

# Disclosure Report Cover

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.

Amendment

Yes  No

<b>1. Committee Information</b>							
<b>a. Full Name</b> JOHNSON FOR SHERIFF ELECTION COMMITTEE			<b>c. ID Number</b>				
<b>b. Mailing Address (include City, State and Zip Code)</b> 3934 SPANISH OAK HILL ROAD SNOW CAMP, NC 27349			<b>d. Date Filed</b> 01/28/2026				
			<b>e. Phone Number</b>				
<b>2. Report Year</b> 2025	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2025	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2025	<b>5. Treasurer Full Name</b> REBEKAH W LOY				
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report</b> (check only one type of report from one category)					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <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		<b>State/County</b> <input 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		<b>Referendum</b> <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	
<b>7. Type of Fund</b> (if applicable, check one)						<b>10. Special Report Name</b>	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund  <input type="checkbox"/> Other:							
<b>8. Number of Fundraisers this Report</b> 0							
<b>3. Account Information</b>				<b>3. Account Information</b>			
<b>a. Financial Institution Full Name</b> WELLS FARGO		<b>a. Financial Institution Full Name</b>					
<b>b. Purpose</b> RECEIVE AND DISBURSE FUNDS	<b>c. Account Code</b> A	<b>b. Purpose</b>	<b>c. Account Code</b>				
	<b>d. Period Begin Balance</b> \$ 98,046.44					<b>d. Period Begin Balance</b> \$	
<b>CERTIFICATION</b> 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							
<u>Rebekah W. Loy</u> Printed Name of Signer		<u>Rebekah W. Loy</u> Signature of Appointed Treasurer				01/28/2026 Date	
<b>FOR OFFICE USE ONLY</b>							
Date Received:	<u>1/29/24</u>	Employee:	<u>CH</u>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed			
Date Postmarked:		Employee:					
Date Scanned:	<u>2/6/24</u>	Employee:	<u>AT</u>				
Date Data Entered:		Employee:		<input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> 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	2025 Year End Semi-Annual	
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>
4) Cash on Hand at Start		\$ 98,046.44
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 10,000.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 10,000.00
		\$ 168,553.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 42,490.41
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00
18) <b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 43,490.41
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 64,556.03
		\$ 64,556.03
<b>ADDITIONAL INFORMATION</b>		
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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

# Contributions from Individuals

Pg 1 of 5  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																				
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>JANICE R BEATY P.O. BOX 35 HAZELWOOD, NC 28738</td> <td>SALES</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>THE SHERIFFS AND POLICEMENS JOURNAL AND CALENDAR</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 1,000.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	JANICE R BEATY P.O. BOX 35 HAZELWOOD, NC 28738	SALES			c. Employer's Name/Specific Field			THE SHERIFFS AND POLICEMENS JOURNAL AND CALENDAR	e. Election Sum to Date			\$ 1,000.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
JANICE R BEATY P.O. BOX 35 HAZELWOOD, NC 28738	SALES																			
	c. Employer's Name/Specific Field																			
	THE SHERIFFS AND POLICEMENS JOURNAL AND CALENDAR	e. Election Sum to Date																		
		\$ 1,000.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	A	Check		09/01/2025	\$ 500.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>WILLIAM BURNS 600 BUNKER DRIVE MEBANE, NC 17302</td> <td>SENIOR EXECUTIVE - DEPT OF EDUCATION</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>NOT EMPLOYED</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 750.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	WILLIAM BURNS 600 BUNKER DRIVE MEBANE, NC 17302	SENIOR EXECUTIVE - DEPT OF EDUCATION			c. Employer's Name/Specific Field			NOT EMPLOYED	e. Election Sum to Date			\$ 750.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
WILLIAM BURNS 600 BUNKER DRIVE MEBANE, NC 17302	SENIOR EXECUTIVE - DEPT OF EDUCATION																			
	c. Employer's Name/Specific Field																			
	NOT EMPLOYED	e. Election Sum to Date																		
		\$ 750.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	A	Check		12/16/2025	\$ 500.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>BRENDA L COBLE 5733 FOSTER STORE RD LIBERTY, NC 27298</td> <td>OWNER - COBLE SANDROCK</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>NOT EMPLOYED</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 1,150.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	BRENDA L COBLE 5733 FOSTER STORE RD LIBERTY, NC 27298	OWNER - COBLE SANDROCK			c. Employer's Name/Specific Field			NOT EMPLOYED	e. Election Sum to Date			\$ 1,150.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
BRENDA L COBLE 5733 FOSTER STORE RD LIBERTY, NC 27298	OWNER - COBLE SANDROCK																			
	c. Employer's Name/Specific Field																			
	NOT EMPLOYED	e. Election Sum to Date																		
		\$ 1,150.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	A	Check		10/14/2025	\$ 1,000.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
<b>4. Total only this Page</b> \$ 2,000.00																				
<b>5. Total of ALL CRO-1210 Pages</b> \$ 10,000.00 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																				

# Contributions from Individuals

Pg 2 of 5  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>
JOHNSON FOR SHERIFF ELECTION COMMITTEE		

<b>3. Contributor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  KENNETH W HINSHAW 8502 KENLY DRIVE LIBERTY, NC 27298		<b>b. Job Title/Profession</b> RETIRED SALESMAN
		<b>c. Employer's Name/Specific Field</b> PROFEET
		<b>e. Election Sum to Date</b> \$ 100.00

<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/03/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  DWAYNE M JANEY 2572 RUSSELL MCPHERSON RD BURLINGTON, NC 27215		<b>b. Job Title/Profession</b> SECURITY
		<b>c. Employer's Name/Specific Field</b> ALAMANCE COUNTY SHERIFF
		<b>e. Election Sum to Date</b> \$ 100.00

<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		11/10/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  DOUGLAS W KIMREY P.O. BOX 305 GRAHAN, NC 27253		<b>b. Job Title/Profession</b> OWNER
		<b>c. Employer's Name/Specific Field</b> DOUG KIMREY & SON PLUMBING
		<b>e. Election Sum to Date</b> \$ 700.00

<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		12/11/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 300.00
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<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 10,000.00
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# Contributions from Individuals

Pg 3 of 5  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
JOHNSON FOR SHERIFF ELECTION COMMITTEE					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ELIZABETH C KIRKPATRICK 235 OLDE QUARRY RD GRAHAM, NC 27253			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			CONTROLLER		
			<b>c. Employer's Name/Specific Field</b>		
			TRIAD PAVING AND GRADING		
<b>e. Election Sum to Date</b> \$ 1,600.00					
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		12/17/2025	\$ 1,600.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  RONALD G KIRKPATRICK JR 1967 S MAIN ST GRAHAM, NC 27253			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			OWNER		
			<b>c. Employer's Name/Specific Field</b>		
			TRIANGLE GRADING		
<b>e. Election Sum to Date</b> \$ 6,800.00					
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		12/17/2025	\$ 3,400.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BILL MANESS 7561 RAYFIELD RD SNOW CAMP, NC 27349			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			OWNER		
			<b>c. Employer's Name/Specific Field</b>		
			POTHOLE USA LLC		
<b>e. Election Sum to Date</b> \$ 250.00					
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Cash		10/22/2025	\$ 50.00
<input type="checkbox"/>	A	Cash		10/22/2025	\$ 50.00
<input type="checkbox"/>					\$
<b>4. Total only this Page</b> \$ 5,100.00					
<b>5. Total of ALL CRO-1210 Pages</b> \$ 10,000.00 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

# Contributions from Individuals

Pg 4 of 5  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> JOHNSON FOR SHERIFF ELECTION COMMITTEE				<b>2. ID Number</b>										
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  DAVID PATTERSON 2879 ROB SHEPARD DR ALAMANCE, NC 27201</td> <td><b>b. Job Title/Profession</b>  DENTIST</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b>  PATTERSON DENTAL</td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b>  \$ 450.00</td> </tr> </table>						<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  DAVID PATTERSON 2879 ROB SHEPARD DR ALAMANCE, NC 27201	<b>b. Job Title/Profession</b>  DENTIST	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b>  PATTERSON DENTAL				<b>e. Election Sum to Date</b>  \$ 450.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  DAVID PATTERSON 2879 ROB SHEPARD DR ALAMANCE, NC 27201	<b>b. Job Title/Profession</b>  DENTIST	<b>d. Comments</b>												
	<b>c. Employer's Name/Specific Field</b>  PATTERSON DENTAL													
		<b>e. Election Sum to Date</b>  \$ 450.00												
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>									
<input type="checkbox"/>	A	Check		10/08/2025	\$ 200.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BECKY POPE 1304 DURHAM STREET BURLINGTON, NC 27217</td> <td><b>b. Job Title/Profession</b>  HOMEMAKER</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED</td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b>  \$ 500.00</td> </tr> </table>						<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BECKY POPE 1304 DURHAM STREET BURLINGTON, NC 27217	<b>b. Job Title/Profession</b>  HOMEMAKER	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED				<b>e. Election Sum to Date</b>  \$ 500.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BECKY POPE 1304 DURHAM STREET BURLINGTON, NC 27217	<b>b. Job Title/Profession</b>  HOMEMAKER	<b>d. Comments</b>												
	<b>c. Employer's Name/Specific Field</b>  NOT EMPLOYED													
		<b>e. Election Sum to Date</b>  \$ 500.00												
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>									
<input type="checkbox"/>	A	Check		12/08/2025	\$ 500.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  EDWARD PRIOLA 747 SOUTH EIGHTH ST GRAHAM, NC 27253</td> <td><b>b. Job Title/Profession</b>  ALAMANCE COUNTY COMMISSIONER</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b>  ALAMANCE COUNTY</td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b>  \$ 350.00</td> </tr> </table>						<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  EDWARD PRIOLA 747 SOUTH EIGHTH ST GRAHAM, NC 27253	<b>b. Job Title/Profession</b>  ALAMANCE COUNTY COMMISSIONER	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b>  ALAMANCE COUNTY				<b>e. Election Sum to Date</b>  \$ 350.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  EDWARD PRIOLA 747 SOUTH EIGHTH ST GRAHAM, NC 27253	<b>b. Job Title/Profession</b>  ALAMANCE COUNTY COMMISSIONER	<b>d. Comments</b>												
	<b>c. Employer's Name/Specific Field</b>  ALAMANCE COUNTY													
		<b>e. Election Sum to Date</b>  \$ 350.00												
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>									
<input type="checkbox"/>	A	Check		12/16/2025	\$ 200.00									
<input type="checkbox"/>					\$									
<input type="checkbox"/>					\$									
<b>4. Total only this Page</b> \$ 900.00														
<b>5. Total of ALL CRO-1210 Pages</b> \$ 10,000.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)														

# Contributions from Individuals

Pg 5 of 5  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> JOHNSON FOR SHERIFF ELECTION COMMITTEE					<b>2. ID Number</b>
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BYNUM D SHARPE SR 2432 NORTH CHURCH STREET BURLINGTON, NC 27217			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			OWNER		
			<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>	
			DOUG SHARPE'S CAROLINA HOMES OF BURLINGTON	\$ 2,500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		12/04/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  STEPHEN DOUGLAS SHOFFNER 4855 FRIENDSHIP PATTERSON MILL ROAD BURLINGTON, NC 27215			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			OWNER		
			<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>	
			CAROLINA SUPPLY	\$ 750.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		12/18/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JENNIFER L TALLEY PO BOX 872 GRAHAM, NC 27253			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			CONSTRUCTION- OWNER		
			<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>	
			E.P. GATES CONSTRUCTION	\$ 1,200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	A	Check		10/15/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 1,700.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 10,000.00

# Disbursements

Amendment

Pg 1 of 1  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
JOHNSON FOR SHERIFF ELECTION COMMITTEE					
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) TED BUDD FOR SENATE PO BOX 97127 RALEIGH, NC 27624	b. Coordinated Committee Name		d. Comments		
	c. Level Registered (Specify)				
	<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date  \$ 1,000.00		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
A	Check	O	08/25/2025	\$ 1,000.00	DONATION
				\$	
<b>5. Total only this Page</b>				\$ 1,000.00	
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 1,000.00	
<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>					
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

## Disbursements

### Amendment

Pg 1 of 9  Yes  No

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

1. Committee Full Name (and Fund if applicable) JOHNSON FOR SHERIFF ELECTION COMMITTEE					2. ID Number
3. Type of Disbursement: (Please use separate CRO-1310 forms for each type of Disbursement.)					
<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)		b. Coordinated Committee Name		d. Comments	
ACCELERATED GRAPHICS, LLC P. O. BOX 2658 BURLINGTON, NC 27216					
		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	
				\$ 24,120.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	K	09/29/2025	\$ 5,330.00	PROMOTIONAL ITEMS
A	Check	O	12/09/2025	\$ 2,356.88	SIGNS
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	
ALAMANCE COUNTY BOARD OF ELECTIONS 115 SOUTH MAPLE ST GRAHAM, NC 27253					
		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	
				\$ 1,305.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	O	12/01/2025	\$ 1,305.94	CAMPAIGN FILING FEE
				\$	
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	
ALAMANCE COUNTY GOP PO BOX 69 ALAMANCE, NC 27201					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> 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	10/09/2025	\$ 1,000.00	DONATION
				\$	
5. Total only this Page					\$ 9,992.82
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)					\$ 42,490.41
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Amendment

Pg 2 of 9  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
JOHNSON FOR SHERIFF ELECTION COMMITTEE					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name   c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
ALAMANCE GLASS 202 ALAMANCE ROAD BURLINTON, NC 27215		d. Comments   e. Election Sum to Date \$ 750.00			
f. Account Code <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b>					
A	Check	O	08/13/2025	\$ 250.00	GOLF TOURNAMENT
				\$	HOLE SPONSOR
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> 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	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 501.00	
f. Account Code <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b>					
A	Check	A	11/03/2025	\$ 126.00	ADVERTISING
A	Check	A	12/12/2025	\$ 375.00	ADVERTISING
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> 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	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,855.00	
f. Account Code <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b>					
A	Check	A	10/08/2025	\$ 299.00	ADVERTISING
A	Check	A	12/10/2025	\$ 958.00	ADVERTISING
<b>5. Total only this Page</b>					\$ 2,008.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 42,490.41
(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)					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Amendment

Pg 3 of 9  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
JOHNSON FOR SHERIFF ELECTION COMMITTEE					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name			
		c. Level Registered (Specify)			
ALCO VETS 7 SE COURT SQUARE #101 GRAHAM, NC 27253		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		e. Election Sum to Date \$ 1,440.00			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>		
A	Check	O	10/09/2025		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name			
		c. Level Registered (Specify)			
AMRAN SHRINE CENTER 11101 CREEDMOR RD RALEIGH, NC 27613		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		e. Election Sum to Date \$ 500.00			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>		
A	Check	O	08/13/2025		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name			
		c. Level Registered (Specify)			
ARROWHEAD GRAPHICS 508 HOUSTON ST GREESBORO, NC 27349		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		e. Election Sum to Date \$ 8,917.30			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>		
A	Check	K	11/12/2025		
A	Check	K	12/03/2025		
<b>5. Total only this Page</b>				\$ 2,248.71	
<b>6. Total of ALL CRO-1310 Pages</b> <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>				\$ 42,490.41	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Amendment

Pg 4 of 9  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
JOHNSON FOR SHERIFF ELECTION COMMITTEE					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ARROWHEAD GRAPHICS 508 HOUSTON ST GREESBORO, NC 27349		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 \$ 8,917.30			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	K	12/19/2025	\$ 7,268.88	POSTCARDS
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BAND OF OZ, INC PO BOX 27563 RALEIGH, NC 27611		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 \$ 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	12/10/2025	\$ 500.00	EVENT ENTERTAINMENT
				\$	DEPOSIT
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BURLINGTON SHRINE CLUB PLANTATION DRIVE BURLINGTON, 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 \$ 9,200.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	A	10/03/2025	\$ 500.00	ADVERTISING
A	Check	O	10/07/2025	\$ 1,000.00	DONATION
<b>5. Total only this Page</b>					\$ 9,268.88
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 42,490.41
(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)					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Amendment

Pg 5 of 9  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> JOHNSON FOR SHERIFF ELECTION COMMITTEE				<b>2. ID Number</b>																																		
<b>3. Type of Disbursement</b> <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																																						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td rowspan="3">COMMITTEE TO ELECT KELLY ALLEN NC</td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input checked="" type="checkbox"/> County:</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="3">\$ 500.00</td> </tr> <tr> <td colspan="6"></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments								COMMITTEE TO ELECT KELLY ALLEN NC	c. Level Registered (Specify)		e. Election Sum to Date			<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:				<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	\$ 500.00								
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments																																			
COMMITTEE TO ELECT KELLY ALLEN NC	c. Level Registered (Specify)		e. Election Sum to Date																																			
	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:																																				
	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	\$ 500.00																																			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																																	
A	Check	O	09/29/2025	\$ 500.00	DONATION																																	
				\$																																		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td rowspan="3">CRIME STOPPERS 267 WEST FRONT STREET BURLINGTON, NC 27217</td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="3">\$ 500.00</td> </tr> <tr> <td colspan="6"></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments								CRIME STOPPERS 267 WEST FRONT STREET 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:	\$ 500.00								
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments																																			
CRIME STOPPERS 267 WEST FRONT STREET 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:	\$ 500.00																																			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																																	
A	Check	A	09/29/2025	\$ 500.00	ADVERTISING																																	
				\$																																		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td colspan="3"></td> </tr> <tr> <td rowspan="3">DIAMOND LEGACY BASEBALL 9032 WHITHOUSE COURT SNOW CAMP, NC 27349</td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td colspan="3"></td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="3">\$ 300.00</td> </tr> <tr> <td colspan="6"></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments								DIAMOND LEGACY BASEBALL 9032 WHITHOUSE COURT SNOW CAMP, NC 27349	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:	\$ 300.00								
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments																																			
DIAMOND LEGACY BASEBALL 9032 WHITHOUSE COURT SNOW CAMP, NC 27349	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:	\$ 300.00																																			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																																	
A	Check	O	08/22/2025	\$ 300.00	DONATION - BASEBALL																																	
				\$	PROGRAM SPONSOR																																	
<b>5. Total only this Page</b> \$ 1,300.00																																						
<b>6. Total of ALL CRO-1310 Pages</b>																																						
<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>																																						
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<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)																																						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																																			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses																																			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																																			
O* Other																																						
* Codes require detailed explanation in required remarks field (k)																																						

# Disbursements

Amendment

Pg 6 of 9  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
JOHNSON FOR SHERIFF ELECTION COMMITTEE			
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name      c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments      e. Election Sum to Date     \$ 4,300.00	
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove A Check O 12/01/2025 \$ 4,300.00 PUTTING OUT  \$ CAMPAIGN SIGNS			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name      c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments      e. Election Sum to Date     \$ 8,525.00	
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove A Check A 11/06/2025 \$ 8,525.00 BILLBOARD  \$ ADVERTISING			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name      c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments      e. Election Sum to Date     \$ 1,500.00	
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove A Check O 07/11/2025 \$ 1,500.00 DONATION  \$			
<b>5. Total only this Page</b> \$ 14,325.00			
<b>6. Total of ALL CRO-1310 Pages</b> (\$This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 42,490.41 (\$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)			
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		C* - Fundraising	
		G - Political Party	
		K* - Office Expenses	
		D - To Another Candidate	
		H* - Holding Public Office Expenses	
		Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)			

# Disbursements

Amendment

Pg 7 of 9  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
JOHNSON FOR SHERIFF ELECTION COMMITTEE					
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <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:			
SILK HOPE RURITAN CLUB 4221 SILK HOPE RD SILER CITY, NC 27344		e. Election Sum to Date \$ 1,000.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
A	Check	O	07/09/2025		
			\$		
<b>4. Payee Information</b> <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:			
SOUTHERN ALAMANCE HIGH SCHOOL BOOSTERS 631 SOUTHERN HIGH SCHOOL ROAD GRAHAM, NC 27253		e. Election Sum to Date \$ 1,820.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
A	Check	A	10/01/2025		
			\$		
<b>4. Payee Information</b> <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:			
SPRINGDALE AME CHURCH 5554 SOUTH NC 62 HIGHWAY BURLINGTON, NC 27215		e. Election Sum to Date \$ 1,225.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
A	Check	O	07/09/2025		
			\$		
<b>5. Total only this Page</b> \$ 1,900.00					
<b>6. Total of ALL CRO-1310 Pages</b> <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> \$ 42,490.41					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Amendment

Pg 8 of 9  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>					
JOHNSON FOR SHERIFF ELECTION COMMITTEE							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TRIAD MEDIA PARTNERS 1183 UNIVERSITY DRIVE #105-419 BURLINGTON, NC 27215		b. Coordinated Committee Name					
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments			
						e. Election Sum to Date	
						\$ 375.00	
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove A Check A 12/12/2025 \$ 375.00 ADVERTISING							
		\$					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POST OFFICE 130 W GREENSBORO CHAPEL HILL ROAD SNOW CAMP, NC 27349		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 <input type="checkbox"/> Add <input type="checkbox"/> Remove A Check I 11/12/2025 \$ 312.00							
		\$					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VETERANS WISHES 2201 LONG PRAIRIE ROAD SUITE 107 PMB376 FLOWER MOUND, TX 75022		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 <input type="checkbox"/> Add <input type="checkbox"/> Remove A Check O 09/23/2025 \$ 500.00 DONATION							
		\$					
<b>5. Total only this Page</b>				\$ 1,187.00			
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 42,490.41			
(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)							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising			
E - Salaries		F* - Equipment		G - Political Party			
I - Postage		J - Penalties		K* - Office Expenses			
O* Other				D - To Another Candidate			
				H* - Holding Public Office Expenses			
				Q* - Donation to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

Amendment

Pg 9 of 9  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> JOHNSON FOR SHERIFF ELECTION COMMITTEE		<b>2. ID Number</b>																																																																																																								
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<b>4. Payee Information</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 30%;">a. Full Name, Mailing Address &amp; Phone <i>(include city, state, &amp; zip)</i></td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="3" style="width: 30%;">WBAG RADIO PO BOX 2450 BURLINGTON, NC 27216</td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">\$ 460.00</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>A</td> <td>Check</td> <td>A</td> <td>11/03/2025</td> <td>\$ 60.00</td> <td>ADVERTISING</td> </tr> <tr> <td>A</td> <td>Check</td> <td>A</td> <td>12/04/2025</td> <td>\$ 200.00</td> <td>ADVERTISING</td> </tr> <tr> <td colspan="4"><b>5. Total only this Page</b></td> <td style="text-align: right;">\$ 260.00</td> </tr> <tr> <td colspan="4"><b>6. Total of ALL CRO-1310 Pages</b> <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></td> <td style="text-align: right;">\$ 42,490.41</td> </tr> <tr> <td colspan="6"><b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i></td> </tr> <tr> <td colspan="2">A* - Media</td> <td colspan="2">B* - Printing</td> <td colspan="2">C* - Fundraising</td> </tr> <tr> <td colspan="2">E - Salaries</td> <td colspan="2">F* - Equipment</td> <td colspan="2">G - Political Party</td> </tr> <tr> <td colspan="2">I - Postage</td> <td colspan="2">J - Penalties</td> <td colspan="2">K* - Office Expenses</td> </tr> <tr> <td colspan="2">O* Other</td> <td colspan="2"></td> <td colspan="2">D - To Another Candidate</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">H* - Holding Public Office Expenses</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="6"> <b>* Codes require detailed explanation in required remarks field (k)</b> </td> </tr> </table>				a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>	b. Coordinated Committee Name		d. Comments						WBAG RADIO PO BOX 2450 BURLINGTON, NC 27216	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						\$ 460.00	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	A	Check	A	11/03/2025	\$ 60.00	ADVERTISING	A	Check	A	12/04/2025	\$ 200.00	ADVERTISING	<b>5. Total only this Page</b>				\$ 260.00	<b>6. Total of ALL CRO-1310 Pages</b> <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>				\$ 42,490.41	<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>						A* - Media		B* - Printing		C* - Fundraising		E - Salaries		F* - Equipment		G - Political Party		I - Postage		J - Penalties		K* - Office Expenses		O* Other				D - To Another Candidate						H* - Holding Public Office Expenses						Q* - Donation to Legal Expense Fund		<b>* Codes require detailed explanation in required remarks field (k)</b>					
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