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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

RECEIVED
JUL 22 2026
ALAMANCE COUNTY BOARD OF ELECTIONS

b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3934 SPANISH OAK HILL ROAD SNOW CAMP, NC 27349	07/16/2026
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	02/15/2026	06/30/2026	REBEKAH W LOY

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☒ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name		b. Purpose	c. Account Code	d. Period Begin Balance
WELLS FARGO		RECEIVE AND DISBURSE FUNDS	A	$ 30,664.72

3. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
			$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Rebekah W. Loy	Rebekah W. Loy	07/16/2026
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	7/22/26	Employee:	A	☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:	7/22/26	Employee:	A	☒ Hand Delivered ☐ Electronically Filed
Date Data Entered:		Employee:		☐ 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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	2026 Second Quarter	

Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 30,664.72	$ 26,378.43
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 170.00	$ 1,700.00
6) Contributions from Individuals	*(CRO-1210)*	$ 91,400.84	$ 312,868.84
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 0.00	$ 0.00
9) Loan Proceeds	*(CRO-1410)*	$ 0.00	$ 0.00
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$ 0.00	$ 1,500.00
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)		$ 91,570.84	$ 316,068.84
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 43,449.97	$ 248,661.68
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$ 0.00	$ 10,500.00
13c) Coordinated Party Expenditures	*(CRO-1310)*	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$ 0.00	$ 0.00
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 600.00	$ 1,100.00
17) In-Kind Contributions	*(CRO-1510)*	$ 10,300.00	$ 14,300.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 54,349.97	$ 274,561.68
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 67,885.59	$ 67,885.59
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 1

Amendment ☐ Yes ☒ No

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

1. Committee Full Name and Email (if applicable)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

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	A	Cash		06/01/2026	$ 50.00
☐ Add ☐ Remove	A	Check		02/15/2026	$ 20.00
☐ Add ☐ Remove	A	Check		03/03/2026	$ 50.00
☐ Add ☐ Remove	A	Check		06/18/2026	$ 50.00

4. Total only this Page	$	$170.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$170.00

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SHELTON BROWN 1003 DOGWOOD LN GRAHAM, NC 27253	MAJOR	ALAMANCE COUNTY		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/04/2026	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JEREMY BURTON 1429 KERNODLE LANDING BURLINGTON, NC 27217	LOGISTICS - TRANSPORTATION	BURTON LOGISTICS		$ 2,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/12/2026	$ 2,500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN H BURTON 2472 FOREST LAKE DRIVE MEBANE, NC 27302	OWNER	ZACKS HOTDOGS		$ 2,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/01/2026	$ 2,500.00
☐					$
☐					$

4. Total only this Page	$ 5,250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT CHANDLER 3240 COVENTRY PL BURLINGTON, NC 27215	OWNER	CHANDLER CONCRETE COMPANY		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/15/2026	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM CHANDLER JR 2516 PINEWAY DRIVE BURLINGTON, NC 27215	CONSTRUCTION	CHANDLER CONCRETE		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/15/2026	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM CHANDLER SR 5348 NC 62 SOUTH BURLINGTON, NC 27215	OWNER	CHANDLER CONCRETE		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/15/2026	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 3,000.00
5. Total of ALL CRO-1210 Pages *(This total must be on line 6 of Detailed Summary Page CRO-1000)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOM COBLE 4357 E. GREENSBORO CHAPEL HILL RD SNOW CAMP, NC 27349	CAR SALESMAN	NOT EMPLOYED		$ 1,250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/15/2026	$ 250.00
☐	A	Check		06/16/2026	$ 1,000.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
COX ADVERTISING NC				$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	USE OF OUTDOOR ADVERTISING -	05/20/2026	$ 6,800.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TERRY D CRENSHAW PO BOX 910 BURLINGTON, NC 27216	OWNER	CAROLINA NISSAN		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		05/29/2026	$ 6,800.00
☐					$
☐					$

4. Total only this Page	$ 14,850.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES CROUCH 2529 PINEWAY DRIVE BURLINGTON, NC 27215	FINANCIAL ADVISOR	MASS MUTUAL INSURANCE		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/09/2026	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LARRY KEVIN DEAN 3671 BASON RD. MEBANE, NC 27302	FIDUCIARY	INDEPENDENT FIDUCIARY SERVICES		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/15/2026	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JERRY D DOSS 212 JOHNSTON ST. HAW RIVER, NC 27215	OWNER	DRAPERY SHOP MEBANE		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/24/2026	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 1,100.00
5. Total of ALL CRO-1210 Pages *(This line must be on last of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JACKIE FORTNER 7668 OAK FLAT LANE SNOW CAMP, NC 27349	NOT EMPLOYED	NOT EMPLOYED		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/23/2026	$ 2,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN I FORTNER 7668 OAK FLAT LANE SNOW CAMP, NC 27349	NURSE	NOT EMPLOYED		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/12/2026	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALBERT FREEMAN 1888 FAIRFIELD DR BURLINGTON, NC 27215	OWNER	FREEMAN ELECTRIC		$ 1,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		05/28/2026	$ 1,500.00
☐					$
☐					$

4. Total only this Page	$ 4,000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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 Sound if applicable)	2. ID Number
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL FRESHWATER 3612 87 S GRAHAM, NC 27253	OWNER	FRESHWATER GARAGE, LLC		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/15/2026	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ALAN E GANT 1022 W DAVIS ST BURLINGTON, NC 27215	NOT EMPLOYED	NOT EMPLOYED		$ 6,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/18/2026	$ 6,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY THOMAS GILBERT 611 NEWBERN COURT BURLINGTON, NC 27215	HOME MAKER	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/03/2026	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 6,750.00
5. Total of All CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
J. MIKE HALL 1112 CASTLE DRIVE GRAHAM, NC 27253	NOT EMPLOYED	CITY OF BURLINGTON		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/03/2026	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GARY E HARRIS 2546 BARBER ROAD ELON, NC 27244	CEO	HARRIS ASSET GROUP		$ 1,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/12/2026	$ 500.00
☐	A	Check		06/12/2026	$ 1,000.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KENNETH W HINSHAW 8502 KENLY DRIVE LIBERTY, NC 27298	RETIRED SALESMAN	PROFEET		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/15/2026	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 1,700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VICTORIA S HUNT 161 VIA PALMA PALM BEACH, FL 33480	HUNT ELECTRIC - OWNER	NOT EMPLOYED		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		05/20/2026	$ 6,800.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RECTOR SAMUEL HUNT III 161 VIA PALMA PALM BEACH, FL 33480	OWNER	HUNT ELECTRIC		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		05/20/2026	$ 6,800.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
W. DARYL INGOLD 4115 ARGYLE TRACE BURLINGTON, NC 27215	NOT EMPLOYED	NOT EMPLOYED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/10/2026	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 14,600.00
5. Total of ALL CRO-1210 Pages *(This figure must be on line 6 of Detailed Summary Page CRO-1000)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN PAISLEY CAMPAIGN FUND 1104 EAST WILLOW BROOKE BURLINGTON, NC 27215				$ 750.84

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		05/20/2026	$ 750.84
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DOUGLAS W KIMREY P.O. BOX 305 GRAHAN, NC 27253	OWNER	DOUG KIMREY & SON PLUMBING		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/02/2026	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GENE KIMREY PO BOX 2314 BURLINGTON, NC 27215	OWNER	ASSOCIATED PLUMBING		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/03/2026	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 1,500.84
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RONALD G KIRKPATRICK JR 1967 S MAIN ST GRAHAM, NC 27253	OWNER	TRIANGLE GRADING		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/09/2026	$ 5,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BRAD KOURY P.O. BOX 850 BURLINGTON, NC 27215	OWNER	CAROLINA HOSIERY MILLS		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		05/27/2026	$ 6,800.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LOUIS K LUDWIG 2144 CARROLL DR ELON, NC 27244	MANAGEMENT	GLEN RAVEN MILLS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/22/2026	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 12,050.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1210D)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUSAN M LYNN 1023 DOOLIN STREET BURLINGTON, NC 27215	FLIGHT ATTENDANT	NOT EMPLOYED		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/15/2026	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN M MALL 2278 HUFFMAN MILL RD BURLINGTON, NC 27215	REAL ESTATE	SELF EMPLOYED REALTOR		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/04/2026	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BILL MANESS PO BOX 1997 BURLINGTON, NC 27216	OWNER	POTHOLES USA LLC		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/03/2026	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PERRY E NICHOLS 509 TRUITT DR ELON, NC 27244	PART OWNER - NICHOLS DODGE	NOT EMPLOYED		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		05/29/2026	$ 6,800.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HOMER L PIKE 2065 S. NC HWY 54 GRAHAM, NC 27253	WELDER	NOT EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		03/07/2026	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWARD PRIOLA 747 SOUTH EIGHTH ST GRAHAM, NC 27253	ALAMANCE COUNTY COMMISSIONER	ALAMANCE COUNTY		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/23/2026	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 7,250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN DOUGLAS SHOFFNER 4855 FRIENDSHIP PATTERSON MILL ROAD BURLINGTON, NC 27215	OWNER	CAROLINA SUPPLY		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/04/2026	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DALE STEARNS 100 TURNBURY PLACE ELON, NC 27244	OWNER	COUNTY FORD		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/04/2026	$ 300.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS L TEAGUE PO BOX 24788 WINSTON SALEM, NC 27114	OWNER	SALEM LEASING		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	A	Check		10/13/2023	$ 5,000.00
☒	A	Check		02/24/2025	$ 1,400.00
☐	A	Check		02/22/2026	$ 400.00

4. Total only this Page	$ 950.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
THOMAS L TEAGUE PO BOX 24788 WINSTON SALEM, NC 27114	OWNER	SALEM LEASING		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/02/2026	$ 6,800.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD BRUCE TICHY P.O. BOX 220 ALAMANCE, NC 27201-0220	PRESIDENT	TICHY TRAIN GROUP		$ 1,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		02/26/2026	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JASON TURNER 412 BRADLEY STREET BURLINGTON, NC 27215	OWNER	ACCELERATED GRAPHICS		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/18/2026	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 7,550.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page - CRO-1100)*	$ 91,400.84

Contributions from Individuals

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GLENDA WALKER 4630 BLANCHARD RD. BURLINGTON, NC 27217	OWNER	WALKER FARM VENUE		$ 3,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	In-Kind	DONATION OF USE OF VENUE FOR EVENT	02/25/2026	$ 3,500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
WENDY WOOLARD 5025 SOUTH HWY 54 GRAHAM, NC 27253	ADMINSTRATIVE ASSISTANT	ADAMS TOWING		$ 6,800.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	Check		06/17/2026	$ 6,800.00
☐					$
☐					$

4. Total only this Page	$ 10,300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 91,400.84

Disbursements

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement)*

☒ 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)	b. Coordinated Committee Name	d. Comments
ACCELERATED GRAPHICS, LLC P. O. BOX 2658 BURLINGTON, NC 27216	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 11,966.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	06/17/2026	$ 11,966.41	SIGNS, HATS, ETC
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ALAMANCE COUNTY GOP PO BOX 69 ALAMANCE, NC 27201	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	06/23/2026	$ 1,000.00	DONATION
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ALAMANCE NEWS 114 WEST ELM STREET GRAHAM, NC 27253	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 629.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	A	06/30/2026	$ 629.00	ADVERTISING
				$	

5. Total only this Page	$ 13,595.41
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 43,449.97

7. Purpose Codes (List detailed expenditure code only from 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 ☐ 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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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)	b. Coordinated Committee Name	d. Comments
AUTHOROCARE FOUNDATION 914 CHAPEL HILL ROAD BURLINGTON, NC 27215	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	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
A	Check	O	06/03/2026	$ 300.00	GOLD SPONSORSHIP
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BAND OF OZ, INC PO BOX 27563 RALEIGH, NC 27611	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	03/03/2026	$ 3,000.00	ELECTION EVENT ENTERTAINMENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BAND OF OZ, INC PO BOX 27563 RALEIGH, NC 27611	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	06/15/2026	$ 500.00	CADILLAC RANCH EVENT ENTERTAINMENT
A	Check	O	06/15/2026	$ 500.00	FUNDRAISING EVENT ENTERTAINMENT - BEST

5. Total only this Page	$ 4,300.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 43,449.97

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 ☐ 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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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)	b. Coordinated Committee Name	d. Comments
BURLINGTON SHRINE CLUB PLANTATION DRIVE BURLINGTON, NC 27253	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	03/19/2026	$ 1,000.00	DONATION
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
COMMITTEE TO ELECT AMY GALEY 233 DR FLOYD SCOTT LANE BURLINGTON, NC 27217	c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	e. Election Sum to Date $ 1,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	05/08/2026	$ 1,500.00	DONATION
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CROSSROADS 1206 VAUGHN RD BURLINGTON, NC 27217	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	04/29/2026	$ 250.00	DONATION
				$	

5. Total only this Page	$ 2,750.00
6. Total of All CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 43,449.97

7. Purpose Codes (List detailed expenditure codes 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 ☐ 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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
JACKIE FORTNER 7668 OAK FLAT LANE SNOW CAMP, NC 27349		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 5,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	03/05/2026	$ 5,000.00	PUTTING OUT SIGNS,
				$	FUEL REIMB, SUPPLIES

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FREEDOM CHRISTIAN ACADEMY 2401 ERIC LANE SUITE BURLINGTON, NC 27215		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 325.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	04/15/2026	$ 325.00	GOLF SPONSORSHIP
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
GRILL 584 710 HUFFMAN MILL ROAD BURLINGTON, NC 27215		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 12,882.28

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	03/04/2026	$ 12,882.28	ELECTION EVENT - FOOD
				$	

5. Total only this Page	$ 18,207.28
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 43,449.97

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 ☐ 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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement)*

☒ 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)	b. Coordinated Committee Name	d. Comments
HURSEY'S BBQ 2496 W WEBB AVE BURLINGTON, NC 27217	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 373.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	03/04/2026	$ 373.35	ELECTION EVENT - FOOD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TERRY JOHNSON 3934 SPANISH OAK HILL ROAD SNOW CAMP, NC 27349	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 19,572.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	03/02/2026	$ 626.35	REIMBURSEMENT -
				$	DIALING SERVICES, ADS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TERRY JOHNSON 3934 SPANISH OAK HILL ROAD SNOW CAMP, NC 27349	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,471.58

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	03/06/2026	$ 1,471.58	REIMBURSEMENT FOR
				$	FB ADS, GAS

5. Total only this Page	$ 2,471.28
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 43,449.97

7. Purpose Codes (List detailed expenditure code in #4 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 ☐ 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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NEW COVENANT FELLOWSHIP CHURCH 1913 ROGERS ROAD GRAHAM, NC 27253		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	02/17/2026	$ 1,000.00	DONATION
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
UNITED STATES POST OFFICE 130 W GREENSBORO CHAPEL HILL ROAD SNOW CAMP, NC 27349		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 126.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	K	03/23/2026	$ 126.00	PO BOX RENTAL
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
US DISTRICT NC GOP JUDICIAL FUNDRAISER 2643 RAMADA RD BURLINGTON, NC 27215		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	05/08/2026	$ 1,000.00	DONATION
				$	

5. Total only this Page	$ 2,126.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 43,449.97

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)**

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
JAMES W KIRKPATRICK 530 COUNTRY CLUB DR BURLINGTON, NC 27215	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	**h. Original Receipt Date**
	☐ Federal ☐ County: ☐ State ☐ Municipality:	01/01/2026
		i. Original Receipt Amount
		$ 4,400.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
PUBLIC RELATIONS OFFICER	ELDERIDGE CONCRETE COMPANY	L	$ 0.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
A	Check		03/23/2026	$ 600.00

4. Total for This Page	$ 600.00
5. Total for All CRO-1320 Pages *(For the last page of the CRO Detail Summary Page CRO-1000)*	$ 600.00

6. Purpose Codes (Use detailed disbursement code in 3j above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kin **O* Other**

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

In-Kind Contributions

Pg 1 of 1

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
JOHNSON FOR SHERIFF ELECTION COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
COX ADVERTISING NC	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 6,800.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
USE OF OUTDOOR ADVERTISING - BILLBOARD	05/20/2026	$ 6,800.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
GLENDA WALKER 4630 BLANCHARD RD. BURLINGTON, NC 27217	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	**d. Election Sum to Date** $ 3,500.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONATION OF USE OF VENUE FOR EVENT	02/25/2026	$ 3,500.00
		$
		$

4. Total only this Page	$ 10,300.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 10,300.00