

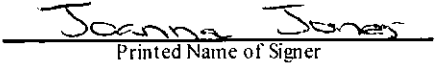
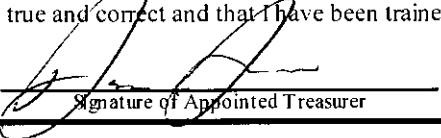
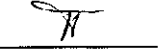
Disclosure Report Cover

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	
LONG FOR SHERIFF 2026			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO BOX 102 HAW RIVER, NC 27258		10/23/2026	
		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	07/01/2026	10/17/2026	JOANNA JONES
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign ☐ Party ☐ Joint Fundraiser ☐ PAC ☐ Referendum ☐ Legal Expense Fund		Municipal ☒ Organizational ☐ State/County ☐ Thirty-five day ☐ Quarterly ☐ Pre-primary ☐ First ☐ Pre-election ☐ Second ☐ Pre-runoff ☒ Third ☐ Semi-annual ☐ Fourth ☐ Mid Year ☐ Semi-annual ☐ Year End ☐ Mid Year ☐ Final ☐ Year End ☐ Special ☐ Final ☐ Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ "Booster Fund" ☐ Building Fund ☐ Presidential Election Year Candidates Fund ☐ NC Public Campaign Financing Fund ☐ Other:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST HORIZON			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 7,288.34		\$
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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		10/23/2026 Date	
FOR OFFICE USE ONLY			
Date Received:	10/23/26	Employee:	
Date Postmarked:		Employee:	
Date Scanned:	10/23/26	Employee:	
Date Data Entered:		Employee:	
Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ 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	
LONG FOR SHERIFF 2026		2026 Third Quarter			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 7,288.34		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,624.00		\$ 7,300.83	
6) Contributions from Individuals (CRO-1210)		\$ 27,141.22		\$ 58,286.84	
7) Contributions from Political Party Committees (CRO-1220)		\$ 2,132.48		\$ 2,132.48	
8) Contributions from Other Political Committees (CRO-1230)		\$ 200.00		\$ 200.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.28		\$ 0.28	
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)		\$ 31,097.98		\$ 67,920.43	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 29,317.85		\$ 48,771.03	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 447.13		\$ 672.61	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 25.72		\$ 25.72	
17) In-Kind Contributions (CRO-1510)		\$ 3,514.70		\$ 13,370.15	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 33,305.40		\$ 62,839.51	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,080.92		\$ 5,080.92	
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 3

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	
☐ Add ☐ Remove	1	Debit Card		07/01/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		07/02/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		08/26/2026	\$ 20.00	
☐ Add ☐ Remove	1	Debit Card		08/10/2026	\$ 45.00	
☐ Add ☐ Remove	1	Credit Card		10/07/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		07/14/2026	\$ 50.00	
☐ Add ☐ Remove	1	Debit Card		09/09/2026	\$ 50.00	
☐ Add ☐ Remove	1	Debit Card		07/01/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		07/10/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		07/10/2026	\$ 26.00	
☐ Add ☐ Remove	1	Check		10/07/2026	\$ 40.00	
☐ Add ☐ Remove	1	Debit Card		08/18/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		08/18/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		10/14/2026	\$ 10.00	
☐ Add ☐ Remove	1	Debit Card		07/15/2026	\$ 50.00	
☐ Add ☐ Remove	1	Debit Card		08/17/2026	\$ 10.00	
☐ Add ☐ Remove	1	Credit Card		10/14/2026	\$ 26.00	
☐ Add ☐ Remove	1	Credit Card		07/02/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		10/07/2026	\$ 50.00	
☐ Add ☐ Remove	1	Debit Card		09/16/2026	\$ 50.00	
☐ Add ☐ Remove	1	Credit Card		07/01/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		09/08/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		08/18/2026	\$ 26.00	
4. Total only this Page					\$ 713.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 1,624.00	

Aggregated Contributions from Individuals

Page 2 of 3

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	
☐ Add ☐ Remove	1	Debit Card		10/14/2026	\$ 50.00	
☐ Add ☐ Remove	1	Credit Card		09/08/2026	\$ 50.00	
☐ Add ☐ Remove	1	Debit Card		07/21/2026	\$ 10.00	
☐ Add ☐ Remove	1	Cash		10/14/2026	\$ 15.00	
☐ Add ☐ Remove	1	Debit Card		09/08/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		07/02/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		07/02/2026	\$ 50.00	
☐ Add ☐ Remove	1	Debit Card		08/03/2026	\$ 50.00	
☐ Add ☐ Remove	1	Check		07/16/2026	\$ 25.00	
☐ Add ☐ Remove	1	Debit Card		09/16/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		08/13/2026	\$ 50.00	
☐ Add ☐ Remove	1	Debit Card		09/08/2026	\$ 8.00	
☐ Add ☐ Remove	1	Debit Card		07/20/2026	\$ 10.00	
☐ Add ☐ Remove	1	Debit Card		08/24/2026	\$ 10.00	
☐ Add ☐ Remove	1	Debit Card		09/21/2026	\$ 10.00	
☐ Add ☐ Remove	1	Debit Card		09/10/2026	\$ 26.00	
☐ Add ☐ Remove	1	Check		09/28/2026	\$ 40.00	
☐ Add ☐ Remove	1	Debit Card		09/30/2026	\$ 25.00	
☐ Add ☐ Remove	1	Debit Card		08/31/2026	\$ 10.00	
☐ Add ☐ Remove	1	Debit Card		07/01/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		10/14/2026	\$ 26.00	
☐ Add ☐ Remove	1	Credit Card		09/16/2026	\$ 26.00	
☐ Add ☐ Remove	1	Debit Card		09/16/2026	\$ 26.00	
4. Total only this Page					\$ \$621.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ \$1,624.00	

Aggregated Contributions from Individuals

Page 3 of 3

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	
☐ Add	1	Credit Card		09/10/2026	\$ 26.00	
☐ Remove						
☐ Add	1	Debit Card		07/16/2026	\$ 50.00	
☐ Remove						
☐ Add	1	Debit Card		07/06/2026	\$ 26.00	
☐ Remove						
☐ Add	1	Credit Card		09/16/2026	\$ 10.00	
☐ Remove						
☐ Add	1	Check		07/15/2026	\$ 50.00	
☐ Remove						
☐ Add	1	Debit Card		09/24/2026	\$ 26.00	
☐ Remove						
☐ Add	1	Debit Card		10/07/2026	\$ 26.00	
☐ Remove						
☐ Add	1	Debit Card		10/05/2026	\$ 26.00	
☐ Remove						
☐ Add	1	Debit Card		09/08/2026	\$ 50.00	
☐ Remove						
4. Total only this Page					\$ 290.00	
5. Total of ALL CRO-1205 Pages					\$ 1,624.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TIWANNA ADAMS 716 VOYAGER PLACE DURHAM, NC 27712				REAL ESTATE BROKER		
				c. Employer's Name/Specific Field REAL ESTATE BY DESIGN		
				e. Election Sum to Date		
				\$ 215.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/15/2026	\$ 50.00	
☐	1	Debit Card		07/16/2026	\$ 50.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RAHEEM ALEEM 2154 W. FRONT STREET BURLINGTON, NC 27215				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 526.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/01/2026	\$ 26.00	
☐	1	Debit Card		07/01/2026	\$ 50.00	
☐	1	Debit Card		07/31/2026	\$ 50.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RAHEEM ALEEM 2154 W. FRONT STREET BURLINGTON, NC 27215				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 526.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		09/02/2026	\$ 50.00	
☐	1	Debit Card		10/02/2026	\$ 50.00	
☐					\$	
4. Total only this Page					\$ 326.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 2 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAMONA ALLEN 2711 WHITE OAK DRIVE BURLINGTON, NC 27215			PROPERTY MANAGER			
			c. Employer's Name/Specific Field			
			MULTIFAMILY SELECT, INC			
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		01/26/2026	\$ 30.00	
☐	1	Debit Card		07/15/2026	\$ 50.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DWIGHT ARTIS 1237 FEROS STREET GIBSONVILLE, NC 27249			HHI DIRECTOR			
			c. Employer's Name/Specific Field			
			RESOURCES FOR SENIORS			
					e. Election Sum to Date	
					\$ 56.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		01/26/2026	\$ 30.00	
☐	1	Debit Card		07/01/2026	\$ 26.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MYRANDA BALDWIN 1034 BROADLANDS WAY GRAHAM, NC 27253			SVP OF ACCOUNTS PAYABLE			
			c. Employer's Name/Specific Field			
			STATE EMPLOYEES CREDIT UNION			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		05/11/2026	\$ 50.00	
☐	1	Debit Card		08/19/2026	\$ 250.00	
☐					\$	
4. Total only this Page					\$ 326.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 3 of 34

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
IAN BALTUTIS 702 W DAVIS ST. BURLINGTON, NC 27215			INVENTOR			
			c. Employer's Name/Specific Field			
			THE VIBRATION SOLUTION			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Credit Card		06/25/2026	\$ 50.00	
☐	1	Debit Card		09/24/2026	\$ 50.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MAURICE BASS 2440 MILLBROOK DRIVE HAW RIVER, NC 27258			BARBER			
			c. Employer's Name/Specific Field			
			BARBERZ BEYOND MEASURE BARBERSHOP			
					e. Election Sum to Date	
					\$ 1,052.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		07/15/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SATINA BASS 109 DARKE DR MEBANE, NC 27302			SENIOR BUSINESS SYSTEMS ANALYST			
			c. Employer's Name/Specific Field			
			DUKE HEALTH			
					e. Election Sum to Date	
					\$ 1,060.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Cash		04/27/2026	\$ 10.00	
☐	1	Check		07/15/2026	\$ 500.00	
☐	1	Check		09/28/2026	\$ 550.00	
4. Total only this Page					\$ 1,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 4 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SCHQUITA BATTLE 4168 NORTHROP DRIVE HAW RIVER, NC 27258			MANAGER			
			c. Employer's Name/Specific Field			
			EARLY YEARS LLC			
					e. Election Sum to Date	
					\$ 2,425.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		08/17/2026	\$ 20.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TANYA BOLTON 1635 PALMER DR. GRAHAM, NC 27253			RISK MANAGER			
			c. Employer's Name/Specific Field			
			DUKE UNIVERSITY HOSPITAL			
					e. Election Sum to Date	
					\$ 141.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		01/26/2026	\$ 15.00	
☒	1	Debit Card		03/09/2026	\$ 26.00	
☐	1	Credit Card		07/15/2026	\$ 100.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAMELA BRADSHER 522 MISE ROAD YANCEYVILLE, NC 27379			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		09/08/2026	\$ 75.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 195.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 5 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRODERICK BRAGG 1801 LAWRENCE ROAD HILLSBOROUGH, NC 27278			STORE MANAGER			
			c. Employer's Name/Specific Field			
			AUTO ZONE			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/13/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEPHANIE BRAXTON 446 OAKLAND DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			SURSY			
					e. Election Sum to Date	
					\$ 520.25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	In-Kind	DONATED HOURS FOR EVENT SPACE	08/30/2026	\$ 520.25	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAREN BRYANT 102 WEST BROWN MEBANE, NC 27302			ADMINISTRATIVE SPECIALIST			
			c. Employer's Name/Specific Field			
			UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL			
					e. Election Sum to Date	
					\$ 56.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		03/30/2026	\$ 20.00	
☐	1	Debit Card		07/01/2026	\$ 26.00	
☐	1	Debit Card		10/07/2026	\$ 10.00	
4. Total only this Page					\$ 656.25	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 6 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATHERINE BURKHOLDER 103 WESTMINSTER COURT MEBANE, NC 27302			REALTOR			
			c. Employer's Name/Specific Field			
			DIAMOND REALTY GROUP			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		09/02/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TENESHA CARTER 3 EASTCREST COURT DURHAM, NC 27713			ASSOCIATE EXECUTIVE VICE PRESIDENT			
			c. Employer's Name/Specific Field			
			STATE EMPLOYEES CREDIT UNION			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/15/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOEL CLARK 608 PIEDMONT STREET REIDSVILLE, NC 27320			CEO			
			c. Employer's Name/Specific Field			
			I LIVE IN EXPECTATION, LLC			
					e. Election Sum to Date	
					\$ 175.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/27/2026	\$ 25.00	
☐	1	Debit Card		08/24/2026	\$ 25.00	
☐	1	Debit Card		09/28/2026	\$ 25.00	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 7 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
VANESSA COBLE 124 WEST CRESCENT SQUARE DRIVE GRAHAM, NC 27253			PRESIDENT			
			c. Employer's Name/Specific Field			
			SENIORS MEDICAL SUPPLY, INC			
					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	
☐	1	Debit Card		08/20/2026	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SCOTT CRONIN 6409 SETA DRIVE LANHAM, MD 20706			CAMPAIGN STAFFER			
			c. Employer's Name/Specific Field			
			NORTH CAROLINA DEMOCRATIC PARTY			
					e. Election Sum to Date	
					\$ 52.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		05/22/2026	\$ 26.00	
☐	1	Credit Card		07/02/2026	\$ 26.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANGELA DAVIS 632 FAIRWAY DR. MEBANE, NC 27302			OFFICE MANAGER			
			c. Employer's Name/Specific Field			
			KENYONS MEAT MARKET			
					e. Election Sum to Date	
					\$ 108.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Cash		07/16/2026	\$ 30.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 306.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 8 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
GINA DICKERSON 205 E MEMORIAL DRIVE #113 HINESVILLE, GA 31313				MOBILE SUPPORT		
				c. Employer's Name/Specific Field COHEN-ESREY		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/31/2026	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SCOTT DRORBAUGH 8055 HINSHAW SHOP RD LIBERTY, NC 27298				ATTORNEY - PROSECUTOR		
				c. Employer's Name/Specific Field STATE OF NORTH CAROLINA		
				e. Election Sum to Date		
				\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		10/02/2026	\$ 75.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LAVAR EUBANKS 3020 BERMUDA BAY LANE #108 MEBANE, NC 27302				INSTRUCTOR		
				c. Employer's Name/Specific Field BEYOND MEASURE BARBERING INSTITUTE		
				e. Election Sum to Date		
				\$ 340.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/15/2026	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 9 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
NATHANIEL EUBANKS 6111 PAYLOR ST. MEBANE, NC 27302				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 125.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Cash		01/20/2026	\$ 25.00	
☐	1	Check		07/15/2026	\$ 100.00	
☐					\$	
3. Contributor Information ☐ Add ☐ 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		
				\$ 260.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		08/18/2026	\$ 50.00	
☐	1	Debit Card		09/11/2026	\$ 52.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MAURICE EVANS 4918 DEVANE COURT HIGH POINT, NC 27265				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		08/12/2026	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,202.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 10 of 34

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) LONG FOR SHERIFF 2026					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVE EXUM 115 AVENUE OF TREES ELON, NC 27244			PHOTOGRAPHER			
			c. Employer's Name/Specific Field			
			EXUM PHOTOGRAPHY, LLC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		09/08/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GEORGE FITZPATRICK 3801 WADE COBLE DRIVE APT 504 BURLINGTON, NC 27215			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		06/10/2026	\$ 50.00	
☐	1	Credit Card		08/14/2026	\$ 50.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
REGINALD FOUNTAIN 6201 OAK VIEW COURT HILLSBOROUGH, NC 27278			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 52.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		09/16/2026	\$ 52.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 202.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 11 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RALPH FRANCE 305 SUTTON PLACE MEBANE, NC 27302				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 252.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		07/06/2026	\$ 25.00	
☐	1	Credit Card		08/05/2026	\$ 25.00	
☐	1	Credit Card		09/02/2026	\$ 25.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RALPH FRANCE 305 SUTTON PLACE MEBANE, NC 27302				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 252.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		10/06/2026	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHRIS FRYE 4437 BRICK CHURCH RD. BURLINGTON, NC 27215				OWNER		
				c. Employer's Name/Specific Field FIRST LIGHT CUSTOM BUILDERS		
				e. Election Sum to Date		
				\$ 957.49		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	In-Kind	WOOD AND SUPPLIES FOR YARD SIGNS	08/21/2026	\$ 297.10	
☐	1	In-Kind	WOOD AND SUPPLIES FOR YARD SIGNS	09/01/2026	\$ 293.91	
☐	1	In-Kind	WOOD FOR YARD SIGNS	09/21/2026	\$ 366.48	
4. Total only this Page					\$ 1,057.49	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 12 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JENNIFER ROBYN FRYE 4437 BRICK CHURCH RD. BURLINGTON, NC 27215			OFFICE MANAGER			
			c. Employer's Name/Specific Field			
			FIRST LIGHT CUSTOM BUILDERS			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		08/21/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KYLE GARCIA-MARTIN 2213 WRENN ST. BURLINGTON, NC 27215			MULTIFAMILY HOUSING MANAGER			
			c. Employer's Name/Specific Field			
			CORTLAND PARTNERS			
					e. Election Sum to Date	
					\$ 52.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		09/21/2026	\$ 26.00	
☐	1	Debit Card		10/09/2026	\$ 26.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JILL MICHELLE GERRINGER 3246 VAN DRIVE BURLINGTON, NC 27215			PHYSICAL THERAPIST			
			c. Employer's Name/Specific Field			
			AUTHORACARE COLLECTIVE			
					e. Election Sum to Date	
					\$ 175.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/13/2026	\$ 25.00	
☐	1	Draft		08/17/2026	\$ 25.00	
☐	1	Debit Card		09/14/2026	\$ 25.00	
4. Total only this Page					\$ 1,127.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 13 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TERESA GOINS 1934 GLENN STREET BURLINGTON, NC 27217			EDUCATIONAL DIAGNOSTICIAN			
			c. Employer's Name/Specific Field			
			ALAMANCE-BURLINGTON SCHOOL SYSTEM			
					e. Election Sum to Date	
					\$ 270.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/01/2026	\$ 100.00	
☐	1	Debit Card		08/17/2026	\$ 50.00	
☐	1	Debit Card		10/14/2026	\$ 50.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LISA GUNTERT 1802 INGLEWOOD DRIVE BURLINGTON, NC 27215			ANALYST			
			c. Employer's Name/Specific Field			
			VELERA			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		10/02/2026	\$ 75.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHONDA HARRELL-NICHOLS 6805 LATIGO LANE WENDELL, NC 27591			PAYROLL SPECIALIST			
			c. Employer's Name/Specific Field			
			DURHAM COUNTY			
					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	
☐	1	Debit Card		07/15/2026	\$ 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)					\$ 27,141.22	

Contributions from Individuals

Pg 14 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TONIA HERNANDEZ 320 EDGEWOOD CHURCH RD. MEBANE, NC 27302			ACCOUNTING & FINANCIAL SYSTEMS MANAGER			
			c. Employer's Name/Specific Field			
			DURHAM COUNTY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		08/05/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LARRY HOLT 206 MAE COURT CREEDMOOR, NC 27522			OWNER			
			c. Employer's Name/Specific Field			
			HOLT TREE SERVICE LLC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		07/01/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WINFIELD HOLT PO BOX 1029 CARRBORO, NC 27510			REAL ESTATE INVESTOR			
			c. Employer's Name/Specific Field			
			BBB REALTY LLC			
					e. Election Sum to Date	
					\$ 2,600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		08/11/2026	\$ 2,500.00	
☐	1	Credit Card		09/11/2026	\$ 50.00	
☐	1	Credit Card		10/09/2026	\$ 50.00	
4. Total only this Page					\$ 2,800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 15 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOANNA JONES 216 SOLSTICE DRIVE HAW RIVER, NC 27258				ACCOUNTING MANAGER II		
				c. Employer's Name/Specific Field EARLY YEARS LLC		
				e. Election Sum to Date		
				\$ 2,842.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Cash		08/21/2026	\$ 40.00	
☐	1	Cash		09/08/2026	\$ 20.00	
☐					\$	
3. Contributor Information ☐ Add ☐ 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				CONTRACT SERVICES COORDINATOR		
				c. Employer's Name/Specific Field DURHAM COUNTY		
				e. Election Sum to Date		
				\$ 318.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		10/07/2026	\$ 152.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KAITLYN JONES 1508 LITTLEJOHN LANE E BURLINGTON, NC 27217				TRIAL MASTER FILE SPECIALIST		
				c. Employer's Name/Specific Field LMK CLINICAL RESEARCH CONSULTING		
				e. Election Sum to Date		
				\$ 260.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		07/29/2026	\$ 260.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 472.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 16 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KEVIN JONES 5522 FIELD VIEW RD. MEBANE, NC 27302			DEPUTY SHERIFF			
			c. Employer's Name/Specific Field			
			ORANGE COUNTY SHERIFFS DEPUTY			
					e. Election Sum to Date	
					\$ 126.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/01/2026	\$ 26.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SEELY JONES 147 ST. LUKE'S CHURCH ROAD MEBANE, NC 27302			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 136.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		08/19/2026	\$ 110.00	
☐	1	Debit Card		09/16/2026	\$ 26.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DEBRA KAUFMAN 207 WEST HOLT STREET MEBANE, NC 27302			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			UNEMPLOYED			
					e. Election Sum to Date	
					\$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		03/09/2026	\$ 10.00	
☒	1	Debit Card		03/23/2026	\$ 5.00	
☒	1	Debit Card		04/06/2026	\$ 10.00	
4. Total only this Page					\$ 162.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 17 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DEBRA KAUFMAN 207 WEST HOLT STREET MEBANE, NC 27302				NO JOB TITLE		
				c. Employer's Name/Specific Field UNEMPLOYED		
				e. Election Sum to Date		
				\$ 85.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		05/11/2026	\$ 10.00	
☒	1	Debit Card		06/08/2026	\$ 10.00	
☐	1	Debit Card		07/06/2026	\$ 10.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DEBRA KAUFMAN 207 WEST HOLT STREET MEBANE, NC 27302				NO JOB TITLE		
				c. Employer's Name/Specific Field UNEMPLOYED		
				e. Election Sum to Date		
				\$ 85.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		08/10/2026	\$ 10.00	
☐	1	Debit Card		09/08/2026	\$ 10.00	
☐	1	Credit Card		10/13/2026	\$ 10.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BRIAN KENNEDY 654 SPANISH OAK ROAD ELON, NC 27244				CONSULTANT		
				c. Employer's Name/Specific Field KENNEDY CONSULTING		
				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	
☐	1	Credit Card		08/13/2026	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 540.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 18 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ELIZABETH KENNETT 324 W WILLOWBROOK DR BURLINGTON, NC 27215			DIRECTOR			
			c. Employer's Name/Specific Field			
			ATRIUM HEALTH			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		01/26/2026	\$ 50.00	
☐	1	Debit Card		08/27/2026	\$ 100.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARY HARLEY KRUTER 750 WEAVER DAIRY RD. APT. 1321 CHAPEL HILL, NC 27514			NO JOB TITLE			
			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	
☐	1	Debit Card		07/22/2026	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROSEMARY LEONARD BETHEA 7514 CUMMINGS DRIVE MEBANE, NC 27302			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					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	
☐	1	Check		09/11/2026	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 19 of 34

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KEON LONG 609 SOUTH BOULEVARD UNIT D OAK PARK, IL 60302				FINANCIAL ADVISOR		
				c. Employer's Name/Specific Field		
				EDWARD JONES		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/07/2026	\$ 100.00	
☐	1	Debit Card		08/19/2026	\$ 100.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
				e. Election Sum to Date		
				\$ 9,985.82		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	In-Kind	SUPPLIES FOR YARD SIGN CONSTRUCTION	08/17/2026	\$ 25.96	
☐	1	Cash		09/01/2026	\$ 45.00	
☐	1	In-Kind	SUPPLIES FOR YARD SIGN CONSTRUCTION	09/11/2026	\$ 86.34	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302 (336) 355-0668				ENTREPRENEUR		
				c. Employer's Name/Specific Field		
				BEYOND MEASURE		
				e. Election Sum to Date		
				\$ 9,985.82		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	In-Kind	WOOD AND SUPPLIES FOR YARD SIGN	09/22/2026	\$ 56.53	
☐					\$	
☐					\$	
4. Total only this Page					\$ 413.83	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 20 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SONYA LONG 3432 CASHEW DR. RALEIGH, NC 27616				ACCOUNTANT		
				c. Employer's Name/Specific Field MIND YOUR BIZNESS, LLC		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		08/06/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TIFFANY LONG 4145 DICKEY MILL RD. MEBANE, NC 27302				EXECUTIVE ACCOUNTANT		
				c. Employer's Name/Specific Field DURHAM COUNTY		
				e. Election Sum to Date		
				\$ 3,107.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		07/16/2026	\$ 300.00	
☐	1	Check		08/04/2026	\$ 100.00	
☐	1	Check		08/21/2026	\$ 350.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TIFFANY LONG 4145 DICKEY MILL RD. MEBANE, NC 27302				EXECUTIVE ACCOUNTANT		
				c. Employer's Name/Specific Field DURHAM COUNTY		
				e. Election Sum to Date		
				\$ 3,107.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		09/28/2026	\$ 625.00	
☐	1	Check		10/14/2026	\$ 500.00	
☐					\$	
4. Total only this Page					\$ 1,975.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 21 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JASON LYNCH 2104 BECKETTS RIDGE DRIVE HILLSBOROUGH, NC 27278			BARBER			
			c. Employer's Name/Specific Field			
			KLEAN KUTTS BARBERSHOP			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		07/15/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LISA MARINIS 2453 HODGES RD. BURLINGTON, NC 27217			TEACHER			
			c. Employer's Name/Specific Field			
			ALAMANCE-BURLINGTON SCHOOL SYSTEM			
					e. Election Sum to Date	
					\$ 225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/20/2026	\$ 25.00	
☐	1	Debit Card		08/17/2026	\$ 25.00	
☐	1	Debit Card		09/21/2026	\$ 25.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL MAYS 3112 RACCOON RUN DRIVE BURLINGTON, NC 27215			LIEUTENANT			
			c. Employer's Name/Specific Field			
			ALLIED UNIVERSAL SECURITY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		10/02/2026	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 22 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JACQUELINE MCINTYRE 3278 ALTAMAHAW RACE TRACK ROAD ELON, NC 27244				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		10/07/2026	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JACQUELINE MCIVER 2446 MICHELLE DR. BURLINGTON, NC 27217				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
						e. Election Sum to Date
						\$ 193.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/10/2026	\$ 26.00	
☐	1	Debit Card		07/10/2026	\$ 26.00	
☐	1	Debit Card		07/15/2026	\$ 50.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ANNE MCLANE 3018 BLACK ELK CT. BURLINGTON, NC 27215				NO JOB TITLE		
				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	
☐	1	Debit Card		10/14/2026	\$ 250.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 552.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 23 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LATASHA MEBANE 904 CANNONADE DRIVE WHITSETT, NC 27377				1ST SARGEANT		
				c. Employer's Name/Specific Field CASWELL COUNTY SHERIFFS OFFICE		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		08/25/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
APRIL MITCHELL 1008 COOK MILL RD. MEBANE, NC 27302				AP SPECIALIST		
				c. Employer's Name/Specific Field CAROL WOODS		
				e. Election Sum to Date		
				\$ 251.83		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/15/2026	\$ 100.00	
☐	1	Debit Card		09/18/2026	\$ 26.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHARNELLE MITCHELL 311 ARMISTEAD COURT BURLINGTON, NC 27217				NURSE		
				c. Employer's Name/Specific Field CENTRAL CAROLINA HOSPITAL		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/15/2026	\$ 50.00	
☐	1	Debit Card		08/13/2026	\$ 50.00	
☐	1	Debit Card		09/15/2026	\$ 50.00	
4. Total only this Page					\$ 376.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 24 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SHARNELLE MITCHELL 311 ARMISTEAD COURT BURLINGTON, NC 27217				NURSE		
				c. Employer's Name/Specific Field		
				CENTRAL CAROLINA HOSPITAL		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		10/14/2026	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JUSTIN MOODY 1924 JEFFRIES CROSS RD BURLINGTON, NC 27217				CO-OWNER		
				c. Employer's Name/Specific Field		
				GREEN LIFE WASTE SOLUTIONS, LLC		
				e. Election Sum to Date		
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		09/11/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CYRIL NESMITH 3198 CASCADE DRIVE BURLINGTON, NC 27217				TAX STRATEGIST		
				c. Employer's Name/Specific Field		
				DUALVISION, INC.		
				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	
☐	1	Credit Card		09/10/2026	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,050.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 25 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
KATHERINE A. OWRE 3844 HERITAGE DR. APT. 108 BURLINGTON, NC 27215				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		10/14/2026	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOHN ALLEN PETERSON 114 GEORGETOWN DR. ELON, NC 27244				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
						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	
☐	1	Check		10/16/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DEBORAH PETTUS 1030 FLATS AVE APT 100 MEBANE, NC 27302				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
						e. Election Sum to Date
						\$ 185.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/03/2026	\$ 100.00	
☐					\$	
☐					\$	
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)					\$ 27,141.22	

Contributions from Individuals

Pg 26 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TINA PIERCE 2009 ATLAS DRIVE HAW RIVER, NC 27258				REALTOR		
				c. Employer's Name/Specific Field ABOVE EXPECTATIONS REALTY		
				e. Election Sum to Date		
				\$ 76.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		09/16/2026	\$ 26.00	
☐	1	Debit Card		09/24/2026	\$ 50.00	
☐					\$	
3. Contributor Information ☐ Add ☐ 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		
				\$ 932.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/15/2026	\$ 300.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PHYLLIS PORTIE-ASCOTT 723 CHURCH GROVE BLVD HILLSBOROUGH, NC 27278				REAL ESTATE AGENT		
				c. Employer's Name/Specific Field PPA PROPERTIES, LLC		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		09/14/2026	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 476.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 27 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JEFF RESSIN 309 AYITO RD. SE VIENNA, VA 22180				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		09/29/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RAREKA ROCHELLE 1203 TORREY PINES CT. MEBANE, NC 27302				LOAN ADMINISTRATOR		
				c. Employer's Name/Specific Field STATE EMPLOYEES CREDIT UNION		
				e. Election Sum to Date		
				\$ 1,246.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/10/2026	\$ 52.00	
☐	1	Debit Card		10/14/2026	\$ 78.00	
☐	1	Debit Card		10/14/2026	\$ 1,051.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOEL SHAPIRO 4312 VICTORIA LANE ALEXANDRIA, VA 22304				NOT EMPLOYED		
				c. Employer's Name/Specific Field NO JOB TITLE		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/08/2026	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,381.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 28 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM SHAW 1802 INGLEWOOD DR BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			INANIMATE REASON, LLC			
					e. Election Sum to Date	
					\$ 1,361.65	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		04/20/2026	\$ 26.00	
☐	1	In-Kind	CANVASSING SUPPLIES	08/21/2026	\$ 37.10	
☐	1	Debit Card		08/24/2026	\$ 100.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM SHAW 1802 INGLEWOOD DR BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			INANIMATE REASON, LLC			
					e. Election Sum to Date	
					\$ 1,361.65	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	In-Kind	CANVASSING SUPPLIES	08/25/2026	\$ 35.22	
☐	1	In-Kind	CANVASSING SUPPLIES	09/01/2026	\$ 139.09	
☐	1	Debit Card		09/02/2026	\$ 500.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM SHAW 1802 INGLEWOOD DR BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			INANIMATE REASON, LLC			
					e. Election Sum to Date	
					\$ 1,361.65	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		10/02/2026	\$ 500.00	
☐	1	In-Kind	COPIES OF CAMPAIGN HANDOUTS	10/06/2026	\$ 17.51	
☐	1	In-Kind	COPIES OF CAMPAIGN HANDOUTS	10/17/2026	\$ 2.02	
4. Total only this Page					\$ 1,330.94	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 29 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
WILLIAM SHAW 1802 INGLEWOOD DR BURLINGTON, NC 27215				OWNER		
				c. Employer's Name/Specific Field INANIMATE REASON, LLC		
				e. Election Sum to Date		
				\$ 1,361.65		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	In-Kind	COPIES OF CAMPAIGN HANDOUTS	10/17/2026	\$ 4.71	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
AL SMITH 1010 PALACE DRIVE EFLAND, NC 27143				LAW ENFORCEMENT OFFICER		
				c. Employer's Name/Specific Field BURLINGTON POLICE DEPARTMENT		
				e. Election Sum to Date		
				\$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		08/19/2026	\$ 400.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOHN SMITH 3649 MINE CREEK RD. BURLINGTON, NC 27217				NO JOB TITLE		
				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	
☐	1	Debit Card		09/16/2026	\$ 250.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 654.71	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 30 of 34 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) LONG FOR SHERIFF 2026					2. ID Number	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARTIEZ TAYLOR PO BOX 425 BURLINGTON, NC 27216			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		09/01/2026	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANGELA THOMPSON 849 RIVERS EDGE DRIVE GRAHAM, NC 27253			OWNER			
			c. Employer's Name/Specific Field			
			THOMPSON GROUP			
					e. Election Sum to Date	
					\$ 1,156.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/15/2026	\$ 500.00	
☐	1	Check		07/28/2026	\$ 500.00	
☐	1	Check		10/07/2026	\$ 156.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARLO THOMPSON 3017 POPLAR DR. EFLAND, NC 27243			ACCOUNTING SPECIALIST			
			c. Employer's Name/Specific Field			
			DUKE UNIVERSITY			
					e. Election Sum to Date	
					\$ 78.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Debit Card		01/05/2026	\$ 26.00	
☐	1	Debit Card		09/16/2026	\$ 26.00	
☐	1	Debit Card		10/14/2026	\$ 26.00	
4. Total only this Page					\$ 1,408.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 31 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHARON THOMPSON 807 CLAUSUN DRIVE DURHAM, NC 27713			ASSISTANT DEAN OF ADMISSIONS			
			c. Employer's Name/Specific Field			
			DUKE UNIVERSITY			
					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	
☐	1	Credit Card		07/14/2026	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DORETHA TINNIN 251 CURRY ST. MEBANE, NC 27302			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 61.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☒	1	Cash		01/20/2026	\$ 25.00	
☒	1	Cash		04/21/2026	\$ 10.00	
☐	1	Debit Card		09/16/2026	\$ 26.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TERRIE TORAIN 214 RICHMOND RD. MEBANE, NC 27302			PROGRAM COORDINATOR			
			c. Employer's Name/Specific Field			
			CEDAR GROVE COMMUNITY CENTER			
					e. Election Sum to Date	
					\$ 1,267.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		07/15/2026	\$ 1,000.00	
☐	1	Check		10/14/2026	\$ 100.00	
☐					\$	
4. Total only this Page					\$ 1,376.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 32 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM TRAYNOR 5768 CHURCH RD GRAHAM, NC 27253			CONSULTANT			
			c. Employer's Name/Specific Field			
			TRUSTED SPACE PARTNERS			
					e. Election Sum to Date	
					\$ 380.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/20/2026	\$ 50.00	
☐	1	Debit Card		08/24/2026	\$ 50.00	
☐	1	Debit Card		09/21/2026	\$ 50.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATHERINE TROUTMAN 3436 COPPER TRACE DR. HAW RIVER, NC 27258			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 426.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		09/16/2026	\$ 26.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LARRY VELLANI 104 E JACKSON STREET MEBANE, NC 27302			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		08/27/2026	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 276.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 33 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ARGROW R WARREN 2200 QUAKER CREEK DRIVE APT. 2203 MEBANE, NC 27302				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		09/08/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MOLLY WHITLATCH 531 N. MAIN STREET GRAHAM, NC 27253				ATTORNEY		
				c. Employer's Name/Specific Field THE RECYCLING PARTNERSHIP, INC.		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		09/08/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DANNIE WILLIAMS 2041 BELLEMONT-ALAMACE ROAD BURLINGTON, NC 27215				NO JOB TITLE		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		10/07/2026	\$ 200.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Individuals

Pg 34 of 34 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MEDA WILLIAMS 232 BROOKSTONE WAY ANGIER, NC 27501				REAL ESTATE MANAGER		
				c. Employer's Name/Specific Field TILGHMAN & COMPANY		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Debit Card		07/07/2026	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CRYSTALLY WRIGHT 143 TARLETON AVENUE BURLINGTON, NC 27215				CHIEF FINANCIAL OFFICER		
				c. Employer's Name/Specific Field DURHAM COUNTY		
				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	
☐	1	Debit Card		07/15/2026	\$ 250.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 27,141.22	

Contributions from Political Party Committees

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LONG FOR SHERIFF 2026					
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
ALAMANCE COUNTY DEMOCRATIC PARTY PO BOX 1607 BURLINGTON, NC 27216					
				c. Election Sum to Date	
				\$ 1,632.48	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	In-Kind	PRINT MEDIA (BURLINGTON LATINO AD)	09/17/2026	\$ 36.36	
1	In-Kind	BILLBOARD	10/01/2026	\$ 592.59	
1	In-Kind	PRINT MEDIA (SLATE CARD MAILER)	10/06/2026	\$ 1,003.53	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
DEMOCRATIC WOMEN OF ALAMANCE PO BOX 1815 BURLINGTON, NC 27216					
				c. Election Sum to Date	
				\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		07/06/2026	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 2,132.48	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 2,132.48	

CRO-1220

NC State Board of Elections

April 2007

Contributions from Other Political Committees

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
LONG FOR SHERIFF 2026				
3. Contributor Information			☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
THE COMMITTEE TO ELECT DEJUANA BIGELOW 1710 HANFORD HILLS ROAD GRAHAM, NC 27253		☒ Candidate ☐ PAC		
		☐ Referendum		
		c. Level Registered (Specify)		
		☐ Federal ☐ County:		e. Election Sum to Date
		☐ State ☒ Municipality:		
		Burlington		\$ 200.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		09/11/2026	\$ 200.00
				\$
				\$
4. Total only this Page				\$ 200.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 200.00

CRO-1230

NC State Board of Elections

April 2007

Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
LONG FOR SHERIFF 2026				
3. Contributor Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
ACTBLUE 366 SUMMER ST SOMERVILLE, MA 02144		☐ Candidate ☐ PAC		
		☐ Referendum ☐ Party		
		e. Level Registered (Specify)		
		☐ Federal ☐ County: ☐ State ☐ Municipality:		
		h. Original Expenditure Date		
				i. Original Expenditure Amt
				\$ 0.28
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		WEBSITE FEE REFUND		\$ 670.58
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
1	Electric Funds Tran		08/18/2026	\$ 0.28
4. Total only this Page				\$ 0.28
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 0.28

CRO-1240

NC State Board of Elections

December 2007

Disbursements

Amendment
Pg 1 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LONG FOR SHERIFF 2026							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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) ACTBLUE 366 SUMMER ST SOMERVILLE, MA 02144				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						\$ 670.58	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Electric Funds Tran	O	08/11/2026	\$ 81.48	WEBSITE FEES		
I	Electric Funds Tran	O	08/18/2026	\$ (0.28)	WEBSITE FEES		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALTMEDIA 101 INC. 3605 WILSHIRE DRIVE GREENSBORO, NC 27408				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						\$ 2,647.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Check	O	07/20/2026	\$ 720.00	CAMPAIGN MANAGER		
I	Check	O	08/24/2026	\$ 720.00	SOFTWARE CAMPAIGN MANAGER		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALTMEDIA 101 INC. 3605 WILSHIRE DRIVE GREENSBORO, NC 27408				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						\$ 2,647.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	09/21/2026	\$ 720.00	CAMPAIGN MANAGER		
1	Debit Card	O	10/15/2026	\$ 487.44	SOFTWARE CAMPAIGN MANAGER		
5. Total only this Page						\$ 2,728.64	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 29,317.85	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 2 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LONG FOR SHERIFF 2026							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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) ARROWHEAD GRAPHICS, INC 508 HOUSTON STREET GREENSBORO, NC 27401				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 517.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Debit Card	B	07/28/2026	\$ 90.74	POSTCARDS		
I	Debit Card	B	08/24/2026	\$ 160.13	POSTCARDS		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ARROWHEAD GRAPHICS, INC 508 HOUSTON STREET GREENSBORO, NC 27401				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 517.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Debit Card	B	09/14/2026	\$ 266.88	POSTCARDS		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BENBASSAT DIGITAL CONSULTANTS 1852 BANKING STREET, 29510 GREENSBORO, NC 27408				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Debit Card	A	07/15/2026	\$ 300.00	BURLINGTON LATINO		
I	Debit Card	A	10/05/2026	\$ 100.00	QUARTER PG AD HALF PAGE AD IN MAGAZINE		

5. Total only this Page		\$ 917.75
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>		\$ 29,317.85
<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	D - To Another Candidate
I - Postage	J - Penalties	G - Political Party
O* Other		H* - Holding Public Office Expenses
		K* - Office Expenses
		Q* - Donation to Legal Expense Fund
* Codes require detailed explanation in required remarks field (k)		

Disbursements

Amendment
Pg 3 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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) TIMOTHY DAVENPORT 710 IVEY RD. APT H GRAHAM, NC 27253				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
I	Check	O	10/15/2026	\$ 150.00	EVENT ENTERTAINMENT	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELON COMMUNITY LIFE CENTER 271 N WILLIAMSON AVE ELON, NC 27244				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
I	Debit Card	O	10/13/2026	\$ 600.00	VENUE RENTAL FOR	
				\$	CAMPAIGN EVENT	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JIFFYSHIRT.COM 1000 N. WEST ST SUITE 1200 WILMINGTON, DE 19801				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 1,545.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
I	Debit Card	B	07/02/2026	\$ 197.01	CAMPAIGN SHIRTS	
I	Debit Card	B	09/03/2026	\$ 606.86	CAMPAIGN SHIRTS	
5. Total only this Page					\$ 1,553.87	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 29,317.85	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment
Pg 4 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LONG FOR SHERIFF 2026							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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) MARCOS PIZZA 1135 N CHURCH STREET BURLINGTON, NC 27217				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date	
		\$ 160.01					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	09/08/2026	\$ 160.01	FOOD FOR TEAM		
				\$	MEETING		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRIANA MIDDLETON 2711 MAGNOLIA TREE LN. DURHAM, NC 27703				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date	
		\$ 2,800.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	07/14/2026	\$ 1,400.00	EVENT ENTERTAINMENT		
1	Check	O	09/01/2026	\$ 1,400.00	EVENT ENTERTAINMENT		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date	
		\$ 30,388.72					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	07/03/2026	\$ 59.90	CAMPAIGN BUMPER		
1	Debit Card	F	07/03/2026	\$ 712.07	STICKERS CAMPAIGN POP UP TENT		
5. Total only this Page						\$ 3,731.98	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 29,317.85	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 5 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LONG FOR SHERIFF 2026							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date	
		\$ 30,388.72					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	07/03/2026	\$ 1,644.11	YARD SIGNS		
1	Debit Card	B	07/29/2026	\$ 960.75	YARD SIGNS		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date	
		\$ 30,388.72					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	08/13/2026	\$ 960.75	YARD SIGNS		
1	Debit Card	B	08/24/2026	\$ 960.75	YARD SIGNS		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date	
		\$ 30,388.72					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	09/02/2026	\$ 214.16	POSTCARDS		
1	Debit Card	B	09/14/2026	\$ 822.05	YARD SIGNS		
5. Total only this Page						\$ 5,562.57	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 29,317.85	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 6 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LONG FOR SHERIFF 2026							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 30,388.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	09/14/2026	\$ 1,921.50	YARD SIGNS		
1	Debit Card	B	09/24/2026	\$ 214.16	POSTCARDS		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 30,388.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	09/24/2026	\$ 822.05	YARD SIGNS		
1	Debit Card	B	09/24/2026	\$ 1,921.50	YARD SIGNS		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 30,388.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	10/07/2026	\$ 320.25	YARD SIGNS		
1	Debit Card	B	10/07/2026	\$ 1,921.50	YARD SIGNS		
5. Total only this Page						\$ 7,120.96	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 29,317.85	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 7 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LONG FOR SHERIFF 2026							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 30,388.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Debit Card	B	10/08/2026	\$ 1,921.50	YARD SIGNS		
I	Debit Card	B	10/14/2026	\$ 538.07	POLL HANDOUTS		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) NAACP BURLINGTON COUNTY 5368 PO BOX 1557 BURLINGTON, NC 27216				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 1,350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Check	A	09/25/2026	\$ 150.00	PRINT MEDIA		
I	Check	O	09/30/2026	\$ 1,200.00	EVENT TICKETS		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) POYTHRESS TENTS LLC 2206 WAGONER RD. GIBSONVILLE, NC 27249				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 1,591.02	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Debit Card	O	07/10/2026	\$ 1,591.02	EQUIP RENTAL FOR		
				\$	MEET & GREET EVENT		
5. Total only this Page						\$ 5,400.59	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 29,317.85	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 8 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
LONG FOR SHERIFF 2026							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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) SCALE TO WIN 455 MARKET ST. STE 1940 PMB 546116 SAN FRANCISCO, CA 94105-2448				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 106.43	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Draft	O	07/02/2026	\$ 106.43	CAMPAIGN MASS TEXT MESSAGE FEE		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRISTOPHER SMITH 216 SOLSTICE DRIVE HAW RIVER, NC 27258				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 1,720.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Check	O	07/15/2026	\$ 1,720.00	CATERER FOR MEET & GREET EVENT		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SURSY 341 S. MAIN STREET STE 100 BURLINGTON, NC 27215				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
I	Check	O	09/01/2026	\$ 300.00	VENUE RENTAL FOR MEET & GREET EVENT		
				\$			
5. Total only this Page						\$ 2,126.43	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 29,317.85	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 9 of 9 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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) TOWN OF GIBSONVILLE 129 W MAIN STREET GIBSONVILLE, NC 27249				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
				e. Election Sum to Date		
				\$		70.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	08/20/2026	\$ 70.00	FALL FESTIVAL VENDOR	
				\$	FEE	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) VOTER PHONES PO BOX 1492 ASHEVILLE, NC 28802				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		
				☐ Federal ☐ County: ☐ State ☐ Municipality:		
				e. Election Sum to Date		
				\$		194.43
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	07/20/2026	\$ 105.06	VOTER DATA PURCHASE	
				\$		
5. Total only this Page					\$ 175.06	
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> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 29,317.85	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Aggregated Non-Media Expenditures

Page 1 of 7 Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) LONG FOR SHERIFF 2026	2. ID Number
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3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/01/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/02/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/02/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/02/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/02/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/02/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/03/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/06/2026	\$ 1.05	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/06/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/07/2026	\$ 3.48	WEBSITE FEES

4. Total only this Page	\$ 32.73
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5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ 447.13
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6. Purpose Codes (List detailed expenditure code in (d) above)

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

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

Page 2 of 7

Amendment
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) LONG FOR SHERIFF 2026						2. ID Number	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/07/2026	\$ 8.36	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/08/2026	\$ 3.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/10/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/10/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/10/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/10/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/10/2026	\$ 1.92	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/13/2026	\$ 3.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/14/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/14/2026	\$ 8.36	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 3.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 3.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 3.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 3.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 8.36	WEBSITE FEES	
4. Total only this Page					\$ 63.36		
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 447.13		
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing		C* - Fundraising		D - To Another Candidate			
E - Salaries		F* - Equipment		G - Political Party			
I - Postage		J - Penalties		H* - Holding Public Office Expenses			
O* - Other		K* - Office Expenses		Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)							

Aggregated Non-Media Expenditures

Page 3 of 7

Amendment
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) LONG FOR SHERIFF 2026	2. ID Number
---	---------------------

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 8.36	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 9.98	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/15/2026	\$ 16.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/16/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/16/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/21/2026	\$ 0.56	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/22/2026	\$ 8.36	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/31/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	07/31/2026	\$ 6.73	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/05/2026	\$ 1.05	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/05/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/06/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/13/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/13/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/13/2026	\$ 16.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/14/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/17/2026	\$ 0.56	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/17/2026	\$ 0.88	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/17/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/18/2026	\$ 0.28	WEBSITE FEES

4. Total only this Page	\$ 89.70
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5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ 447.13
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6. Purpose Codes (List detailed expenditure code in (d) above)

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

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

Page 4 of 7 Amendment ☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) LONG FOR SHERIFF 2026	2. ID Number
---	---------------------

3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/18/2026	\$ 0.28	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/18/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/18/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/18/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/18/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/19/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/19/2026	\$ 3.81	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/19/2026	\$ 8.36	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/19/2026	\$ 13.23	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/20/2026	\$ 8.36	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/25/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/26/2026	\$ 0.88	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/27/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/27/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	08/31/2026	\$ 0.56	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/02/2026	\$ 1.05	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/02/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/02/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/02/2026	\$ 16.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/08/2026	\$ 1.08	WEBSITE FEES

4. Total only this Page	\$ 78.45
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5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ 447.13
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6. Purpose Codes (List detailed expenditure code in (d) above)

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* - Donations to Legal Expense Fund	O* - Other

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

Page 5 of 7

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) LONG FOR SHERIFF 2026	2. ID Number
---	---------------------

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/08/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/08/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/08/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/09/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/10/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/10/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/10/2026	\$ 16.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/11/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/11/2026	\$ 1.92	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/11/2026	\$ 16.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/14/2026	\$ 3.48	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/15/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 0.56	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.08	WEBSITE FEES

4. Total only this Page	\$ 59.02
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5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ 447.13
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6. Purpose Codes (List detailed expenditure code in (d) above)

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* - Donations to Legal Expense Fund	O* - Other

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

Page 6 of 7

Amendment
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) LONG FOR SHERIFF 2026						2. ID Number	
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 1.92	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/16/2026	\$ 8.36	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/18/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/21/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/24/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/24/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/24/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/29/2026	\$ 3.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	09/30/2026	\$ 1.05	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/02/2026	\$ 1.86	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/02/2026	\$ 2.67	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/02/2026	\$ 2.67	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/02/2026	\$ 3.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/02/2026	\$ 16.48	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/05/2026	\$ 1.08	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/06/2026	\$ 1.05	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/07/2026	\$ 0.56	WEBSITE FEES	
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/07/2026	\$ 1.08	WEBSITE FEES	
4. Total only this Page					\$ 55.64		
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 447.13		
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing		C* - Fundraising		D - To Another Candidate			
E - Salaries		F* - Equipment		G - Political Party			
I - Postage		J - Penalties		H* - Holding Public Office Expenses			
O* - Other				K* - Office Expenses			
				Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)							

Aggregated Non-Media Expenditures

Page 7 of 7

Amendment
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) LONG FOR SHERIFF 2026	2. ID Number
---	-------------------------

3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/07/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/07/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/07/2026	\$ 6.73	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/09/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/09/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 0.56	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 0.72	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 1.08	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 1.86	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 2.77	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 8.36	WEBSITE FEES
☐ Add ☐ Remove	1	Electric Funds Tran	O	10/14/2026	\$ 34.39	WEBSITE FEES

4. Total only this Page	\$ 68.23
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5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ 447.13
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6. Purpose Codes (List detailed expenditure code in (d) above)			
B* - Printing	C* - Fundraising	D - To Another Candidate	
E - Salaries	F* - Equipment	H* - Holding Public Office Expenses	
I - Postage	J - Penalties	K* - Office Expenses	
O* - Other		Q* - Donations to Legal Expense Fund	

* Codes require detailed explanation in required remarks field (g)

Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
LONG FOR SHERIFF 2026					
3. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
BARBARA DAYE 809 RAY STREET BURLINGTON, NC 27217		☐ Candidate ☐ PAC			
		☐ Referendum ☐ Party			
		e. Level Registered (Specify)		h. Original Receipt Date	
		☐ Federal ☐ County:		08/18/2026	
		☐ State ☐ Municipality:			
				i. Original Receipt Amount	
				\$ 26.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date	
NO JOB TITLE	NOT EMPLOYED	L		\$ 36.28	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
1	Debit Card		08/18/2026	\$ 25.72	
4. Total only this Page				\$ 25.72	
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 25.72	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Amendment
Pg 1 of 2 ☐ Yes ☒ No

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 ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ALAMANCE COUNTY DEMOCRATIC PARTY PO BOX 1607 BURLINGTON, NC 27216		☐ Individual ☐ Candidate ☒ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,632.48	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINT MEDIA (BURLINGTON LATINO AD)		09/17/2026	\$ 36.36
BILLBOARD		10/01/2026	\$ 592.59
PRINT MEDIA (SLATE CARD MAILER)		10/06/2026	\$ 1,003.53
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
STEPHANIE BRAXTON 446 OAKLAND DRIVE BURLINGTON, NC 27215		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 520.25	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONATED HOURS FOR EVENT SPACE		08/30/2026	\$ 520.25
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
CHRIS FRYE 4437 BRICK CHURCH RD. BURLINGTON, NC 27215		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 957.49	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WOOD AND SUPPLIES FOR YARD SIGNS		08/21/2026	\$ 297.10
WOOD AND SUPPLIES FOR YARD SIGNS		09/01/2026	\$ 293.91
WOOD FOR YARD SIGNS		09/21/2026	\$ 366.48
4. Total only this Page		\$ 3,110.22	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 3,514.70	

In-Kind Contributions

Pg 2 of 2 Amendment ☐ Yes ☒ No

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 ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302 (336) 355-0668		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 9,985.82	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUPPLIES FOR YARD SIGN CONSTRUCTION		08/17/2026	\$ 25.96
SUPPLIES FOR YARD SIGN CONSTRUCTION		09/11/2026	\$ 86.34
WOOD AND SUPPLIES FOR YARD SIGN CONSTRUCTION		09/22/2026	\$ 56.53
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
WILLIAM SHAW 1802 INGLEWOOD DR BURLINGTON, NC 27215		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,361.65	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CANVASSING SUPPLIES		08/21/2026	\$ 37.10
CANVASSING SUPPLIES		08/25/2026	\$ 35.22
CANVASSING SUPPLIES		09/01/2026	\$ 139.09
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
WILLIAM SHAW 1802 INGLEWOOD DR BURLINGTON, NC 27215		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,361.65	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
COPIES OF CAMPAIGN HANDOUTS		10/06/2026	\$ 17.51
COPIES OF CAMPAIGN HANDOUTS		10/17/2026	\$ 2.02
COPIES OF CAMPAIGN HANDOUTS		10/17/2026	\$ 4.71
4. Total only this Page		\$ 404.48	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 3,514.70	