

Detailed Summary

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
LONG FOR SHERIFF 2026	2026 FIRST QUARTER		
Start of Election Cycle: January 1, 2025	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 13.35	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 2234.83	\$ 2889.83	
6) Contributions from Individuals (CRO-1210)	\$ 3664	\$ 7352	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$ 0	\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 5898.83	\$ 10241.83	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 5051.58	\$ 7492.23	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 40.95	\$ 82.95	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 434.83	\$ 2281.83	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 5527.36	\$ 9857.01	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 384.82	\$ 384.82	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Aggregated Contributions from Individuals

Page

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Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	DEBIT CARD		01/05/2026	\$ 26
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/05/2026	\$ 26
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/05/2026	\$ 42
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/05/226	\$ 26
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/09/2026	\$ 26
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/09/2026	\$ 26
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/09/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/09/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/09/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/09/2026	\$ 26
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/09/2026	\$ 26
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/12/2026	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/12/2026	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/20/2026	\$ 25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/20/2026	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/20/2026	\$ 25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 10
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
4. Total only this Page					\$ 614	
5. Total of ALL CRO-1205 Pages					\$ 2234.83	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page

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Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 45
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 45
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 40
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 18
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 20
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 35
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		01/20/2026	\$ 17
<input type="checkbox"/>	Remove					
4. Total only this Page					\$	480
5. Total of ALL CRO-1205 Pages					\$	2234.83
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

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Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
LONG FOR SHERIFF 2026						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 20	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 30	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 30	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 33	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 42	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 33	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 30	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		1/20/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		01/20/2026	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	DEBIT CARD		01/26/2026	\$ 20	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	DEBIT CARD		01/26/2026	\$ 25	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	DEBIT CARD		01/26/2026	\$ 10	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	DEBIT CARD		01/26/2026	\$ 30	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	DEBIT CARD		01/26/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	DEBIT CARD		01/26/2026	\$ 15	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	DEBIT CARD		01/26/2026	\$ 15	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 478	
5. Total of ALL CRO-1205 Pages					\$ 2234.83	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Aggregated Contributions from Individuals

Page

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Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBITCARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 45
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 18
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 20
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 33
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		01/26/2026	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		02/03/2026	\$ 50
<input type="checkbox"/>	Remove					
4. Total only this Page					\$ 566	
5. Total of ALL CRO-1205 Pages					\$ 2234.83	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRIANA EVANS 2127 HOLLAND AVE. BURLINGTON, NC 27217			b. Job Title/Profession SUPERVISOR		d. Comments	
			c. Employer's Name/Specific Field PHE INC.			
			e. Election Sum to Date \$ 106			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	DEBIT CARD		01/05/2026	\$ 26	
<input type="checkbox"/>	1	CASH		01/09/2026	\$ 50	
<input type="checkbox"/>	1	DEBIT CARD		01/26/2026	\$ 30	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAKI SHELTON GREEN 226 S. ELEVENTH STREET MEBANE, NC 27302			b. Job Title/Profession POET LAUREATE		d. Comments	
			c. Employer's Name/Specific Field STATE OF NORTH CAROLINA			
			e. Election Sum to Date \$ 100			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	DEBIT CARD		01/05/2026	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MIASHA TORAIN 2564 FRESHWATER., RD. HAW RIVER, NC 27258			b. Job Title/Profession HEALTH SCIENCE PROGRAM DIRECTOR		d. Comments	
			c. Employer's Name/Specific Field ALAMANCE COUNTY COLLEGE			
			e. Election Sum to Date \$ 142.63			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	DEBIT CARD		01/05/2026	\$ 26	
<input type="checkbox"/>	1	CASH		01/09/2026	\$ 50	
<input type="checkbox"/>			DRINKS/FISH FRY	01/16/2026	\$ 66.63	
4. Total only this Page					\$ 348.63	
5. Total of ALL CRO-1210 Pages					\$ 3664	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LONG FOR SHERIFF 2026							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
DANNY WALKER 5010 PILATUS WAY UNIT 214 MEBANE, NC 27302			NO JOB TITLE				
			c. Employer's Name/Specific Field				
			NOT EMPLOYED				
						e. Election Sum to Date	
						\$ 98	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CASH		01/09/2026	\$ 28		
<input type="checkbox"/>	1	CASH		01/19/2026	\$ 40		
<input type="checkbox"/>	1	CASH		01/20/2026	\$ 30		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
JOSEPH JONES 216 SOLSTICE DRIVE HAW RIVER, NC 27258			NO JOB TITLE				
			c. Employer's Name/Specific Field				
			NOT EMPLOYED				
						e. Election Sum to Date	
						\$ 120	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CASH		01/09/2026	\$ 30		
<input type="checkbox"/>	1	CASH		01/20/2026	\$ 40		
<input checked="" type="checkbox"/>	1	CASH		12/26/2025	\$ 50		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
TIFFANY LONG 4145 DICKEY MILL RD MEBANE, NC 27302			EXECUTIVE ACCOUNTANT		CANDIDATE'S SPOUSE		
			c. Employer's Name/Specific Field				
			DURHAM COUNTY				
						e. Election Sum to Date	
						\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CASH		01/09/2026	\$ 30		
<input type="checkbox"/>	1	CASH		01/20/2026	\$ 30		
<input type="checkbox"/>	1	CASH		02/03/2026	\$ 40		
4. Total only this Page						\$ 268	
5. Total of ALL CRO-1210 Pages						\$ 3664	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHANNON LONG 4145 DICKEY MILL MEBANE, NC 27302			ENTREPRENEUR		CANDIDATE	
			c. Employer's Name/Specific Field			
			BEYOND MEASURE			
					e. Election Sum to Date	
					\$ 1541	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CASH		01/09/2026		\$ 30
<input type="checkbox"/>	1	DEBIT CARD		01/10/2026		\$ 900
<input type="checkbox"/>	1	MONEY ORDR		01/15/2026		\$ 200
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302			ENTREPRENEUR		CANDIDATE	
			c. Employer's Name/Specific Field			
			BEYOND MEASURE			
					e. Election Sum to Date	
					\$ 2687.37	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	MONEY ORDR		01/15/2026		\$ 1000
<input type="checkbox"/>			OIL/FISH FRY	01/17/2026		\$ 106.37
<input type="checkbox"/>	1	CASH		01/20/2026		\$ 40
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EVA GREEN-BAYSMORE 4025 ST. CROIX LANE APT. 107 MEBANE, NC 27302			OFFICE MANAGER			
			c. Employer's Name/Specific Field			
			COMMUNITY HEALTH COALITION			
					e. Election Sum to Date	
					\$ 175	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CASH		01/09/2026		\$ 30
<input type="checkbox"/>	1	DEBIT CARD		01/26/2026		\$ 30
<input type="checkbox"/>	1	DEBIT CARD		01/26/2026		\$ 15
4. Total only this Page					\$ 2351.37	
5. Total of ALL CRO-1210 Pages					\$ 3664	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN ABRAHAM 1610 ABBERLY PLACE GRAHAM, NC 27253			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 60	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CASH		01/20/2026		\$ 60
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOANNA JONES 216 SOLSTICE DRIVE HAW RIVER, NC 27258			ACCOUNTING MANAGER II			
			c. Employer's Name/Specific Field			
			EARLY YEARS			
					e. Election Sum to Date	
					\$ 2327	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CASH		01/20/2026		\$ 15
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LEE WILSON 1019 LIPSCOMB GROVE CHURCH RD. HILLSBOROUGH, NC 27278			DRIVER			
			c. Employer's Name/Specific Field			
			LM EMPIRE			
					e. Election Sum to Date	
					\$ 60	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	DEBIT CARD		01/26/2026		\$ 60
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 135	
5. Total of ALL CRO-1210 Pages					\$ 3664	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GARRY POOLE 1827 ERIC DRIVE GRAHAM, NC 27253			DELIVERY DRIVER			
			c. Employer's Name/Specific Field			
			MCLANE COMPANY		e. Election Sum to Date	
					\$ 580	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	I	DEBIT CARD		01/26/2026	\$ 80	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CURTIS BASS 109 DRAKE DRIVE MEBANE, NC 27302			INSTRUCTOR			
			c. Employer's Name/Specific Field			
			BEYOND MEASURE BARBERING INSTITUTE		e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	I	DEBIT CARD		02/02/2026	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LA'VAR MONTREAL EUBANKS 3020 BERMUDA BAY LN. APT. 108 MEBANE, NC 27302			INSTRUCTOR			
			c. Employer's Name/Specific Field			
			BEYOND MEASURE BARBERING INSTITUTE		e. Election Sum to Date	
					\$ 240	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			FISH/FISH FRY	01/13/2026	\$ 240	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 420	
5. Total of ALL CRO-1210 Pages					\$ 3664	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID MCLEAN 306 COLLINGTON DRIVE MEBANE, NC 27302			MATERIALS HANDLER			
			c. Employer's Name/Specific Field			
			CORNING		e. Election Sum to Date	
					\$ 71	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>			FOOD SIG REVEAL	12/30/2025	\$ 45	
<input type="checkbox"/>	1	CASH		01/09/2026	\$ 26	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AUDRA WALKER 2817 ANDERSON ROAD TRAILER 3 BURLINGTON, NC 27217			PRESCHOOL TEACHER			
			c. Employer's Name/Specific Field			
			THE LITTLE SCHOOL OF HILLSBOROUGH		e. Election Sum to Date	
					\$ 55	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>			FOOD SIG REVEAL	12/30/2025	\$ 25	
<input type="checkbox"/>	1	DEBIT CARD		01/26/2026	\$ 30	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TERRIE TORAIN 214 RICHMOND ROAD MEBANE, NC 27302			PROGRAM COORDINATOR			
			c. Employer's Name/Specific Field			
			CEDAR GROVE COMMUNITY CENTER		e. Election Sum to Date	
					\$ 67.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>			FOOD SIG REVEAL	12/30/2025	\$ 52.50	
<input type="checkbox"/>	1	CASH		01/20/26	\$ 15	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 71	
5. Total of ALL CRO-1210 Pages					\$ 3664	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANTHONY PIERCE 2009 ATLAS DRIVE HAW RIVER, NC 27258			SR. MANAGER, CLINICAL MONITORING			
			c. Employer's Name/Specific Field CORNING			
					e. Election Sum to Date	
					\$ 80	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CASH		01/09/2026	\$	30
<input checked="" type="checkbox"/>	1	CASH		12/26/2025	\$	50
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SCHQUITA BATTLE 4168 NORTHROP DRIVE HAW RIVER, NC 27258			MANAGER			
			c. Employer's Name/Specific Field EARLY YEARS INC.			
					e. Election Sum to Date	
					\$ 90	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	DEBIT CARD		01/05/26	\$	25
<input type="checkbox"/>	1	DEBIT CARD		01/26/2026	\$	15
<input checked="" type="checkbox"/>	1	CASH		12/26/2026	\$	50
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	70
5. Total of ALL CRO-1210 Pages					\$	3664
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
LONG FOR SHERIFF 2026					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
CHRISTIE FARRISH 3667 NORTH NC HIGHWAY 62 BURLINGTON, NC 27217					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input type="checkbox"/> County:			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 842
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	B	01/17/2026	\$216	CAMPAIGN BUTTONS
1	CHECK	B	02/09/2026	\$428	CAMPAIGN SHIRTS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input type="checkbox"/> County:			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 5398.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	B	01/17/2026	\$1428.12	POSTCARDS & YARD SIGNS
1	DEBIT CARD	B	01/20/2026	\$960.75	YARD SIGNS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input type="checkbox"/> County:			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 5398.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	B	01/20/2026	\$434.37	6FT TABLE COVER
1	DEBIT CARD	B	01/20/2026	\$138.78	CAMPAIGN BANNERS
5. Total only this Page					\$ 3606.02
6. Total of ALL CRO-1310 Pages					\$ 5051.58
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
LONG FOR SHERIFF 2026					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 5398.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	B	02/09/2026	\$54.75	BANNER X-FRAMES
1	DEBIT CARD	B	02/09/2026	\$138.78	6X3 BANNERS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
THE SHIRT LAB LLC 1600 SILK OAKS COURT MEBANE, NC 27302					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 902.04
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	B	01/20/2026	\$902.04	CAMPAIGN SHIRTS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
TAMOUSHA JONES 616 VIRGINIA AVE BURLINGTON, NC 27217					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 200
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	O	02/08/2026	\$200	XL CHARCUTERIE FRUIT BOARD
				\$	
5. Total only this Page					\$ 1295.57
6. Total of ALL CRO-1310 Pages					\$ 5051.58
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
LONG FOR SHERIFF 2026					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
RENEGADE SQUIRREL 45 S FRENCH BROAD AVE. ASHEVILLE, NC 28801					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 149.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	K	01/27/2026	\$149.99	CAMPAIGN SOFTWARE
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 149.99
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 5051.58
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					