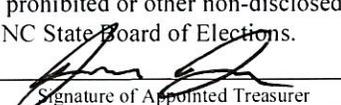


Disclosure Report Cover

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			01/20/2026	
			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	
2025	07/01/2025	12/31/2025	JOANNA JONES	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
11. Account Information		11. 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	<div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">MAR 23 2026</div>		
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 0		\$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 21A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
JOANNA JONES Printed Name of Signer		 Signature of Appointed Treasurer		03/23/2026 Date
FOR OFFICE USE ONLY				
Date Received:	<u>3/23/26</u>	Employee:	<u>A</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	<u>3/23/26</u>	Employee:	<u>T</u>	
Date Data Entered:	_____	Employee:	_____	
<p>Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>				

Detailed Summary

Amendment 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	2025 YEAR END SEMI ANNUAL		
Start of Election Cycle: January 1,	2025	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 655	\$ 655
6) Contributions from Individuals	(CRO-1210)	\$ 3688	\$ 3688
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4343	\$ 4343
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2440.65	\$ 2440.65
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 42	\$ 42
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 1847	\$ 1847
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4329.65	\$ 4329.65
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 13.35	\$ 13.35
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes

No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	DEBIT CARD		11/19/2025	\$ 25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		11/19/2025	\$ 25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		11/26/2025	\$ 20
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		11/26/2025	\$ 20
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		11/28/2025	\$ 10
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	DEBIT CARD		12/10/2025	\$ 10
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		12/16/2025	\$ 15
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		12/25/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		12/25/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		12/25/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		12/25/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		12/25/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add		IN-KIND DONATN	FOOD FOR SIG. REVEAL	12/30/2025	\$ 25
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add		IN-KIND DONATN	FOOD FOR SIG. REVEAL	12/30/2025	\$ 40
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add		IN-KIND DONATN	FOOD FOR SIG. REVEAL	12/30/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add		IN-KIND DONATN	FOOD FOR SIG. REVEAL	12/30/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add		IN-KIND DONATN	FOOD FOR SIG. REVEAL	12/30/2025	\$ 40
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add		IN-KIND DONATN	FOOD FOR SIG. REVEAL	12/30/2025	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add		IN-KIND DONATN	FOOD FOR SIG. REVEAL	12/30/2025	\$ 45
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
4. Total only this Page					\$ 655	
5. Total of ALL CRO-1205 Pages					\$ 655	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302			ENTREPRENEUR		CANDIDATE	
			c. Employer's Name/Specific Field			
			BEYOND MEASURE		e. Election Sum to Date	
				\$ 61		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CASH		11/17/25	\$ 50	
<input type="checkbox"/>	1	DEBIT CARD		11/19/25	\$ 10	
<input type="checkbox"/>	1	DEBIT CARD		12/08/25	\$ 1	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHANNON LONG 4145 DICKEY MILL RD MEBANE, NC 27302			ENTREPRENEUR		CANDIDATE	
			c. Employer's Name/Specific Field			
			BEYOND MEASURE		e. Election Sum to Date	
				\$ 411		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	MONEY ORDR		12/12/25	\$ 300	
<input type="checkbox"/>	1	CASH		12/25/25	\$ 50	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TIFFANY LONG 4145 DICKEY MILL RD MEBANE, NC 27302			EXECUTIVE ACCOUNTANT		CANDIDATE'S SPOUSE	
			c. Employer's Name/Specific Field			
			DURHAM COUNTY		e. Election Sum to Date	
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CASH		11/17/25	\$ 50	
<input type="checkbox"/>	1	CASH		12/25/25	\$ 50	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 511	
5. Total of ALL CRO-1210 Pages					\$ 3688	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
GARRY POOLE 1827 ERIC DRIVE GRAHAM, NC 27253				DELIVERY DRIVER		
				c. Employer's Name/Specific Field		
				MCLANE COMPANY		
						e. Election Sum to Date
						\$ 500
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	DEBIT CARD		11/19/2025		\$ 500
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BYRON WHITE 418 FULTON STREET BURLINGTON, NC 27217				CEO		
				c. Employer's Name/Specific Field		
				TRIANGLE COMMUNITY INTERVENTIONS		
						e. Election Sum to Date
						\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	DEBIT CARD		11/26/25		\$ 100
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
EVA GREEN-BAYSMORE 4025 ST. CROIX LANE APT 107 MEBANE, NC 27302				OFFICE MANAGER		CAMPAIGN MANAGER
				c. Employer's Name/Specific Field		
				COMMUNITY HEALTH COALITION		
						e. Election Sum to Date
						\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CASH		12/04/25		\$ 50
<input type="checkbox"/>	1	CASH		12/25/25		\$ 50
<input type="checkbox"/>						\$
4. Total only this Page						\$ 700
5. Total of ALL CRO-1210 Pages						\$ 3688
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOANNA JONES 216 SOLSTICE DRIVE HAW RIVER, NC 27258			ACCOUNTING MANAGER II			
			c. Employer's Name/Specific Field			
			EARLY YEARS, INC.			
					e. Election Sum to Date	
					\$ 2312	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CHECK		12/16/25	\$ 910	
<input type="checkbox"/>		CHECK	VENUE RENTAL	12/30/25	\$ 1312	
<input type="checkbox"/>			FOOD SIG REVEAL	12/30/25	\$ 90	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARIA JONES 1508 E. LITTLE JOHN LN. BURLINGTON, NC 27217			SENIOR OBSERVATION RESEARCH SPECIALIST			
			c. Employer's Name/Specific Field			
			PAREXEL INT.			
					e. Election Sum to Date	
					\$ 52.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			FOOD SIG REVEAL	12/30/25	\$ 52.50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
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	
					\$ 52.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			FOOD SIG REVEAL	12/30/25	\$ 52.50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2417	
5. Total of ALL CRO-1210 Pages					\$ 3688	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
LONG FOR SHERIFF 2026						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TONYA BRADSHER 2636 BERKLEY ROAD BURLINGTON, NC 27217			CERTIFIED MEDICAL ASSIST. OUTPATIENT FLOAT POOL			
			c. Employer's Name/Specific Field			
			UNC HOSPITAL			
					e. Election Sum to Date	
					\$ 60	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			FOOD SIG REVEAL	12/30/25	\$ 60	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 60	
5. Total of ALL CRO-1210 Pages					\$ 3688	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
LONG FOR SHERIFF 2026					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
CHRISTIE FARRISH 3667 NORTH NC HIGHWAY 62 BURLINGTON, NC 27217					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 198	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK	B	12/12/2025	\$90	CAMPAIGN BUTTONS
1	CHECK	B	12/22/2025	\$108	CAMPAIGN BUTTONS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$ 2,242.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	B	12/15/2025	\$960.75	YARD SIGNS
1	DEBIT CARD	B	12/29/2025	\$1281.90	YARD SIGNS & POSTERS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 2,440.65
6. Total of ALL CRO-1310 Pages					\$ 2,440.65
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	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

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
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	DRAFT	O	12/12/2025	\$ 8	CERTIFIED CHECK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	DRAFT	O	12/22/2025	\$ 8	CERTIFIED CHECK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	DRAFT	O	12/31/2025	\$ 3	PAPER STATEMENT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	DRAFT	O	11/19/25	\$ 17.45	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	DRAFT	O	11/26/25	\$ 4.96	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	DRAFT	O	11/28/25	\$.59	WEBSITE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$42	
5. Total of ALL CRO-1315 Pages					\$42	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
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)						

In-Kind Contributions

Amendment

Pg 1 of 4 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JOANNA JONES 216 SOLSTICE DRIVE HAW RIVER, NC 27258		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 1402
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL		12/30/25	\$ 90
VENUE RENTAL		12/30/25	\$ 1312
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
AUDRA WALKER 2817 ANDERSON ROAD TRAILER 3 BURLINGTON, NC 27217		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 25
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL		12/30/2025	\$ 25
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
TONYA BRADSHAR 409 GREEN STREET GRAHAM, NC 27253		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 60
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL		12/30/2025	\$ 60
			\$
			\$
4. Total only this Page			\$ 1487
5. Total of ALL CRO-1510 Pages			\$ 1847
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
LONG FOR SHERIFF 2026			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
RUDEAN PRIDE 105 CROSSCUT LANE GIBSONVILLE, NC 27249		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 40
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL		12/30/2025	\$ 40
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BONNIE CLAY 762 ASPENWOOD DR GRAHAM, NC 27253		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 50
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL		12/30/25	\$ 50
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
DONALD BATTLE 4168 NORTROP DRIVE HAW RIVER, NC 27258		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 50
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL		12/30/2025	\$ 50
			\$
			\$
4. Total only this Page			\$ 140
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 1847

In-Kind Contributions

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

1. Committee Full Name (and Fund if applicable)		2. ID Number
LONG FOR SHERIFF 2026		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor
TERRIE TORAIN 214 RICHMOND ROAD MEBANE, NC 27302		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments
		d. Election Sum to Date
		\$ 52.50
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL	12/30/2025	\$ 52.50
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor
MARIA JONES 1508 E. LITTLE JOHN LANE BURLINGTON, NC 27217		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments
		d. Election Sum to Date
		\$ 52.50
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL	12/30/2025	\$ 52.50
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor
CHRISTIE FARRISH 3667 NORTH NC HIGHWAY 62 BURLINGTON, NC 27217		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments
		d. Election Sum to Date
		\$ 40
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL	12/30/2025	\$ 40
		\$
		\$
4. Total only this Page		\$ 145
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1847

In-Kind Contributions

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1. Committee Full Name (and Fund if applicable)		2. ID Number	
LONG FOR SHERIFF 2026			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
SHOLANDA KELLY 1207 WILLOW BROOK COURT MEBANE, NC 27302		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 30
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL		12/30/2025	\$ 30
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
DAVID MCLEAN 306 COLLINGTON DRIVE MEBANE, NC 27302		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 45
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SIGNATURE REVEAL		12/30/2025	\$ 45
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 75
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 1847