

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 State/County <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> 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 Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
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		
	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 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

JOANNA JONES _____ 01/20/2026

Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date

FOR OFFICE USE ONLY

Date Received: 1/20/26	Employee: A	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: 1/20/26	Employee: A	
Date Data Entered:	Employee:	

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

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

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, 2026		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

Pg 1 of 4 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHANNON LONG 4145 DICKEY MILL RD. MEBANE, NC 27302			b. Job Title/Profession		d. Comments	
			ENTREPRENEUR			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			BEYOND MEASURE			
				\$ 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	OPEN BANK ACCNT	11/17/25	\$ 50	
<input type="checkbox"/>	1	DEBIT CARD	CAMPAIGN DONATN	11/19/25	\$ 10	
<input type="checkbox"/>	1	DEBIT CARD	CAMPAIGN DONATN	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) SHANNON LONG 4145 DICKEY MILL RD MEBANE, NC 27302			b. Job Title/Profession		d. Comments	
			ENTREPRENEUR			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			BEYOND MEASURE			
				\$ 350		
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	CAMPAIGN DONATN	12/12/25	\$ 300	
<input type="checkbox"/>	1	CASH	CAMPAIGN DONATN	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) TIFFANY LONG 4145 DICKEY MILL RD MEBANE, NC 27302			b. Job Title/Profession		d. Comments	
			EXECUTIVE ACCOUNTANT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			DURHAM COUNTY			
				\$ 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	OPEN BANK ACCNT	11/17/25	\$ 50	
<input type="checkbox"/>	1	CASH	CAMPAIGN DONATN	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

Pg 2 of 4 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GARRY POOLE 1827 ERIC DRIVE GRAHAM, NC 27253			b. Job Title/Profession		d. Comments	
			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) BYRON WHITE			b. Job Title/Profession		d. Comments	
			CEO			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	DEBIT CARD		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) EVA GREEN-BAYSMORE 4025 ST. CROIX LANE APT 107 MEBANE, NC 27302			b. Job Title/Profession		d. Comments	
			OFFICE 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

Pg 3 of 4 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOANNA JONES 216 SOLSTICE DRIVE HAW RIVER, NC 27258			b. Job Title/Profession		d. Comments	
			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) MARIA JONES 1508 E. LITTLE JOHN LN. BURLINGTON, NC 27217			b. Job Title/Profession		d. Comments	
			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) TERRIE TORAIN 214 RICHMOND RD. MEBANE, NC 27302			b. Job Title/Profession		d. Comments	
			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

Pg 4 of 4 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TONYA BRADSHER 2636 BERKLEY ROAD BURLINGTON, NC 27217			b. Job Title/Profession		d. Comments	
			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						
			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						
			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

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
LONG FOR SHERIFF 2026					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRISTIE FARRISH 3667 NORTH NC HIGHWAY 62 BURLINGTON, NC 27217			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date		
				\$ 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 (include city, state, & zip) MINUTEMAN PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date		
				\$ 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 (include city, state, & zip) 			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date		
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 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 (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)					

Page 1 of 1

☐ Yes ☒ No

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

[illegible]

S42

S42

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

December 2009

In-Kind Contributions

Pg 1 of 4 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 <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 BRADSHAW 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	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			

In-Kind Contributions

Pg 2 of 4 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) RUDEAN PRIDE 105 CROSSCUT LANE GIBSONVILLE, NC 27249		b. Type of Contributor <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
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) BONNIE CLAY 762 ASPENWOOD DR GRAHAM, NC 27253		b. Type of Contributor <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 \$ 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) DONALD BATTLE 4168 NORTHROP DRIVE HAW RIVER, NC 27258		b. Type of Contributor <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 \$ 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		\$ 1847	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			

In-Kind Contributions

Pg 3 of 4 Amendment ☐ Yes ☒ No

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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) TERRIE TORAIN 214 RICHMOND ROAD MEBANE, NC 27302		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">b. Type of Contributor</td> <td colspan="2" style="padding: 5px;">c. Comments</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <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 </td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">d. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">\$ 52.50</td> </tr> </table>		b. Type of Contributor		c. Comments		<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				\$ 52.50	
b. Type of Contributor		c. Comments																	
<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																	
		\$ 52.50																	
e. Description		f. Date (mm/dd/yyyy)																	
FOOD FOR SIGNATURE REVEAL		12/30/2025																	
		g. Fair Market Amount																	
		\$ 52.50																	
		\$																	
		\$																	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARIA JONES 1508 E. LITTLE JOHN LANE BURLINGTON, NC 27217		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">b. Type of Contributor</td> <td colspan="2" style="padding: 5px;">c. Comments</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <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 </td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">d. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">\$ 52.50</td> </tr> </table>		b. Type of Contributor		c. Comments		<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				\$ 52.50	
b. Type of Contributor		c. Comments																	
<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																	
		\$ 52.50																	
e. Description		f. Date (mm/dd/yyyy)																	
FOOD FOR SIGNATURE REVEAL		12/30/2025																	
		g. Fair Market Amount																	
		\$ 52.50																	
		\$																	
		\$																	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																			
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRISTIE FARRISH 3667 NORTH NC HIGHWAY 62 BURLINGTON, NC 27217		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">b. Type of Contributor</td> <td colspan="2" style="padding: 5px;">c. Comments</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <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 </td> <td colspan="2" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">d. Election Sum to Date</td> </tr> <tr> <td colspan="2" style="padding: 5px;"></td> <td colspan="2" style="padding: 5px;">\$</td> </tr> </table>		b. Type of Contributor		c. Comments		<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				\$	
b. Type of Contributor		c. Comments																	
<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																	
		\$																	
e. Description		f. Date (mm/dd/yyyy)																	
FOOD FOR SIGNATURE REVEAL		12/30/2025																	
		g. Fair Market Amount																	
		\$ 40																	
		\$																	
		\$																	
4. Total only this Page		\$ 145																	
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

Pg 4 of 4 Amendment ☐ Yes ☒ No

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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) LONG FOR SHERIFF 2026		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHOLANDA KELLY 1207 WILLOW BROOK COURT MEBANE, NC 27302		b. Type of Contributor <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 \$ 30
e. Description FOOD FOR SIGNATURE REVEAL		f. Date (mm/dd/yyyy) 12/30/2025	g. Fair Market Amount \$ 30
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID MCLEAN 306 COLLINGTON DRIVE MEBANE, NC 27302		b. Type of Contributor <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 \$ 45
e. Description FOOD FOR SIGNATURE REVEAL		f. Date (mm/dd/yyyy) 12/30/2025	g. Fair Market Amount \$ 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 <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	c. Comments 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 (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1847	