT		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/18/2025	$ 150.00
☐					$
☐					$

	$ 500.00
	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN R BROOKS 2167 US HIGHWAY 70 MEBANE, NC 27302	GENERAL WORKER	SUPERIOR LOGISTICS SERVICES, INC		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/16/2025	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GLORIA BROWN 201 BIDNEY DRIVE BURLINGTON, NC 27215	REAL ESTATE INVESTOR	NOT EMPLOYED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/07/2025	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM BURNS 600 BUNKER DRIVE MEBANE, NC 17302	SENIOR EXECUTIVE - DEPT OF EDUCATION	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/07/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 525.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

JOHNSON FOR SHERIFF ELECTION COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)

JACK S BURTON
3332 ARDMORE STREET
BURLINGTON, NC 27215

b. Job Title/Profession: BURTON LOGISTICS - OWNER

c. Employer's Name/Specific Field: NOT EMPLOYED

d. Comments:

e. Election Sum to Date: $ 2,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/17/2025	$ 2,500.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)

JEREMY BURTON
1429 KERNODLE LANDING
BURLINGTON, NC 27217

b. Job Title/Profession: LOGISTICS - TRANSPORTATION

c. Employer's Name/Specific Field: BURTON LOGISTICS

d. Comments:

e. Election Sum to Date: $ 2,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/18/2025	$ 2,500.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)

JOHN H BURTON
2472 FOREST LAKE DRIVE
MEBANE, NC 27302

b. Job Title/Profession: OWNER

c. Employer's Name/Specific Field: ZACKS HOTDOGS

d. Comments:

e. Election Sum to Date: $ 5,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/17/2025	$ 2,500.00
☐					$
☐					$

	$ 7,500.00
	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DIRK R BUTLER 312 TRINITY COURT ELON, NC 27244	TEACHER	NOT EMPLOYED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/24/2025	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PHILLIP BYRD 5910 NARLETT DR GREENSBORO, NC 27406	DEPUTY SHERIFF	NOT EMPLOYED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/10/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BILLY CAMPBELL 117A THIRD STREET HAW RIVER, NC 27258	GLEN RAVEN	GLEN RAVEN, INC.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 475.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

Committee Name	ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

Contributor Information ☐ Add ☐ Modify

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANTHONY CAPPS 1504 WHITES KENNEL ROAD BURLINGTON, NC 27215	OWNER - CAROLINA TANK LINES	NOT EMPLOYED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/16/2025	$ 1,000.00
☐					$
☐					$

Contributor Information ☐ Add ☐ Modify

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JERRY B CARLYLE 276 CLINTON CARLYLE ROAD ZEBULON, NC 27597	SALES REP	OASIS COMPANY		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 500.00
☐					$
☐					$

Contributor Information ☐ Add ☐ Modify

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY CASON 1601 ANTHONY ROAD BURLINGTON, NC 27215	EXECUTIVE ASSISTANT	IMPACT FULFILLMENT SERVICES		$ 3,250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/24/2025	$ 2,500.00
☐					$
☐					$

Total on this Page	$ 4,000.00
Total of All Contributor Pages (To be carried forward to Summary Page 1A)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT CHANDLER 3240 COVENTRT PL BURLINGTON, NC 27215	OWNER	CHANDLER CONCRETE COMPANY		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/09/2025	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM CHANDLER JR 2516 PINEWAY DRIVE BURLINGTON, NC 27215	CONSTRUCTION	CHANDLER CONCRETE		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/27/2025	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM CHANDLER SR 5348 NC 62 SOUTH BURLINGTON, NC 27215	OWNER	CHANDLER CONCRETE		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/26/2025	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 3,000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Mailing Address	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DOROTHY MARIE CLAPP 2217 WHITSETT STREET BURLINGTON, NC 27215	REALTOR	KELLER & WILLIAMS		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/12/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRENDA L COBLE 5733 FOSTER STORE RD LIBERTY, NC 27298	OWNER - COBLE SANDROCK	NOT EMPLOYED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/10/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Update

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM COBLE 4357 A E GREENSBORO CHAPEL HILL RD SNOW CAMP, NC 27349	SALESMAN	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 250.00
☐					$
☐					$

4. Total on this Page	$ 550.00
5. Total of All Contributions (This Page and Previous Pages)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NAN P COOPER 203 TRINITY COOPER ELON, NC 27244	INSURANCE	HUB INTERNATIONAL		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/26/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RUSTY COX 604 GREYROCK ROAD WHITSETT, NC 27377	CAR SALES	COX TOYOTA AND COX DODGE & JEEP		$ 800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/20/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LISA B CRENSHAW 1198 COLONY AVE BURLINGTON, NC 27215	PART OWNER - CAROLINA NISSAN	NOT EMPLOYED		$ 3,600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/17/2025	$ 3,600.00
☐					$
☐					$

4. Total only this Page	$ 4,350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Name	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TERRY D CRENSHAW 118 COLONY AVE BURLINGTON, NC 27215	OWNER	CAROLINA NISSAN		$ 6,400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/17/2025	$ 1,400.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALAN H CROUCH 2916 FORESTDALE DRIVE BURLINGTON, NC 27215	SALES	HUB INTERNATIONAL		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/06/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES CROUCH 2529 PINEWAY DRIVE BURLINGTON, NC 27215	FINANCIAL ADVISOR	MASS MUTUAL INSURANCE		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/25/2025	$ 1,000.00
☐					$
☐					$

4. Total this Page	$ 2,500.00
5. Total of All CRO-1210 Pages (For the last page only)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KRISTIE CULLER 118 HOSKINS CIR BURLINGTON, NC 27215	ASSISTANT CLERK OF SUPERIOR COURT	ALAMANCE COUNTY		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/19/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS DAY 3610 DAY TRAIL GRAHAM, NC 27253	POLICE OFFICER	CITY OF BURLINGTON		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/16/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BENJAMIN T EDWARDS 123 BAUMAN COURT GRAHAM, NC 27253	LAW ENFORCEMENT	GRAHAM POLICE DEPARTMENT		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Name and Mailing Address	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VICKIE C FELTEN 605 FIELDSTONE DRIVE BURLINGTON, NC 27215	SECRETARY	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/10/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES K FESTERMAN 1201 BENTON LANE REIDSVILLE, NC 27320	CHIEF OF POLICE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN I FORTNER 7668 OAK FLAT LANE SNOW CAMP, NC 27349	NURSE	SOUTHERN HEALTH PARTNERS		$ 881.50

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/21/2025	$ 250.00
☐					$
☐					$

4. Total this Page	$ 450.00
5. Total of all CRO-1210 Pages (To the nearest Dollar on Page CRO-1)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALBERT FREEMAN 1888 FAIRFIELD DR BURLINGTON, NC 27215	ELECTRICIAN	FREEMAN ELECTRIC		$ 1,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/21/2025	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL FRESHWATER 3612 87 S GRAHAM, NC 27253	MECHANIC	FRESHWATER GARAGE, LLC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/10/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD L GILBERT 611 NEW BERN COURT BURLINGTON, NC 27215	DOCTOR	KERNODLE CLINIC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1,500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KEN GONZALEZ 952 SCENIC DRIVE GRAHAM, NC 27253	FARMER	NOT EMPLOYED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/19/2025	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TIMOTHY GRIGGS 808 E. WEBB AVE BURLINGTON, NC 27217	SALES	OK RECYCLING		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SERGIO GUZMAN 813 EAST WEBB AVE BURLINGTON, NC 27217	OWNER	GUZMAN MARKER, INC.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/13/2025	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 375.00
5. Total of ALL CRO-1210 Pages	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT HAIR 1115 EAST WILLOWBROOK DRIVE BURLINGTON, NC 27215	LABCORP	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/06/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GARY E HARRIS 2546 BARBER ROAD ELON, NC 27244	OWNER	UNI CHEM		$ 450.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/10/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NAT T HARRIS 2040 S. CHURCH ST BURLINGTON, NC 27215	PART-OWNER	HARRIS CROUCH INSURANCE		$ 2,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/28/2025	$ 2,500.00
☐					$
☐					$

4. Total only this Page	$ 2,750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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

2. Committee Full Name and Mailing Address	3. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
J NIMROD HARRIS JR 2570 BARBER ROAD ELON, NC 27244	PICKETT HOSIERY OWNER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/06/2025	$ 250.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TINA HINSHAW 10 WHITE POPLAR COURT ELON, NC 27244	HEALTHCARE OPERATIONS	AKUMIN		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/24/2025	$ 250.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BARBARA S HOLT 3521 GUILFORD COUNTY FARM ROAD ELON, NC 27244	CONTRACTOR	RMH, INC.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 250.00
☐					$
☐					$

5. Total on this Page	$ 750.00
6. Total of ALL CONTRIBUTION Pages (For the month or other reporting period)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ISSAC HOLT III 2730 ISSAC HOLT TRAIL GRAHAM, NC 27253	HOLT LUMBER COMPANY OWNER	NOT EMPLOYED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/25/2025	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
F D HORNADAY III 7162 COBLE MILL RD SNOW CAMP, NC 27349	OWNER	KNITWEAR FABRICS, INC		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/25/2025	$ 2,500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GARY W HUMBLE 6121 MONNETT ROAD JULIAN, NC 27283	BUS DRIVER	MARK WALKER CAMPAIGN		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/08/2025	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 3,650.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Mailing Address	2. If Amended
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VICKI HUMBLE 1042 JUNEBUG DRIVE LIBERTY, NC 27298	FARMER	SELF OWNED FARM		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		03/16/2025	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VICTORIA S HUNT 161 VIA PALMA PALM BEACH, FL 33480	HUNT ELECTRIC - OWNER	NOT EMPLOYED		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/12/2025	$ 5,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Change

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM E HUNT 131 HASKELL COURT SUMMERFIELD, NC 27358	CHIEF OF POLICE - REIDSVILLE	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 5,175.00
5. Total of ALL CRO-1210 Pages (If this is the last page of this report)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RECTOR SAMUEL HUNT III 161 VIA PALMA PALM BEACH, FL 33480	OWNER	HUNT ELECTRIC		$ 6,400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/12/2025	$ 1,400.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RONALD JOHNSON 3183 MT WILLEN ROAD HAW RIVER, NC 27258	TARHEEL TV OWNER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/13/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN M JORDAN P.O. BOX 128 SAXAPAHAW, NC 27340	FORMER NC SENATOR	NOT EMPLOYED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/15/2025	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 2,650.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Committee ID#	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TAMMY KARNES 2051 YALE DR GRAHAM, NC 27253	SECRETARY	NOT EMPLOYED		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/12/2025	$ 150.00
☐	A	Check		03/25/2025	$ 250.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DOUGLAS W KIMREY P.O. BOX 305 GRAHAN, NC 27253	OWNER	DOUG KIMREY & SON PLUMBING		$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/13/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GENE KIMREY 1441 RAILROAD STREET BURLINGTON, NC 27215	OWNER	ASSOCIATED PLUMBING		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/19/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1,150.00
5. Total of ALL CRO-A Pages (Carry forward to the Total Dollar Amount this Rpt. CRO-1100)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RONALD G KIRKPATRICK JR 1967 S MAIN ST GRAHAM, NC 27253	OWNER	TRIANGLE GRADING		$ 3,400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/18/2025	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRAD KOURY P.O. BOX 850 BURLINGTON, NC 27215	OWNER	CAROLINA HOSIERY MILLS		$ 6,700.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/25/2025	$ 400.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TEENA M KOURY P.O. BOX 850 BURLINGTON, NC 27215	CO-OWNER CAROLINA HOSIERY MILLS	CAROLINA HOSIERY MILLS		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/31/2025	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 2,400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ERNEST A KOURY III PO BOX 850 BURLINGTON, NC 27216	PROPERTY MANAGEMENT	KOURY HOSIERY		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/31/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ERNRST KOURY SR PO BOX 850 BURLINGTON, NC 27216	OWNER	CAROLINA HOSIERY MILL		$ 2,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/26/2025	$ 2,500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SANGHO LEE 793 BOONE STATION DRIVE BURLINGTON, NC 27215	OWNER	LEE BROTHERS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/18/2025	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 3,100.00
5. Total of ALL CRO-1210 Pages	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM J LENNON JR 3771 POND ROAD BURLINGTON, NC 27215	CAR SALES	COX DODGE		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/21/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN H LOVE 535 W. WILLOWBROOK DRIVE BURLINGTON, NC 27215	CLERICAL	LOVE INSURANCE		$ 2,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/26/2025	$ 2,500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LARRY LOVE 1837 MORGAN HILL TRAIL BURLINGTON, NC 27217	LOVE INSURANCE - CO OWNER	NOT EMPLOYED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/10/2025	$ 75.00
☐					$
☐					$

4. Total only this Page	$ 2,825.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 (no abbreviations)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LOUIS K LUDWIG 2144 CARROLL DR ELON, NC 27244	MANAGEMENT	GLEN RAVEN MILLS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/22/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN M LYNN 1023 DOOLIN STREET BURLINGTON, NC 27215	FLIGHT ATTENDANT	NOT EMPLOYED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/15/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BILL MANESS 7561 RAYFIELD RD SNOW CAMP, NC 27349	OWNER	POTHOLES USA LLC		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/08/2025	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages [illegible]	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PHILLIP L MARTIN 3380 BASON ROAD MEBANE, NC 27302	MEBANE SHRUBBERY - FORMER OWNER	NOT EMPLOYED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/15/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEBORAH MATA PO BOX 602 ALAMANCE, NC 27201	HOUSE CLEANER	NOT EMPLOYED		$ 80.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Cash		03/16/2025	$ 80.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBIN D MAYNARD 2203 TEAL COURT BURLINGTON, NC 27215	HOME MAKER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/23/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 480.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Mailing Address	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CYNTHIA C MCINTYRE 2415 BLANCHE DRIVE BURLINGTON, NC 27215	VICE PRESIDENT	NOT EMPLOYED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/19/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ADAM MORRISON 153 CARDEN PLACE MEBANE, NC 27302	PROJECT MANAGER	TRUIST		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID MORTON 1509 CHARLEIGH COURT ELON, NC 27244	PRESIDENT	DAVE'S DISCOUNT FURNITURE		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/21/2025	$ 1,000.00
☐					$
☐					$

4. Total of only this Page	$ 1,225.00
5. Total of ALL CRO-Part Pages (Carried forward to online Detailed Summary Page CRO-SUM)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN H MOSS 2608 BARBER RD ELON, NC 27244	OWNER	WILSON TIRE PROS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/08/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LISA NICHOLS 609 TRUITT DR ELON, NC 27244	HOME MAKER	NOT EMPLOYED		$ 3,200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 3,200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PERRY E NICHOLS 509 TRUITT DR ELON, NC 27244	PART OWNER - NICHOLS DODGE	NOT EMPLOYED		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 1,800.00
☐					$
☐					$

4. Total only this Page	$ 5,250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 (include if applicable)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MICHAEL OWENS 4716 GREEN HILL RD SNOW CAMP, NC 27349	FARMER **c. Employer's Name/Specific Field** OWENS LIVESTOCK	**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
☐	A	Check		03/31/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ROGER E OWENS 8110 COBLE MILL ROAD SNOW CAMP, NC 27349	REALTOR **c. Employer's Name/Specific Field** NOT EMPLOYED	**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
☐	A	Check		02/25/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
GEORGE PAPADIS PO BOX 5142 BURLINGTON, NC 27216	OWNER/OPERATOR **c. Employer's Name/Specific Field** PANO'S GRILL	**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
☐	A	Check		04/11/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1,000.00
5. Total of ALL CRO-1210 Pages (Put the total also on line 1 of Detailed Summary Page CRO-1000)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KARON S PARKER 930 HUFFMAN LANE BURLINGTON, NC 27215	TEACHER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/14/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID PATTERSON 2879 ROB SHEPARD DR ALAMANCE, NC 27201	DENTIST	PATTERSON DENTAL		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/03/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN L PAYNE 2121 BORDEAUX DRIVE MEBANE, NC 27302	FIRE MARSHAL	ALAMANCE COUNTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/24/2025	$ 100.00
☐					$
☐					$

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)*	$ 88,880.00

Contributions from Individuals

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 Template if any)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHAD PORTERFIELD PO BOX 877 GRAHAM, NC 27253	OWNER	CHADCO BUILDERS		$ 3,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 1,000.00
☐					$
☐					$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SAM C POWELL PO BOX 2104 BURLINGTON, NC 27216	PART-OWNER	LABCORP		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/21/2025	$ 5,000.00
☐					$
☐					$

5. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DAVID L PREVATT 7515 FARWOOD RD GIBSONVILLE, NC 27249	OWNER	PREVATT HEATING AND COOLING		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 1,000.00
☐					$
☐					$

6. Total this Page	$ 7,000.00
7. Total of All CRO-1210 Pages (This Election Cycle Only)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWARD PRIOLA 747 EIGHTH ST MEBANE, NC 27302	ALAMANCE COUNTY COMMISSIONER	ALAMANCE COUNTY		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/21/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEAN RAINEY 2710 KINGSBURY CT BURLINGTON, NC 27215	LOAN OFFICER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/23/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEWEY L RAINEY P. O. BOX 371 HAW RIVER, NC 27258	PRESIDENT	SOUTHERN MICROSCOPE INC.		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/23/2025	$ 250.00
☐	A	Check		03/06/2025	$ 150.00
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Mailing Address	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL DOC REAVES 137 W. ELM ST GRAHAM, NC 27253	BAILBONDS / REALTOR	REAVES BAIL BONDS		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/10/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DENNIS P RIDDELL 6343 BEALE ROAD SNOW CAMP, NC 27349	NC HOUSE OF REPRESENTATIVES	STATE OF NC		$ 450.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBBIN J ROBERTS 1892 ELMWOOD DRIVE GRAHAM, NC 27253	ELECTRICAL / HVAC CONTRACTOR	RJR ELECTRIC HEATING & AIR		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/03/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 600.00
5. Total MAIL CRO-1210 Pages (Carry forward to Line 4 Detail Summary Page CRO-1205)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEZLEE RUTCHKA 2356 CRESCENT DRIVE GRAHAM, NC 27253	ACCOUNTING	CINTAS		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/15/2025	$ 75.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHERYL SANDFORD 1973 SHIRLEY DRIVE BURLINGTON, NC 27215	PROPERTY MANAGEMENT	AHB REALITY & PROPERTY MANAGEMENT		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/16/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CORBIN I SAPP 2906 AMHERST AVENUE BURLINGTON, NC 27215	PRESIDENT	IVARS, INC.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/21/2025	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 425.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 (include initials if applicable)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TAWYNA R SARGESON 4281 AVIEMORE RUN BURLINGTON, NC 27215	REAL ESTATE AGENT	EXP REALITY		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/01/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANITA M SARTIN 331 FOUNTAIN PLACE BURLINGTON, NC 27215	HOMEMAKER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/08/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DOUGLAS SHARPE 6122 S NC HIGHWAY 62 BURLINGTON, NC 27215-9596	OWNER	CAROLINA HOMES & AUTO		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/19/2025	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1,000.00
5. Total of ALL CRO-1210 Pages (carry the total to line 1 of Detailed Summary page CRO-1200)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN DOUGLAS SHOFFNER 4855 FRIENDSHIP PATTERSON MILL ROAD BURLINGTON, NC 27215	OWNER	CAROLINA SUPPLY		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/13/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWARD R SMALL 3036 BEAVER CREEK RD BURLINGTON, NC 27215	OWNER	BIG ROCK SPORTS		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRENDA K SMITH 3859 QUAIL RUN LANE BURLINGTON, NC 27215	SECRETARY	NOT EMPLOYED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/05/2025	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 900.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Mailing Address	2. Date Filed
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STOREY CONCRETE 2230 LACY HOLT RD GRAHAM, NC 27253				$ 0.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/19/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL STOREY 2250 LACY HOLT RD GRAHAM, NC 27253	OWNER	STOREY CONCRETE		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		04/01/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KAREN STRAWTHER 1237 PEBBLE DRIVE GRAHAM, NC 27253	MEDICAL ASSISTANT	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/23/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1,250.00
5. Total of ALL CRO-1210 Pages (This Election's Summary Page Only)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JENNIFER L TALLEY PO BOX 872 GRAHAM, NC 27253	CONSTRUCTION- OWNER	E.P. GATES CONSTRUCTION		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/17/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY E TALTON 1921 BRIAR LANE GRAHAM, NC 27253	PHARMACIST	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/05/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PENNY TEAGUE 725 ARBOR RD WINSTON SALEM, NC 27114	HOME MAKER	NOT EMPLOYED		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 5,000.00
☐					$
☐					$

4. Total only this Page	$ 5,600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 (Treasurer Last, First)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS L TEAGUE 725 ARBOR RD WINSTON SALEM, NC 27114	OWNER	SALEM LEASING		$ 6,400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2025	$ 1,400.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
AVERY THOMAS POST OFFICE BOX 1959 BULRINGTON, NC 27215	ACCOUNTANT	THOMAS CHANDLER THOMAS HINDSHAW LLP		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/08/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARLES C THOMPSON III 708 PATTON COURT HAW RIVER, NC 27258	ATTORNEY	NOT EMPLOYED		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/19/2025	$ 75.00
☐					$
☐					$

4. Total of this Page	$ 1,575.00
5. Total of ALL CRO-1210 Pages (Last page must be numbered Page 44 of 44)	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD BRUCE TICHY P.O. BOX 220 ALAMANCE, NC 27201-0220	PRESIDENT	TICHY TRAIN GROUP		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/08/2025	$ 500.00
☐	A	Check		03/25/2025	$ 500.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BYRON TUCKER 705 NORTH 9TH STREET MEBANE, NC 27302	PUBLIC INFORMATION OFFICER	ALAMANCE COUNTY		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/20/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JASON TURNER 412 BRADLEY STREET BURLINGTON, NC 27215	OWNER	ACCELERATED GRAPHICS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		04/10/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1,500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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 Name (Last Name, First Name and Middle Initial for Individuals)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM DAVID VAUGHN P.O.BOX 143 SWEPSONVILLE, NC 27359	TEACHER	NOT EMPLOYED		$ 450.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/21/2025	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TONJA C WALKER 4656 SARTIN ROAD BURLINGTON, NC 27217	BUSINESS ANALYST	AGSOUTH FARM CREDIT		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/17/2025	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WILLIAM LEE WALLACE 3518 BROOKSTONE DRIVE BURLINGTON, NC 27215	VICE PRESIDENT	BROOKS DISTRIBUTION SVC		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/07/2025	$ 75.00
☐					$
☐					$

4. Total on this Page	$ 475.00
5. Total of ALL CRO-1210 Pages (Use the totals on the last Contributor Summary Page (CRO-1211))	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOEL D WARD 1143 CHALLENGE DR GRAHAM, NC 27253	OWNER	JADCO		$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/18/2025	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROL WILLIAMSON 2802 SNUG HARBOR BURLINGTON, NC 27215	TEACHER	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		05/30/2025	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WENDY WOOLARD 5025 SOUTH HWY 54 GRAHAM, NC 27253	ADMINSTRATIVE ASSISTANT	ADAMS TOWING		$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/20/2025	$ 600.00
☐					$
☐					$

4. Total only this Page	$ 1,200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 88,880.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
BENJAMIN YORK 1720 ST MARKS CH RD BURLINGTON, NC 27215	ACCOUNTANT	
	c. Employer's Name/Specific Field	**e. Election Sum to Date**
	COBB EZEKIEL LOY & CO, P.A.	$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/25/2025	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Sum of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page, CRO-1200)	$ 88,880.00

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement ***(Please use separate CRO-1310 forms for each type of Disbursement.)***

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ALAMANCE COUNTY REPUBLICAN PARTY PO BOX 69 ALAMANCE, NC 27409		☐ Federal ☒ County: Alamance ☐ State ☐ Municipality:		$ 5,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	G	05/29/2025	$ 1,000.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ARROWHEAD GRAPHICS 508 HOUSTON ST GREESBORO, NC 27349		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,339.71

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	K	03/04/2025	$ 507.06	INVITATIONS
A	Check	K	04/02/2025	$ 832.65	LABELS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
AUTHOROCARE FOUNDATION 914 CHAPEL HILL ROAD BURLINGTON, NC 27215		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 600.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	05/21/2025	$ 300.00	GENERAL DONATION
				$	

5. Total only this Page	$ 2,639.71
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 14,752.67

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 ☐ Yes ☒ No

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

Committee Full Name (and mailing address)	ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

Type of Disbursement (Please complete ONLY the section for your type of disbursement)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

1. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BURLINGTON SHRINE CLUB PLANTATION DRIVE BURLINGTON, NC 27253	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 7,700.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	01/08/2025	$ 600.00	FUNDRAISER DONATION
A	Check	O	02/05/2025	$ 1,000.00	GENERAL DONATION

2. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
COMMITTEE TO ELECT AMY GALEY 233 DR FLOYD SCOTT LANE BURLINGTON, NC 27217	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 4,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	D	06/27/2025	$ 2,000.00	
				$	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CONGRESSMAN RICHARD HUDSON 2112 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515	c. Level Registered (Specify) ☒ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	D	02/14/2025	$ 250.00	
				$	

4. Total on this Page	$ 3,850.00
5. Total of All CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 14,752.67

Purpose Codes (for itemized expenditures on p. 3, 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 itemization in Required Remarks field (k)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement ***(Please use separate CRO-1310 forms for each type of Disbursement.)***

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DISTRICT 6, VFWNC 917 NEW BERN AVENUE RALEIGH, NC 27601	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	02/26/2025	$ 500.00	GENERAL DONATION
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TAYLOR E KIMREY 1942 SWEPSONVILLE ROAD GRAHAM, NC 27253	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 4,230.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	04/10/2025	$ 2,500.00	CAMPAIGN TUMBLERS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
RIDDELL FOR NC 6343 BEALE RD SNOW CAMP, NC 27349	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	D	06/27/2025	$ 250.00	
				$	

5. Total only this Page	$ 3,250.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 14,752.67

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 ☐ 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 Mailing Address	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement (Please Complete One Section Below for Each Type of Disbursement)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
THE BAND OF OZ 4500 RYEGATE DR RALEIGH, NC 27604	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	02/21/2025	$ 500.00	EVENT
A	Check	O	03/24/2025	$ 3,000.00	EVENT

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
UNITED STATES POST OFFICE 130 W GREENSBORO CHAPEL HILL ROAD SNOW CAMP, NC 27349	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,245.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	I	02/28/2025	$ 584.00	
A	Check	I	03/03/2025	$ 146.00	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
UNITED STATES POST OFFICE 130 W GREENSBORO CHAPEL HILL ROAD SNOW CAMP, NC 27349	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,245.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	K	04/03/2025	$ 120.00	PO BOX RENTAL
				$	

5. Total for this Page	$ 4,350.00
6. Page 4 of 5 CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 14,752.67

7. Purpose Codes (Use the most appropriate code in the list below)

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 required detailed explanation in required remarks field (k)

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement ***(Please use separate CRO-1310 forms for each type of Disbursement.)***

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WELLS FARGO SOUTH MAIN ST GRAHAM, NC 27253	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 662.96

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Draft	K	01/15/2025	$ 162.96	CHECKS
A	Draft	O	03/13/2025	$ 500.00	RETURN CHECK - AC CLOSED

5. Total only this Page	$ 662.96
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 14,752.67

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)**

Refunds/Reimbursements From the Committee

Amendment: ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name and [illegible] (if applicable)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
STOREY CONCRETE 2230 LACY HOLT RD GRAHAM, NC 27253	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date 03/19/2025
		i. Original Receipt Amount $ 500.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
		L	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
A	Check		04/01/2025	$ 500.00

4. Total this Page	$ 500.00
5. Total of all CRO-1320 Pages [illegible]	$ 500.00

6. Purpose Codes [illegible]

L - Returned to Contributor	M - Overpayment for Service	N - Exceeded Contibution Limit
P* - Reimbursement of In-Kin(	O* Other	

* Codes require [illegible] explanation in required remarks [illegible]