

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 LONG FOR SHERIFF 2026			c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO BOX 102 HAW RIVER, NC 27258			d. Date Filed 01/26/2026	
			e. Phone Number (336) 355-0668	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2026	01/01/2026	02/14/2026	JOANNA JONES	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		State/County <input checked="" type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
1				
11. Account Information		11. Account Information		
a. Financial Institution Full Name FIRST HORIZON		a. Financial Institution Full Name		
b. Purpose CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES		b. Purpose		c. Account Code
c. Account Code 1				
d. Period Begin Balance \$ 13.35				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 of Elections.				
JOANNA JONES				01/26/2026
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<u>2/26/26</u>	Employee:	<u>WLC</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	<u>2/27/26</u>	Employee:	<u>a</u>	
Date Data Entered:	_____	Employee:	_____	
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.				

RECEIVED

FEB 26 2026

ALAMANCE COUNTY
BOARD OF ELECTIONS

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	
4) Cash on Hand at Start		\$ 13.35		\$ 13.35	
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		\$ 398.17	
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

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

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	\$ 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	\$ 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	\$ 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	\$ 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)			b. Job Title/Profession		d. Comments	
BRIANA EVANS 2127 HOLLAND AVE. BURLINGTON, NC 27217			SUPERVISOR			
			c. Employer's Name/Specific Field			
			PHE INC.			
					e. Election Sum to Date	
					\$ 106	
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)			b. Job Title/Profession		d. Comments	
JAKI SHELTON GREEN 226 S. ELEVENTH STREET MEBANE, NC 27302			NC POET LAUREATE			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					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)			b. Job Title/Profession		d. Comments	
MIASHA TORAIN 2564 FRESHWATER., RD. HAW RIVER, NC 27258			HEALTH SCIENCE PROGRAM DIRECTOR			
			c. Employer's Name/Specific Field			
			ALAMANCE 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			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
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			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			UNEMPLOYED			
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	
				\$ 1146.37		
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			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					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"/>	1	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"/>	1	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

Amendment
Pg 7 of 7 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANTHONY PIERCE 2009 ATLAS DRIVE HAW RIVER, NC 27258			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 NORTHRUP 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 (include city, state, & zip) CHRISTIE FARRISH 3667 NORTH NC HIGHWAY 62 BURLINGTON, NC 27217			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments 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 (include city, state, & zip) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 4631.52
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 (include city, state, & zip) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 573.15
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 (List detailed expenditure code in (h.) above)					
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)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 193.53	
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)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 902.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	B	01/20/2026	\$902.04	CAMPAIGN SHIRTS
				\$	
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	
TAMOUSH A JONES 616 VIRGINIA AVE BURLINGTON, NC 27217					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 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 (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
LONG FOR SHERIFF 2026					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
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					\$ 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)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LONG FOR SHERIFF 2026			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 106.37
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
VEGETABLE OIL FOR FISH FRY FUNDRAISER		01/17/2026	\$ 106.37
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
LAVAR MONTREAL EUBANKS 3020 BERMUDA BAY LN. APT. 108 MEBANE, NC 27302		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 240
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
2 CASES OF FISH FOR FISH FRY FUNDRAISER		01/13/2026	\$ 240
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
APRIL MITCHELL 1008 COOKS MILL RD. MEBANE, NC 27302		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 21.83
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BREAD FOR FISH FRY FUNDRAISER		01/17/26	\$ 21.83
			\$
			\$
4. Total only this Page			\$ 368.20
5. Total of ALL CRO-1510 Pages			\$ 434.83
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

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

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