Disclosure Report Co	over
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Amendment

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 Informa	ntion				
a. Full Name					c. ID Number
Justin for					Z64548
b. Mailing Address (include					d. Date Filed
56 Peach B		7-3-2020			
Clayton, 1	NC 27527				e. Phone Number
,					919-502-0960
2. Report Year 3. Per	iod Start Date (mm/dd/yy)	4. Period End	Date (mm/dd/yy)	5. Treasure	er Full Name
2020 07	116/2020	06/30	7370	Lynn.	Sutton King
6. Type of Committee	(Check One) 9.	Type of Report	t (check only one	type of repo	rt from one category)
Candidate Campaign	The state of the s	inicipal	State/County		Referendum
PAC	Referendum	Organizational	Organizati	onal	Organizational
Independent Expenditu	re Joint Fundraiser	Thirty-five day Pre-primary	Quarterly		Pre-referendum Final
Legal Expense Fund	l=	Pre-election	Secon	nd	Supplemental Final
7. Type of Fund (if	applicable, check one)	Pre-runoff	Third		Annual
Booster Fund	appreciate, encerancy	Semi-annual	Fourt		Special
Building Fund		Mid Year	Semi-annu	ıal	
		Year End	Mid '	Year	10. Special Report Name
Other:		Final	☐ Year	End	
8. Number of Fundra	isers this Report	Special	Final		
			☐ Special		
11. Account Informat	ion	11	. Account Inform	nation	
a. Financial Institution Ful		a. 1	Financial Institution		
First Citiz	ens Bank		ON COU	VE	
b. Purpose	c. Account Code	b.	Purpose		c. Account Code
Compaign	1		10 JUL 08 JUL	20	
	d. Period Begin B	alance	101	50	d. Period Begin Balance
	\$ 1,249.			5	\$
CEDTIFICATION	\$ 1, 571.		Card of	599	Ψ
CERTIFICATION			AND THE PERSON NAMED IN		D 0 22D 22M 6 Cl + 162
of the NC General State	uttee or Fund is in compliand utes and that no funds are co and correct and that I have be	mmingled with pr	ohibited or other no	n-disclosed fi	B & 22D-22M of Chapter 163 unds. I further certify that this
Lynn Smtt	ron Kina	Lym	Sutton King		07/03/2020
	Name of Signer	U Signat	ure of Appointed Treas	surer	Date
FOR OFFICE USE O	ONLY				
Date Received:	7-6-20	Employee	: Vap	_ <u>De</u>	livery Method Normal Mail
Date Postmarked:		Employee	e: •	- 8	Registered Mail Hand Delivered
Date Scanned:		Employee	e:	_ 5	Electronically Filed
Date Data Entered		Employee			Signer has not received mandatory training
Dlage Note: Ti	is form connect by mar 1 to	amand committee	as information and	sh as the con	
	assistant treasurer, custo	odian of books in	nformation, or acco	ount informa	nmittee address, treasurer, ation.
You mu	ust amend the Statement o	f Organization (CRO-2100A-E) to	make comr	nittee 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 Z6H548 2020 Second Quarter Justin for Jo (a Total this Total this Start of Election Cycle: January 1, **Election Cycle Reporting Period** \$ 1,249,64 4) Cash on Hand at Start 1,249.64 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals 2,185.00 (CRO-1210) \$ 100.00 7) Contributions from Political Party Committees \$ (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 11c) Outside Sources of Income (CRO-1250) \$ \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 2,185,00 100,00 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) **EXPENDITURES** 13) Disbursements \$ 1,463.96 13a) Operating Expenditures (CRO-1310) \$ 628.60 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments \$ (CRO-1420) 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ \$ 17) In-Kind Contributions (CRO-1510) \$ 1463.96 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 628.60 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 721,04 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 24) Account Transfers Within the Committee (CRO-1720) \$ \$ (CRO-1710) \$ 25) Administrative Support \$ 26) Forgiven Loans (CRO-1440) \$ \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) (CRO-1215) \$ 28) Contributions to be Refunded

Contributions from Individuals

	1		1	Amendment	
Pg	1	of	1	☐ 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	
工	astin to	r Jo Co				Z6H548	
3. Cont	ributor Informa	ation		Add Rer	nove		
	ame, Mailing Addre	ess & Phone	The sales	b. Job Title/Profes	ssion	d. Comments	
(includ	e city, state, & zip)			Banker	_		
5p.	encer Br	oad hurst		c. Employer's Nam			
6	os Dock	sadhurst St.		E + No	+ Real		
12	ilminator	, NC 284) (7015	Place Pol.	e. Election Sum to Date	
	3,1			Wilmington	NC 28403	e. Election Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	yy) k. Amount	
	1	Check			06/29/202	0 \$/00.00	
						\$	
						\$	
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The Court of the Late of the	ame, Mailing Addr			b. Job Title/Profes	ssion	d. Comments	
(includ	le city, state, & zip)						
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy) k. Amount	
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(includ	de city, state, & zip)						
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				c. Employer's Na	me/Specific Field		
						e. Election Sum to Date	
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						\$	
						\$	
						\$	
4. To	tal only this F	Page				\$ 100.00	
5. To	tal of ALL C	RO-1210 Pages				\$ 100.00	
(This	line must be on line	6 of Detailed Summary	Page CRO-1100)	K S S S S S S S S S S S S S S S S S S S		,	

Pg	1	of	5	Amendment Yes	-	

	ull Name (and Fu					2. ID Number
Justin	for Jol					Z64548
3. Type of Disbu	ursement (Pleas	e use separate Cl	RO-1310	forms for e	ach type of Dish	pursement.)
Operating Expe	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED IN	ontributions to Candid	OCCUPATION AND DESCRIPTION ASSESSMENT			ordinated Party Expenditures
4. Payee Inform					Remove	
	ailing Address & P	hone		b. Coordinate	ed Committee Name	d. Comments
(include city, state,						
Animoto	, com			c. Level Regis	stered (Specify)	
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	C, NY 100	03		State	☐ Municipa	ality: e. Election Sum to Date
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			1		\$	
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(include city, stat						
Facebook	com					
1 H. Vo.	- Islam			Married .	stered (Specify)	100-0
I TIACHE	- Way rk, CA 91	1075		Federal State	County:	ality: e. Election Sum to Date
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						\$ 271.71
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	2001				\$	
				Add \square	Remove	
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(include city, sta				b. Coordinate	ed Committee Ivani	u. Comments
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	per. com			c. Level Regi	stered (Specify)	
8000 H	askell Ave			☐ Federal	County:	
Van Ny	15, CA 914	de		State	Municip Municip	ality: e. Election Sum to Date
			_			\$ 475.99
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					\$	
5. Total only th	nis Page					\$ 431.52
	CRO-1310 Page					
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	line 13b of Detailed S					n) 3 628.
	line 13c of Detailed S					
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E - Salaries	F* - Equ			olitical Party		Iolding Public Office Expenses
I - Postage	J - Pena	lties	K* - (Office Exper	ises Q* - I	Oonation to Legal Expense Fund
O* Other				a field (la)		
* Codes requi	re detailed explan	ation in required	remark	s field (k)		

		h .				
Pg	2	of	5	ndment Yes		No
				70.0	100 100	

	ull Name (and Fund	d if applicable)				2. I	D Number
Justin	1 for Jo	60				7	6H548
3. Type of Disb	ursement (Please	use separate Cl	RO-1310	forms for e	ach type of Disb	ursemen	<u>t.)</u>
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	ailing Address & Ph	one		b. Coordinate	ed Committee Name	d. C	omments
include city, state,			E 1 LC				
AztBlu				c. Level Regis	stered (Specify)		
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(include city, star	te, & zip)						
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4. Payee Inform	nation			Add \square	Remove		
a. Full Name, Mail	ling Address & Phone				Remove ed Committee Name	e d. C	Comments
a. Full Name, Mail (include city, sta	ling Address & Phone ite, & zip)					e d. C	Comments
a. Full Name, Mail (include city, sta	ling Address & Phone te, & zip)			b. Coordinate		e d. C	comments
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a. Full Name, Mail (include city, sta Vanti V	ling Address & Phone tte, & zip) TIC:	H 45249		b. Coordinate	stered (Specify)	211	
Name, Mail (include city, sta	ling Address & Phone te, & zip)	H 45249		b. Coordinate c. Level Regin	stered (Specify)	211	
a. Full Name, Mail (include city, sta Vanti V	ling Address & Phone tte, & zip) TIC:	111 Dr. H 45249 h. Purpose Code	i. Date	c. Level Regi	stered (Specify)	ality: e. E	lection Sum to Date
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(include city, sta Vartiv 8500 G Symmes f. Account Code C	ing Address & Phone ite, & zip) (, Inc. () CVERNOR'S H () C	H 45249		c. Level Reging Federal State	stered (Specify) County: Municipal	k. Requi	red Remarks Frocess Fee 7.57 The Process Fee 70.82
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		n.			
Pg	3	of	5	Amendment Yes	□ No
- 0					

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

Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which is the Ow	coordinated party exp	The second secon				2 ID November
1. Committee F	ull Name (and Fund	и аррисавіе)				2. ID Number
Justin	for Joco					Z64518
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	ach type of Disb	ursement.)
Operating Expe	enses Cont	ributions to Candida	tes/Politic	cal Committees	Coo	rdinated Party Expenditures
4. Payee Inform	nation			Add	Remove	
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,	& zip)					
Poliensin	0.000					
					stered (Specify)	
Gainesvi	ille, FL			Federal	County:	
				State	Municipa	lity: e. Election Sum to Date
						\$132.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks
A	debit card		03/	13/2070	\$ 32.20	website hosting
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	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat			BELL TO			
Godaddu	N. Hayden 1 AZ 8576	- ,		a Lavel Dogic	stered (Specify)	
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CB 310	,			State	Municipa	ality: e. Election Sum to Date
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Phoenix,	YE 87 CPC	2				\$ 73.54
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71	Oresi + Caro		0 11	06/100	* [[.	Crofall X 11211 9
					\$	
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8200 6	overnar sili	11111		Federal	County:	
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,						\$8,57
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	771	-	1011			0 - 411 0 - 17 0 (25 2110)
					\$	
5. Total only th	nis Page					\$ 47.46
6. Total of ALI	L CRO-1310 Pages					
	ı line 13a of Detailed Sur					\$ 628.60
	n line 13b of Detailed Sur					1)
(This line goes in	n line 13c of Detailed Sur	nmary Page CRO-1	100 if Cod	ordinated Party	Expenditures)	
7. Purpose C	odes (List detailed	expenditure cod	le in (h.)	above)		
A* - Media	B* - Printi			undraising		Another Candidate
E - Salaries	F* - Equip		G - Po	olitical Party		Solution State of the Expenses
I - Postage	J - Penalt		K* - (Office Exper	nses Q* - D	onation to Legal Expense Fund
O* Other						
* Codes requi	re detailed explanat	ion in required	remark	s field (k)		

	4	5	Amendment	
Pg	of	<u> </u>	Yes	□ No

Contract of the Contract of th	ull Name (and Fun						2. ID Number
Justin	for Jol	0					
3. Type of Disb	ursement (Please	use separate Ck	20-1310	forms for e	ach type of L	Disburse	ment.)
Operating Expe		tributions to Candida					ed Party Expenditures
4. Payee Inforn	nation			Add	Remove		
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(include city, state,	& zip)		4/15				
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	ille, FL			c. Level Regis	stered (Specify)		
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(include city, sta							
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The second secon	1.10						\$85.44
Phoenix	, AZ 852	60					
f. Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		- Contract	equired Remarks
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4. Payee Inform	nation			Add	Remove		
a. Full Name, Mail	ling Address & Phone			b. Coordinat	ed Committee !	Name	d. Comments
(include city, sta	te, & zip)						
Polienci	ine . com			a Lavel Pagi	stered (Specify	1	
1	ine. com-			Federal	Cou		
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					\$		
5. Total only th	nis Page			1			\$ 81.90
	L CRO-1310 Pages						
The state of the s	n line 13a of Detailed Su	mmary Page CRO 1	100 if One	ratino Evnens	es)		\$ 628.60
(This line goes in	n tine 13a of Detaited Su n line 13b of Detailed Su	mmary Page CRO-1	100 if Con	trib to Candid	lates/Political C	Comm)	2 050.0-
(This line goes in	n line 13c of Detailed Su	mmary Page CRO-1	100 if Coo	rdinated Party	Expenditures)		
WHITE BY MAKE HOW THE PARTY OF	Codes (List detaile		COLUMN TO THE REAL PROPERTY.				
A* - Media	B* - Print			undraising	D-	To And	other Candidate
E - Salaries	F* - Equi			litical Party			ng Public Office Expenses
I - Postage	J - Penal			Office Exper			tion to Legal Expense Fund
O* Other							
* Codes requi	re detailed explana	tion in required	remark	s field (k)			

	0	7		Amendment	
Pg	2	of	7	☐ Yes	☐ No

1. Committee Full Name							2. ID Number
Justin for	- Jo	(0)					
3. Type of Disbursement		ise separate CR	20-1310	forms for e	ach type of	Disburse	ement.)
Operating Expenses	The second secon	ibutions to Candida	THE RESERVE THE PARTY OF THE PA	The state of the s		ACCOUNT OF THE PARTY OF THE PAR	ted Party Expenditures
4. Payee Information				Add	Remove	The state of the s	
a. Full Name, Mailing Add	lress & Pho	ne		b. Coordinate	ed Committee	Name	d. Comments
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Goddddy. com	LLC			c Level Peris	stered (Specify	0 -	
Godddy. com LLC 14455 N. Hayden Rd.				Federal	Col		
Ste zig		State			e. Election Sum to Date		
Phoenix, AZ 85260							\$ 97.34
f. Account Code g. Form of	Payment	h. Purpose Code		nm/dd/yyyy)			Required Remarks
A debit	card		060	5/2020	\$ 11,95	2	mail hosting
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6. Total of ALL CRO-13	10 Pages						- 155 YM
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7. Purpose Codes (L	ist detailed	expenditure cod					化 有 压 计
	B* - Printir	-		undraising			other Candidate
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I - Postage O* Other	J - Penaltic	es	V (ince Exper	ises Q	- Dona	mon to Legal Expense runo
* Codes require detaile	d amlanati	on in required	romark	e field (k)			