	port Cover neral report and committee in to update information	nformation, must be s	signed and subr		Amendment Yes No ner detailed forms.
1. Committee Inform					
a. Fuil Name					c. ID Number
The second second second second	nston County Board of Educ	eation			
	ude City, State and Zip Code)				d. Date Filed
10298 Old Beulah R Kenly, NC 27542	Road				1/28/2016
					e. Phone Number
	the face and all the same and	A Destail I	- 1 D-4		919-757-4996
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period F (mm/dd/yy)	ing Date	5. Treasurer Full	Name
2015	7/1/2015	12/3	1/2015	Shannon Pittman I	Cirby
6. Type of Committ		9. Type of Report		ly one type of report	
Candidate Campa		Municipal	State/Co		Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fo	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Year		Semi-annual	
Other:		Year End	,	Mid Year	10. Special Report Name
0 11 . 45		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final Special	
11. Account Inform	nation		11. Account I	nformation	
a. Financial Institution	Full Name		a. Financial Insti	itution Full Name	
KS Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign account for	1				
receipts and	d. Period Begin Balance	2			d. Period Begin Balance
expenditures	\$ 0				\$
CERTIFICATION					
the NC General Stat		mmingled with proh	ibited or other	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
	Printed Name of Signer	S	ignature of Appoint	ted Treasurer	Date
FOR OFFICE USE (Date Received:	12011	Employee:	Vac	<u></u>	Delivery Method Normal Mail
Date Postmarke	ed:	Employee:			Registered Mail
Date Scanned:		Employee:			Hand Delivered Electronically Filed Signer has not received
Date Data Enter	red:	Employee:			mandatory training
Please Note: Th		an of books informat	ion, or account	information.	ess, treasurer, assistant treasurer, ee changes.

Amendment

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

No

. Committee Full Name (and Fund if applicable)	. Type of Report	The state of the s	3. ID Number
	Year End Semi An		BGHE4P
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2,525.25	\$ 2525.25
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
1) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	rs <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 2,525.25	\$ 2,525.25
EXPENDITURES			
3) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 927.29	\$ 927.29
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
7) In-Kind Contributions	(CRO-1510)	\$	\$
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	\$
9) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	\$ 1,597.96	\$ 1,597.96
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 100.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		m Individuals vidual contributions o	vian CS) or contr	-: h 4 : a	Pg	1 of	<u>8</u>	Amendment Yes	⊠ No
And in the Contract of the Con	The state of the s	and Fund if applica		or conti	ributions	unde	r \$50 ii iorm CR	2. ID Nun		
		County Board of Educ							BGHE4P	
3. Contr	ibutor Informatio	on .	X	Add		Rem	iove			
STATE OF THE PARTY	ne, Mailing Address &	& Phone		b. Job 7	Title/Profe	ssion		d. Comment	8	
(include Charlie Y	city, state, & zip)			Insura	nce					
P O Box	-			c. Empl	over's Na	me/Spe	cific Field	-		
Micro, N					Bureau/			1		
919-965-	2960							e. Election S	um to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					11/11/2	015	\$	250.00
					5 76				\$	
									\$	
3. Contr	ibutor Informatio	on	\boxtimes	Add		Rem	ove			
	ne, Mailing Address	& Phone			Title/Profe	ession		d. Comment	3	
Jeff Holt	city, state, & zip)			Sales						
P O Box	518			c. Empl	over's Na	me/Spe	ecific Field			
l .	el, NC 27568				w Produ					
919-625-	9115							e. Election S	um to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Desci	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					11/09/2	015	\$	250.00
					70				\$	
									\$	
	ibutor Informatio		\boxtimes	Add		Rem	iove			
	ne, Mailing Address	& Phone			itle/Profe			d. Comment	8	
Ernie Bra	city, state, & zip)			Gener	al Mana	ger				
P O Box				c. Empl	oyer's Na	me/Spo	cific Field			
Kenly, N				-	80/447					
919-634-	1155							e. Election S	um to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desci	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					11/09/2	015	\$	50.00
									\$	
									\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

550.00

\$

Con	tribu	itions	from	Individ	luale
COII					HERIN

					Amer	ndment		
Contributions from Individuals	Pg	2	of	8		Yes	\boxtimes	No
se this form to report individual contributions over \$50 or contribution	ac under	CSO if for	~ CDO	1205 ic m	at wood			

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 Todd Sutton for Johnston County Board of Education **BGHE4P** 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Insurance David Grady P O Box 343 c. Employer's Name/Specific Field Kenly, NC 27542 The Insurance Shoppe/524 919-631-3222 e. Election Sum to Date \$ 250.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Check 12/08/2015 250.00 \$ \$ 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DOT Haywood Daughtry 2600 Shoeheel Road c. Employer's Name/Specific Field Selma, NC 27576 NCDOT/921 919-631-7046 e. Election Sum to Date \$ 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 12/16/2015 \$ 200.00 \$ \$ X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Aletha Watkins 993 S. Beckford Drive c. Employer's Name/Specific Field Henderson, NC 27536 NC State System/611 252-767-2354 e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 12/19/2015 \$ 100.00 П \$ \$ 4. Total only this Page \$ 500.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2,525.25

Amendment **Contributions from Individuals** 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 Todd Sutton for Johnston County Board of Education **BGHE4P** 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Pharmaceuticals Hunter Brame** P O Box 717 c. Employer's Name/Specific Field Kenly, NC 27542 Grifols/339 919-320-3215 e. Election Sum to Date 40.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 12/19/2015 \$ 40.00 \$ \$ X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Town Manager Gregory L. Dunham P O Box 261 c. Employer's Name/Specific Field Kenly, NC 27542 Town of Kenly/921 e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 12/19/2015 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include sity state & sin) Acet Mer DOT

Larry C. Strickland				Asst. Mgr. DO1				
P O Box				c. Employer's Name/				
Pine Level, NC 27568 919-632-3200			NC DOT/921	Florier	Sam to Date			
919-032	*3200					S. Election	Sum to Date 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd	/yyyy)	k. Amoun	ıt
	1	Check			12/19	9/2015	\$	150.00
							\$	
							\$	
4. Tota	al only this Pag	ge				\$		340.00
5. Tota	al of ALL CRO)-1210 Pages				\$		2,525,25

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v					WEV	AVA.	uai:	3

				Ame	ndment		
Pg	4	of	8_		Yes	\boxtimes	No

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

1. Comm	ittee Full Name (and Fund if applical	ole)					2. ID Nun	ıber	
Todd Sutt	on for Johnston C	ounty Board of Educ	ation						BGHE4P	
3. Contri	butor Informatio	n	X	Add		Remo	ove			
a. Full Nam	c, Mailing Address &	Phone		b. Job Title/Profession				d. Comments		
(include o	city, state, & zip)			Sales						
	Fimothy McAlliste	er								
	an Rock Road						rific Field			
-	NC 27591			AllScr	ipts/541					
919-366-0)375							e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					12/19/20)15	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Remo	ove			
	e, Mailing Address &			b. Job Ti	loaned .			d. Comment	3	
	city, state, & zip)			QA Ma						
	Laura Barnes									
427 Mead	low Road			c. Emplo	yer's Na	me/Spec	ific Field			
Kenly, No	C 27542			Bridge	stone/3	26				
252-230-7	7619							e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i In k	ind Descri	intion		j. Date (mm/dd/yy)		k. Amount	
	1	Check	36 AM - 81	and Descri	ipuou		12/19/20		\$	100.00
							12/17/20		-	100.00
			-	<u></u>					\$	
									\$	
3. Contri	butor Informatio	on .	X	Add		Rem	ove			
a. Full Nam	e, Mailing Address d	& Phone		b. Job T	itle/Profe	ession		d. Comment	3	
	city, state, & zip)			Preach	er					
Daniel Ar										
116 Blaer					_	me/Spec	cific Field			
Kenly, No				BMBC	2/813			- El4t C	1- D-4	
919-915-0	0180							e. Election S	um to Date	
								\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Cash					12/19/20	015	\$	20.00
									\$	
									\$	
	only this Pag							\$		220.00
5. Total	of ALL CRO	-1210 Pages						\$		2,525.25
(This line	e must be on line 6 of	Detailed Summary Page (RO-1100)				Ψ Ψ		4,043.43

Contr	ibutions froi	n Individuals			Pg	5	of _	8_	Amendment Yes		No
The second second second		vidual contributions of		or contrib	utions unde	r \$50 if form	-	-	and the latest and th		
1. Comm	ittee Fuii Name (and Fund if applica	ble)	e)					mber		
Todd Sut	ton for Johnston C	County Board of Educ	ation						BGHE4P		
3. Contr	ibutor Informatio	n	×	Add	Rem	nove					
a. Fuli Nan	ne, Mailing Address &	k Phone		b. Job Titl	e/Profession		d. (Commen	its		
(include	city, state, & zip)			Teacher					***************************************		
Tyler Da	ughtry										
102 Cres	cent St.			c. Employe	er's Name/Spe	ecific Field					
Pine Leve	el, NC 27568			Johnstor	County Sc	hools/611		2008	2912-UV-0 UST 48882-11-0 11-0		
							e. 1	Election	Sum to Date		
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	and Descrip	tion	j. Date (mm/e	dd/yyyy)		k. Amount		
	1	Check				12/	19/2015		\$	50	.00
									\$		724 22
									\$		-
3. Contr	ibutor Informatio	on	X	Add	Ren	nove					
a. Full Nar	ne, Mailing Address	& Phone		b. Job Titl	e/Profession		d. (Commen	its		
(include	city, state, & zip)			Corp. Ex	xecutive						17/2
Jody and	Teresa Richardson	n									
P O Box				c. Employ	er's Name/Spe	ecific Field					
Kenly, N	C 27542			Howard	Transporta	tion/484					
919-524-	2065						e. l	Election	Sum to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Descrip	tion	j. Date (mm/	dd/yyyy)		k. Amount		
	1	Check				12/	19/2015		\$	100	.00

							\$	
							\$	
3. Contr	ributor Informati	on		Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
(include	e city, state, & zip)			Doctor				
Hal B. V	Voodall							
P O Box	275			c. Employer's Name	Specific Field			
Kenly, N	NC 27542			Kenly Medical/6	22			
919-284	-4025					e. Election	Sum to Date	
						\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Gind Description	j. Date (mm/dd/	'уууу)	k. Amount	
	1	Check			12/19	/2015	\$	300.00

\$
\$ 450.00
\$ 2,525.25
\$ \$ \$

		n Individuals vidual contributions of	ver \$50	Pg or contributions unde	6 of er \$50 if form CR	8 O 1205 is no	Amendment Yes t used	⊠ No		
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Nun	ıber			
Todd Sut	ton for Johnston C	ounty Board of Educ	ation				BGHE4P			
3. Contri	butor Informatio	n	X	Add Ren	nove					
a. Full Nan	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comment	3			
(include	city, state, & zip)			Director						
Ashby Br	ame			1						
1675 Hw	y 222 West			c. Employer's Name/Sp	ecific Field					
Kenly, N	C 27542			Johnston Co. Visito		1				
						e. Election S	um to Date			
-						\$	20.00			
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	1	Check			12/19/20	015	\$	20.00		
							\$			
							\$			
3. Contri	butor Informatio	n	×	Add Ren	nove					
	ne, Mailing Address &	Phone		b. Job Title/Profession	o Title/Profession d. Comments					
	city, state, & zip)			Management						
	Elizabeth Price									
l .	d Beulah Road			c. Employer's Name/Specific Field						
Kenly, No. 252-205-2				Century Link/517		F11 41 6				
232-203	2390					e. Election S	um to Date			
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	1	Check			12/19/2	015	\$	100.00		
							\$			
							\$			
3. Contri	ibutor Informatio	n	×	Add Rer	nove					
a. Full Nan	ne, Mailing Address é	k Phone		b. Job Title/Profession		d. Comment	s			
	city, state, & zip)			Asst. Health Direct	tor			in a second		
	n Hales Narron									
	nceton-Kenly Road	i		c. Employer's Name/Sp						
Kenly, N				Wilson Co. Health	/624					
919-284-1364				e. Election Sum to Date						
						\$	25.00	700_700/00/00/1100AV2		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	1	Check			12/19/2	015	\$	25.00		
							\$			
							\$			
4. Total	only this Page	e				\$		145.00		

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2,525.25

					Amer	idment	
Contributions from Individuals	Pg	7	of	8_		Yes	\boxtimes

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 Todd Sutton for Johnston County Board of Education **BGHE4P** 3. Contributor Information X Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Driver Jeremy Johnson 422 Hodge Road c. Employer's Name/Specific Field Kenly, NC 27542 UPS/492 919-815-2913 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) Check \$ 12/20/2015 100.00 \$ \$ 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Jon Chipper Boykin 7289 Old Beulah Road c. Employer's Name/Specific Field Kenly, NC 27542 NC State/561 e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 12/20/2015 \$ 100.00 \$ \$ X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Sales Keith Currie 114 Woolrich Drive c. Employer's Name/Specific Field Kenly, NC Crop Insurance/524 919-284-0829 e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 12/22/2015 \$ 100.00 П \$ \$ 4. Total only this Page \$ 300.00 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2525.25

Contributions from Individuals Pg 8 of 8

Pg 8 of 8 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					
Todd Sutt	on for Johnston C	ounty Board of Educ	ation						BGHE4P			
3. Contri	butor Informatio	n	X	Add		Rem	ove					
a. Full Name, Mailing Address & Phone				b. Job Ti	tle/Profe	ssion		d. Comments				
(include city, state, & zip)			Retired									
Betty Hoo	ige											
235 Hodg	e Road			c. Emplo	yer's Na	me/Spe	cific Field					
Kenly, NO	C 27542			Retired					d. Comments c. Election Sum to Date \$ 20.00			
919-284-2	2486							e. Election Su	m to Date			
								\$	20.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descri	ption		j. Date (mm/dd/yyy	/y)	k. Amount			
	i	Check					12/20/20)15	\$	20.00		
									\$			
									\$			
3. Contri	butor Informatio	n		Add		Rem	ove					
a. Full Nam	ne, Mailing Address &	Phone		b. Job Ti	tle/Profe	ssion		d. Comments				
(include	city, state, & zip)							PayPal Acc	count			
Paypal								Verification				
				c. Emplo	yer's Na	me/Spe	cific Field					
							e. Election Sum to Date					
								\$.25			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount			
	1	Electronic							\$			
									\$			
									\$			
3. Contributor Information				Add		Rem	ove		BGHE4P Comments S 20.00 k. Amount \$ 20.00 \$ 20.00 \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 20.00			
	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profe	ssion		d. Comments				
(include	city, state, & zip)			1								
			c. Employer's Name/Specific Field			cific Field	4					
							e. Election Sum to Date					
				* 9				\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Gind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount			
									\$			
									\$			
						7			\$			
4. Total	only this Page	e						\$		20.25		
5. Total	of ALL CRO	-1210 Pages						\$		2 525 25		
(This line	(This line must be on line 6 of Detailed Summary Page CRO-1100)						Ψ		2,727,27			

Disburseme	ents				Pg		of <u>3</u>	Yes No
Use this form to	report expenditures	trom the committ	ee fo	r; operating ex	penses,	contributi	ons to car	ndidate/political
Participated by the second of	coordinated party ex ull Name (and Fun	The same of the sa	1/200					2 ID.W
	Johnston County Be							2. ID Number BGHE4P
3. Type of Disbu		se use separate (1310 forms for	each t	vne of Dis	hursemen	
Operating E		Contributions to Ca					-	linated Party Expenditures
4. Payee Inform	ation	×	Ad	ld		Remove		
a. Full Name, Maili	ng Address & Phone		b. (Coordinated Com	mittee Na			d. Comments
(include city, state,								
Benton Card Co								
105 South Wall Street				evel Registered (Specify)			
Benson, NC 275	504		\parallel	Federal	닏	County:		
919-894-3661				State		Municipal	ity:	e. Election Sum to Date
							:	\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/y)	уу)	j. Amount	t i	k. Required Remarks
1	Debit Card	В		12/02/2015		\$320.25		Palm Cards
1	Debit Card	С		12/07/2015		\$71.52		Invitations
4. Payee Inform	ation	×	Ad	ld		Remove		
	ng Address & Phone		-	Coordinated Com	mittee N			d. Comments
(include city, state,								
Benton Card Co			1	477 000007-3-400 488-5		201		
105 South Wall			c. I	Level Registered (Specify)			
Benson, NC 275	504			Federal		County:		
919-894-3661				State		Municipal	lity:	e. Election Sum to Date
								\$ 674.66
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/y	ууу)	j. Amoun	t I	k. Required Remarks
1	Debit Card	K		12/14/2015		\$89.67		Lapel Stickers
1	Debit Card	K		12/23/2015		\$193.22		Lapel Stickers
4. Payee Inform	ation	X	Ad	ld		Remove		
a. Full Name, Maili	ng Address & Phone		b. (Coordinated Com	mittee N	ame		d. Comments
(include city, state,	& zip)							
Hammacks Inc.				····				
832 Julian R. Al	-		c. I	Level Registered (Specify)	_		
Roanoke Rapids 252-537-6956	s, NC 2/8/0		ᅵ屵	Federal	님	County:		Florida Com As Data
232-337-0930			-	State		Municipal	iity:	e. Election Sum to Date
								\$ 11.77
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/y	ууу)	j. Amoun	t	k. Required Remarks
1	Debit Card	F		12/02/2015		\$11.77		Name Badges
1	Debit Card	*	-	12/02/2015		\$11.77		
						\$		
5. Total only th								\$ 686.43
	CRO-1310 Pages		20.10-					
	line 13a of Detailed Sun line 13b of Detailed Sun		-		-	nal Cameri		\$ 927.29
	line 13c of Detailed Sun							
	es (List detailed ex	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	-					
A* - Media	B* - Printing	C* - Fun				D - T	o Another	Candidate
E - Salaries	F* - Equipment							ublic Office Expenses
I - Postage J - Penalties K* - Of				kpenses		Q*-	Donation	to Legal Expense Fund

Amendment

Disbursem Use this form to		from the committee	Pg ee for; operating expenses,		Amendment 3 Yes No candidate/political		
committees and	coordinated party ex	penditures.					
	full Name (and Fun				2. ID Number		
	r Johnston County B		(DO 1210 C C)	cn: t	BGHE4P		
3. Type of Disb Operating F			RO-1310 forms for each andidates/Political Committees		nent.) oordinated Party Expenditures		
4. Payee Inform		Contributions to Car	Add	Remove	oordinated Party Expenditures		
	ing Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,			De Coordinated Committee 1		G. Comments		
Office Max	G 2507						
1248 N. Bright	leaf Blvd		c. Level Registered (Specify)				
Smithfield, NC	27577		Federal				
			State	Municipality:	e. Election Sum to Date		
					\$ 7.40		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	С	12/05/2015	\$7.40	Stickers for FR		
				\$			
4. Payee Inform	nation	×	Add	Remove			
a. Full Name, Mail (include city, state, Wyndham Seav 151 Seawatch I Myrtle Beach, 8 866-764-2292	watch Dr		c. Level Registered (Specify) Federal State		d. Comments Account was charged by mistake Reimburse e. Election Sum to Date		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	0	12/30/2015	\$168.16	Charged by mistake. Wrong		
				\$	card was used.		
4. Payee Inform	mation		Add	Remove			
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments		
(include city, state	, & zip)				Check Charge		
KS Bank			c. Level Registered (Specify)				
			Federal State	County: Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$19.25	Check charge to open account		
				\$			
5. Total only th	his Page				\$ 194.81		
	CDO 1310 Dorge				7 .7 1101		

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 927.29 (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) 7. Purpose Codes (List detailed expenditure code in (h.) above) C* - Fundraising A* - Media **B* - Printing** D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage Q* - Donation to Legal Expense Fund J - Penalties K* - Office Expenses O* - Other * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections

	TENANT EVNENAINITEC	trom the committe	ee for operating evpence	e contributione to	candidate/political	
committees and	coordinated party ex	nom the commu	ee for; operating expense	55, Contributions to	candidate/pointical	
	full Name (and Fun	THE RESIDENCE IN COLUMN 2 IN C			2. ID Number	
	r Johnston County B				BGHE4P	
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each	type of Disburse		
Operating I			ndidates/Political Committees		Coordinated Party Expenditures	
4. Payee Inform	nation	\boxtimes	Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Comments	
(include city, state,	& zip)					
Facebook					_	
			c. Level Registered (Specif			
			Federal State	County:	Election State Date	
			State	Municipality:	e. Election Sum to Date	
					\$ 45.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	С	12/03/2015	\$45.80	Marketing on FB	
				\$		
4. Payee Inform	nation	×	Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Comments	
include city, state,						
PayPal Verifica	ation					
			c. Level Registered (Specif			
			Federal _	County:		
			State	Municipality:	e. Election Sum to Date	
					\$.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit	С	12/10/2015	\$.25		
				\$		
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee	Name	d. Comments	
(include city, state	, & zip)				Check Charge	
					_	
			c. Level Registered (Specif			
			Federal _	County:	- Flade Cont B	
			State _	Municipality:	e. Election Sum to Date	
		4			\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	0			\$		
				\$		
	nis Page				\$ 46.05	
5. Total only th	The state of the s			The second secon		
5. Total only the factor of AL.	L CRO-1310 Pages					

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

CRO-1310

NC State Board of Elections

December 2009

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

C* - Fundraising

G - Political Party

K* - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries
I - Postage
O* - Other