Disclosure Re	nort Cover				Amendment
	port Cover	nformation must be	sioned and sub-	mitted along with of	Yes No
	to update information	mormation, must be	signed and subi	initied along with of	ner detaned forms.
1. Committee Infor					
a. Fuli Name					c. ID Number
Todd Sutton for Joh	nston County Board of Educ	ation			
	ude City, State and Zip Code)				d. Date Filed
10298 Old Beulah R Kenly, NC 27542	Coad				2/07/2016
1101119, 110 270 12					3/07/2016
					e. Phone Number
					010 757 4006
					919-757-4996
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period I (mm/dd/yy)	End Date	5. Treasurer Full	Name
2016	1/1/2016		0/2016	Shannon Pittman	Kirby
6. Type of Committ	ee (Check One)	9. Type of Report	(check on	v one type of report	from one category)
Candidate Campa	The state of the s	Municipal	State/Co		Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	.   (	Quarterly	Pre-referendum
Legal Expense Fu	ind				
7. Type of Fund	(if applicable, check one)	Pre-primary	$\boxtimes$	First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual Mid Year		Fourth	Special
Other:		Year End	-	Semi-annual Mid Year	10. Special Report Name
Caller.		Final		Year End	To. Special Report Name
8. Number of Fund	raisers this Report	Special		Final	
	0			Special	
11. Account Inform			11. Account I		
a. Financial Institution I			a. Financial Insti		
KS Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	1	(2000)			
account for					
receipts and	d. Period Begin Balance				d. Period Begin Balance
expenditures	\$ 1597.96				\$
CERTIFICATION					
	mittee or Fund is in compli	ance with all applica	bla provisiona s	of Aminin 22 A 22D	, & 22D-22M of Chapter 163 of
the NC General State	ites and that no funds are co	mmingled with proh	ibited or other r	non-disclosed funds	. I further certify that this report
is complete, true and	correct and that I have been	trained by the NC S	tate Board of E	lections.	coroney with the report
10			1000 12	5	3.7.16
	Printed Name of Signer	Si	gnature of Appoint	ed Treasurer	Date
FOR OFFICE USE O			1	.)	D. P. 16 (1-1)
Date Received:	3-7-16	Employee:	_0	0	Delivery Method Normal Mail
D-4- D-4 1					Registered Mail
Date Postmarke		Employee:			Hand Delivered
Date Scanned:		Employee:			Electronically Filed
		Employee.			Signer has not received
Date Data Enter	ed:	Employee:			mandatory training
Please Note: Thi	s form cannot be used to am	end committee infor	mation such as	the committee addre	ess, treasurer, assistant treasurer,
		n of books informati	•		
	You must amend the Stater	nent of Organization	(CRO-2100A-	E) to make committ	ee changes.

Amendment

Yes

N

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					
Todd Sutton for Johnston County Board of Education	First Quarter			BGHE4		
Start of Election Cycle: January 1,	2016		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	1597.96	\$	4740.21	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$		
6) Contributions from Individuals	(CRO-1210)	\$	2,214.96	\$	4740.21	
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 Organizati	ions <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)	\$		\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$	2,214.96	\$	4740.21	
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	3592.74	\$	4520.03	
13b) Contributions to Candidates/Political Commi	ttees (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)	\$		\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$	3592.74	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$	220.18	\$	220.18	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$	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)	\$		\$		

		n Individuals	war \$51	Pg O or contributions unde	of \$50 if form CP		Yes	⊠ No
	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	and Fund if applica	Married Williams	o or contributions unde	a \$50 ii ioiiii CR	2. ID Num	Andrew Control	
		County Board of Educ					BGHE4P	
3. Contri	butor Informatio	on	×	Add Ren	nove			
	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)			County Office				
Oliver Jol 405 Ash S						1		
Smithfield				c. Employer's Name/Spe JC Schools	ecific Field	-		
Similified	I, NC			JC SCHOOLS		e. Election S	um to Dote	
					,	\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			1/11/20	)16	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	OR .	X	Add Ren	nove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Retired				
	arl Sutton							
	36 Autumn Drive Four Oaks, NC			c. Employer's Name/Spo	ecific Field			
	-	^		Retired		F1 41 0		No. of the last of
919-369-	1389					e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			1/20/20	016	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on	X	Add Ren	nove			
	e, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	8	
(include	city, state, & zip)							
				c. Employer's Name/Spe	ecific Field	-		
						e. Election S	um to Date	
		_				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
				**************************************			\$	
							\$	
4. Total	only this Pag	e				\$		150.00
5. Total	of ALL CRO	-1210 Pages						2214.96
CTTL-12		D . U . G				\$		

Amendment

		m Individuals	over \$50	) or contril		Pg <u>2</u> under \$50 is	of f form CR(	<u>6</u> O 1205 is n	Amendment  Yes ot used	No	
1. Comn	ittee Full Name	(and Fund if applica	ble)					2. ID Nu	mber		
Todd Sut	ton for Johnston (	County Board of Educ	ation						BGHE4P		
3. Contr	ibutor Informati	on	X	Add		Remove					
	ne, Mailing Address	& Phone		b. Job Tit	ile/Profess	ion		d. Commen	its		
	city, state, & zip)			Owner							
Tracey G	odwin en Pond Rd.			-		- 160 TO					
Selma, N					ver's Nam ven Vent	e/Specific Fie	eld				
919-202-				Ten se	ACII A CIII	iuics		e. Election Sum to Date			
								\$	350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descrip	otion	j. Date	e (mm/dd/yy	yy)	k. Amount		
	1	Check		1/26				16	\$	350.00	
								\$			
									\$		
3. Contr	ibutor Informatio	on	X	Add		Remove					
	ne, Mailing Address	& Phone		b. Job Tit	lle/Profess	ion		d. Commen	its		
	city, state, & zip)			Sales							
Charlie Y P O Box	_			a Franks	uania Niam	e/Specific Fie	1.1				
Micro, N				Farm B		e/Specific Fie	:10				
919-965-				1 444	ui ouu			e. Election Sum to Date			
								\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i In I	Kind Descrip	etion.	1 Det	. (				
	g. Account Code	n. Form of Layment	1. 111-1	and Descrip	Juon	J. Date	e (mm/dd/yy	(y)	k. Amount		
			-						\$		
	1	Check					1/28/20	)16	\$	250.00	
									\$		
-	ibutor Informati			Add		Remove					
	ne, Mailing Address	& Phone		b. Job Tit				d. Commen	its		
(include Todd Sut	city, state, & zip)			Pharma	ceutical	Sales					
				e Employ	varia Nam	e/Specific Fie	14				
10298 Old Beulah Road Kenly, NC 27542				Pharmac		.50					
919-757-								e. Election	Sum to Date		
								\$	268.16		

5. Total of ALL CRO-1210 Pages

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

CRO-1210

f. Prior

g. Account Code

1

4. Total only this Page

h. Form of Payment

Check

j. Date (mm/dd/yyyy)

1/22/2016

i. In-Kind Description

768.16

2214.96

168.16

k. Amount

\$

\$

\$

\$

\$

Con	tribi	itions	from	Indiv	iduals	E
VVII	UN INT			THE STATE OF	I U U G I I	3

				Ame	ndment			
Pg	3	of	6_		Yes	$\boxtimes$	No	

Use this form to report individual	contributions	over \$50 or	contributions	under \$3	50 if form	CRO	1205 is n	ot used

1. Comm	ittee Full Name (	and Fund if applica		2. ID Number						
Todd Sutt	on for Johnston C	ounty Board of Educ	ation						BGHE4P	
3. Contri	butor Informatio	n	X	Add		Remo	ove			
	e, Mailing Address &	Phone		b. Job T	itle/Profe	ession		d. Comment	8	
	city, state, & zip)			Sales						
Adam Co										
	e Ridge Drive			c. Employer's Name/Specific Field  McCain Foods						
Clayton, 1 919-622-0				McCai	n Food	S		W33 43 63		
717-022-0	1023							e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					2/04/20	16	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Remo	ove			
a. Full Nam	e, Mailing Address &	k Phone		b. Job Ti	itle/Profe	ssion		d. Comment	8	
(include	city, state, & zip)			County	y Office	;				
Mary Dau										
	P O Box 702				c. Employer's Name/Specific Field					
	Pine Level, NC 27568			Johnston Co. Schools						
919-965-5575								e. Election S	um to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					2/4/201	16	\$	200.00
									\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Reme	ove			
	e, Mailing Address &	k Phone		b. Job T	itle/Profe	ssion		d. Comment	s	
	city, state, & zip)			Retired	d					
Charles S										
	Oak Drive			-		me/Spec	cific Field			
919-669-	d, NC 27577			Retired	d			- El	D. C. D. C.	
919-009-0	<i>)</i> 311							e. Election S		
f. Prior	- A	1. 5	T					\$	100.00	
L. Prior	g. Account Code	h. Form of Payment	1. In-P	and Descri	ipuon		j. Date (mm/dd/yy		k. Amount	
	1	Check					2/04/20	16	\$	50.00
	1	Check					2/19/20	016	\$	50.00
									\$	
	only this Page							\$		400.00
5. Total	Total of ALL CRO-1210 Pages				\$			2214.96		
(This line	must be on line 6 of i	RO-1100	)				Ψ		2214.70	

## **Contributions from Individuals**

Amendment Yes No Pg

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) Retired Renee Jones P O Box 393 c. Employer's Name/Specific Field Pine Level, NC 27568 Retired 919-270-9759 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 2/10/2016 \$ 100.00 \$ \$ × 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Marketing Director** Candace Tyndall 663 Old Dam Road c. Employer's Name/Specific Field Selma, NC Sysco 919-965-8712 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 2/10/2016 \$ 100.00 \$ \$ 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Sales Steve Matthews 108 Hibiscus Drive c. Employer's Name/Specific Field Clayton, NC 27527 **Matthews Motors** 919-550-9347 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 1 Check 2/10/2016 \$ 250.00 \$ \$ 4. Total only this Page \$ 450.00 5. Total of ALL CRO-1210 Pages \$

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

2214.96

					Amer	idment		
Contributions from Individuals	Pg	_5	of	6_		Yes	$\boxtimes$	No
Use this form to report individual contributions over \$50 or contribution	under	\$50 if form	n CDC	1205 is no	t used			

1. Comm	ittee Full Name (	and Fund if applica	ble)					2. ID Nur	nber	
Todd Sut	ton for Johnston C	County Board of Educ	ation						BGHE4P	
3. Contri	butor Informatio	on	X	Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	itle/Prof	ession		d. Commen	ts	
	city, state, & zip)			Retired	i			100000 2000		
Jackie Th	ornton	V-3								
4 Bradfor				c. Employer's Name/Specific Field						
Smithfiel	d, NC 27577			Retired	i					
								e. Election S	Sum to Date	
								\$	50.00	
				1					30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					2/12/20	)16	\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	itle/Prof	ession		d. Commen	ts	
(include city, state, & zip)				Sales						
Tracy Joh	nson			1						
117 E Stoneybrook Ct				c. Emplo	yer's N	ame/Spe	cific Field	1		
	Benson, NC 27504				Sales					
•								e. Election S	Sum to Date	
1								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					2/10/20	016	\$	100.00
									\$	
									\$	
3. Contri	butor Information	on	X	Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	itle/Prof	ession		d. Commen	ts	
(include	city, state, & zip)			Sales						
Lou Brov				1						
242 Batte	en Farm Rd.			c. Emplo	yer's N	ame/Spe	cific Field	1		
Selma, N	C 27576			Premie	er Jewe	elry		1		
919-965-	9620							e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	iption		j. Date (mm/dd/y)	/yy)	k. Amount	
	1	Check					2/12/20	016	\$	100.00
									\$	
									\$	
4. Total	only this Pag	e						\$		250.00
	Total of ALL CRO-1210 Pages									
f. Prior  A. Total  5. Total	g. Account Code  1  l only this Pag l of ALL CRO	Check			lption			\$ (799) (116	100.00 k. Amount \$	250.00

Use this f	orm to report indi	n Individuals vidual contributions o	CONTRACTOR OF THE PERSON NAMED IN	or contri	butions	Pg s under	_6 of \$50 if form CR		Charles and the second	⊠ No	
1. Comm	ittee Full Name (	and Fund if applical	ole)					2. ID Nu	mber		
Todd Sut	ton for Johnston C	County Board of Educ	ation					BGHE4P			
3. Contri	butor Informatio	n	X	Add Remove							
	ne, Mailing Address &	k Phone		b. Job Ti	tle/Profe	ssion		d. Comme	nts		
(include Bern Bull	city, state, & zip)			Sales							
108 Dum				c. Employ	ver's Na	me/Snec	rific Field	1			
Cary, NC			U Diapio,	, 01 0114	шаорес	11010	1				
							e. Election Sum to Date				
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount		
	1	PayPal					1/31/20	)16	\$	100.00	
									\$		
									\$		
3. Contri	butor Informatio	on .	X	Add		Remo	ove				
	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profe	ssion		d. Comme	nts		
(include	city, state, & zip)										
				c. Employ	yer's Na	me/Spec	cific Field				
								- Flordin	Sum to Date		
									Sum to Date		
								\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption		j. Date (mm/dd/y)	уу)	k. Amount		
									\$		

					e. Election	Sum to Date	
£ Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y)	ууу)	k. Amount	
						\$	
						\$	
						\$	
4. Total	l only this Pag	e			\$		100.00
5. Total	of ALL CRO	-1210 Pages			6		2214.06

b. Job Title/Profession

c. Employer's Name/Specific Field

X

Add

Remove

3. Contributor Information

(include city, state, & zip)

a. Full Name, Mailing Address & Phone

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

2214.96

\$

\$

d. Comments

\$

Disbursem			Pg	of	Amendment  7 Yes N				
	report expenditures coordinated party ex		ee for; operating expense	es, contributions to	candidate/political				
POPULATION AND ADDRESS OF THE PARTY OF THE P	Full Name (and Fun	The same of the sa			2. ID Number				
	r Johnston County B				BGHE4P				
3. Type of Dish			RO-1310 forms for each	type of Disburse					
Operating I			ndidates/Political Committees		Coordinated Party Expenditures				
4. Payee Inform	nation	×	Add	Remove					
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	Name	d. Comments				
(include city, state	, & zip)								
Benton Card C	• •								
105 South Wal			c. Level Registered (Specif						
Benson, NC 27	504		Federal	County:					
919-894-3661			State	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				
1	Debit Card	В	1/19/2016	\$113.16	Envelopes				
1	Debit Card	В	1/27/2015	\$863.23	Yard Signs				
4. Payee Inform	nation		Add	Remove					
	ling Address & Phone		b. Coordinated Committee		d. Comments				
Ginclude city, state Benton Card C 105 South Wal	ompany l Street		c. Level Registered (Specif						
Benson, NC 27	504		Federal _	County:					
919-894-3661			State	Municipality:	e. Election Sum to Date				
					\$ 1564.59				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	Debit Card	В	02/12/2016	\$530.55	Yard Signs				
1	Debit Card	В	2/21/2016	\$57.65	Invitations				
4. Payee Inform	mation	X	Add	Remove					
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee	Name	d. Comments				
(include city, state									
*	Chamber of Commer				_				
401 N Main St. Clayton, NC 27			c. Level Registered (Specif						
Clayton, NC 2	7370		Federal State	County:  Municipality:	e. Election Sum to Date				
			State	ividincipality.					
					\$ 30.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	Debit Card	0	1/1/2016	\$30.00	Annual Banquet				
				\$					
5. Total only th					\$ 1594.59				
	L CRO-1310 Pages n line 13a of Detailed Sur	nmary Page CRO-110	00 if Operating Expenses)						
(This line goes is	n line 13b of Detailed Sui	nmary Page CRO-110	00 if Contrib to Candidates/Pol		\$ 3592.74				

A\* - Media

E - Salaries

I - Postage

O\* - Other

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

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

B\* - Printing

J - Penalties

F\* - Equipment

C\* - Fundraising

G - Political Party

K\* - Office Expenses

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

								Amei	Amendment				
Disbursements				Pg	1	of	7	П	Yes	$\boxtimes$	N		
TT 41.2 · C. · · · · · · · · ·	- 11	•		· ·									

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

	ull Name (and Fun		2. ID Number				
Todd Sutton for	Johnston County Be	oard of Education			BGHE4P		
3. Type of Disbu	rsement (Plea	se use separate C	RO-1310 forms for each	type of Disbursen	nent.)		
Operating E			ndidates/Political Committees		oordinated Party Expenditures		
4. Payee Inform	ation	X	Add	Remove			
	ng Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,			Di Cool Gizarda Commission I		U. Comments		
Facebook	ж дру		-				
racebook			T. 18 14 16 18		-		
			c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 59.13		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		-		Je ramount	Advertising		
1	Debit Card	A	1/1/2016	\$59.13	Advertising		
				\$			
4. Payee Inform	ation	X	Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments		
(include city, state,	& zip)						
USPS							
			c. Level Registered (Specify)				
Kenly, NC 2754	12		Federal	County:	1		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. <del>_</del>		State	Municipality:	e. Election Sum to Date		
1				within orpanity.	C. Election Sum to Date		
					\$ 123.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	I	1/05/2016	\$49.00	Postage		
					P O Box		
1	Debit Card	I	1/05/2016	\$74.00	r O bux		
4. Payee Inform	ation	$\boxtimes$	Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments		
(include city, state,	& zip)						
Office Max							
1248 N Brightle	af Blvd.		c. Level Registered (Specify)				
Smithfield, NC	27577		Federal	County:			
,			State	Municipality:	e. Election Sum to Date		
					\$ 26.06		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		-		J I III O III .	Thank you Cards		
1	Debit Card	K	1/14/2016	\$18.66	Thank you cards		
				\$			
5. Total only th	is Page				\$ 200.79		
6. Total of ALL	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	00 if Operating Expenses)				
			00 if Contrib to Candidates/Politi	ical Comm)	\$ 3592.74		
			0 if Coordinated Party Expendit				
	es (List detailed ex	the latest term of the same of	The same of the sa				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	ner Candidate		
E - Salaries	F* - Equipment				g Public Office Expenses		
I - Postage	J - Penalties		ice Expenses		on to Legal Expense Fund		
O* - Other				2 Donati	malion walkama z mira		
* Codes requir	e detailed explanat	ion in required r	emarks field (k)				

h	:	h		***		en	400
v	12	IJ	u	1.2	Ш	UП	LS

				Amei	idment	ient		
<b>Disbursements</b>	Pg	1	of 7		Yes	$\boxtimes$	No	
Lea this form to report amonditures from the committee for amounting		- and miles	مه	J: J - 4 - / 1:4	1			

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

	full Name (and Fun	2. ID Number					
Todd Sutton for	r Johnston County Be	oard of Education			BGHE4P		
3. Type of Disb	ursement (Plea	se use separate (	RO-1310 forms for each t	ppe of Disburse	ment.)		
Operating E	xpenses	Contributions to Ca	ndidates/Political Committees		coordinated Party Expenditures		
4. Payee Inforn	ation	×	Add	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state, Shell Station	& zip)			A - 100 - 10			
Kenly, NC 2754	42		c. Level Registered (Specify)				
• •			Federal	County:	_		
			State	Municipality:	e. Election Sum to Date		
					\$ 30.02		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	0	1/14/2016	\$30.02	Gas		
			17112010	<b>\$30.02</b>			
				\$			
4. Payee Inform	aation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
Food Lion							
0. 24.6 11 210	00500		c. Level Registered (Specify)				
Smithfield, NC	2/5///		Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 27.59		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	0	1/22/2016	\$27.59	Snacks for even		
				\$			
4. Payee Inform	nation	×	Add	Remove			
a. Fuli Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
Speedway							
			c. Level Registered (Specify)				
Smithfield, NC	27577		Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 35.67		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	0	1/22/2016	\$35.67	Gas		
				\$			
5. Total only th	is Page				\$ 93.28		
	CRO-1310 Pages				Ψ /3.26		
(This line goes in (This line goes in	n line 13a of Detailed Sun n line 13b of Detailed Sun	nmary Page CRO-110	00 if Operating Expenses) 00 if Contrib to Candidates/Politic 10 if Coordinated Party Expendity	•	\$ 3592.74		
The second liverage and the se	les (List detailed ex	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN					
A* - Media	B* - Printing	C* - Fun		D - To Ano	ther Candidate		
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politi		ng Public Office Expenses ion to Legal Expense Fund			
CONTRACTOR SERVICES AND ADDRESS OF THE PARTY	re detailed explanat	ion in required r	emarks field (k)				

					Amen	dment		
Disbursements	Pg	(	of	7		Yes	$\boxtimes$	N
Use this form to report expenditures from the committee for: operating	evnencec	contributio	ne to	can	didate/politi	ical		

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)

	Johnston County Be				2. ID Number
3. Type of Disbu			DO 1210 forms for such 4		BGHE4P
Operating E			RO-1310 forms for each to adidates/Political Committees	The same of the sa	
4. Payee Inform					ordinated Party Expenditures
			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Johnston County	y Today				
			c. Level Registered (Specify)		
Clayton, NC 27:	576		Federal		
			State	e. Election Sum to Date	
				Municipality:	
					\$ 487.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Web Ad
1	Debit Card	A	1/26/2016	\$92.17	Web Ad
1	Debit Card	A	2/28/2016	\$395.00	
4. Payee Inform	etion		Add	Domava	
			b. Coordinated Committee N	Remove	
	ng Address & Phone		b. Coordinated Committee N	RMC	d. Comments
(include city, state,					
Benson Chambe	er				
_			c. Level Registered (Specify)		
Benson, NC			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 60.00
					\$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Charle	0	2/05/2016	0.00.00	Annual Event
1	Check	0	2/05/2016	\$60.00	
				\$	
4. Payee Inform	ation	X	Add	Remove	
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,			Dr Ood Grade Odministre 14	ame	d. Comments
Dollar General	or zip)		1		
Donai General			o I sual Degistered (Specific)		
Vanle NC 275/	in.		c. Level Registered (Specify)	04	
Kenly, NC 2754	+2		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 3.32
			I .		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	0	2/08/2016	\$3.32	Napkins for eve
•	Doon card		2/06/2010	φ3.32	
				\$	
				Φ	
5. Total only th	is Page				\$ 550.49
6. Total of ALL	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		0.500.54
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Contrib to Candidates/Politic	cal Comm)	\$ 3592.74
			0 if Coordinated Party Expenditu		
	es (List detailed ex		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN		
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other					
* Codes requir	e detailed explanat	ion in required r	emarks field (k)		

1 Committee I	coordinated party exfull Name (and Fun	The same of the sa				2. ID Number
	r Johnston County B					2. 1D Number BGHE4P
B. Type of Dish			RO-1310 forms fo	e anch t	une of Dichurse	
Operating I			ndidates/Political Comn			Coordinated Party Expenditures
. Payee Inform		M	Add		Remove	2 April 1 Apri
	ing Address & Phone		b. Coordinated Com	mittee N		d. Comments
include city, state,				-		
The Clayton Co	enter					
			c. Level Registered	Specify)		
Clayton, NC 27	7576		Federal		County:	
			State Municipality:			e. Election Sum to Date
						\$ 35.25
Account Code	g Form of B	h. Purpose Code	1 P-4- (		1	
Account Code	g. Form of Payment	a. r ar pose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
1	Debit Card	0	2/08/2016		\$35.25	Boys/Girls Club
					\$	
4. Payee Inform	nation	×	Add		Remove	
. Full Name, Mail	ing Address & Phone		b. Coordinated Con	mittee N	ame	d. Comments
Town Market Pine Level, NC	:		c. Level Registered	(Specify)	County:	
			State		Municipality:	e. Election Sum to Date
	E.1					\$ 50.54
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
1	Debit	0	2/08/2016		\$50.54	Event Items
					\$	
l. Payee Inform	nation	$\boxtimes$	Add		Remove	
. Full Name, Mai	ing Address & Phone		b. Coordinated Con	mittee N	ame	d. Comments
include city, state			-			
Cracker Barrel						_
Claretan NG 2	7577		c. Level Registered	Specify)	Commit	
Clayton, NC 2'	1311		Federal	님	County:	a Flastian Court to Date
			State		Municipality:	e. Election Sum to Date
						\$ 24.36
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
1	Debit Card	0	2/10/2016		\$24.36	Lunch meeting
					\$	
			1		1	
5. Total only tl	nis Page					\$ 109.85

## Disbursements Pg of 7 Amendment Yes No

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

committees and coordinated party expenditu	ires.
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1. Committee F	full Name (and Fun	d if applicable)			2. ID Number
Todd Sutton for	r Johnston County Be	oard of Education			BGHE4P
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disbursem	ent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation	M	Add	Remove	
a. Full Name. Mail	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Greater Clevela			1		
			c. Level Registered (Specify)		
Clayton, NC 27	1576		Federal		
			State	County: Municipality:	e. Election Sum to Date
				······································	
					\$ 70.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Annual Event
1	Debit Card	0	2/11/2016	\$70.00	7 Himaur 13 Voit
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			P. D. P. J. P. P. S.		
Harbor House I			1		
			c. Level Registered (Specify)		1
Smithfield, NC	27577		Federal	County:	
			State	Municipality:	e. Election Sum to Date
				univipunty.	C. Diceton Danie to Date
					\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Harbor Ball
1	Check	С	2/17/2016	\$250.00	
				\$	
4. Payee Inform	nation	X	Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Johnston Co. G					
			c. Level Registered (Specify)		1
Smithfield, NC	27577		Federal	County:	
<b>'</b>			State	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
1	GI I		0/10/0016	0500.00	Reagan Day
1	Check	С	2/18/2016	\$500.00	
16					
				\$	
5. Total only th	nis Page				\$ 820.00
	L CRO-1310 Pages				
(This line goes in	n line 13a of Detailed Sur	nmary Page CRO-110	00 if Operating Expenses)		\$ 3592.74
			00 if Contrib to Candidates/Politic		\$ 3392.14
(This line goes in	n line 13c of Detailed Sun	nmary Page CRO-110	0 if Coordinated Party Expenditu	ires)	
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Off	ce Expenses	Q* - Donatio	n to Legal Expense Fund
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	re detailed explanat	ion in required r	remarks field (k)		

								Amen	dment	
Disbursements				Pg	1	of	7		Yes	$\boxtimes$
		_	_	-			_	 		

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

1. Committee Full Name (and Fund if applicable)  2. ID Number					
Todd Sutton for Johnston County Board of Education					BGHE4P
3. Type of Dish			CRO-1310 forms for each ty	pe of Disbursemen	<u>L)</u>
Operating I			ndidates/Political Committees	Coord	inated Party Expenditures
4. Payee Inform		X	Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Na	me d	1. Comments
(include city, state,	, & zip)				
Chic Fil A					
6 24 6 11 27	05555		c. Level Registered (Specify)		
Smithfield, NC 27577			Federal County:		
			State	Municipality:	e. Election Sum to Date
				5	23.44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	c. Required Remarks
				I N	Meet/Greet
1	Debit Card	0	2/28/2016	\$23.44	
				\$	
4. Payee Information			Add Remove		
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		l. Comments
(include city, state					
Extreme Signs	& Graphics				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount l	s. Required Remarks
1	Check	В	2/18/2016	\$200.00	Reagan Day
				\$	
4. Payee Inform	nation	X	Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		l. Comments
(include city, state	, & zip)				
			c. Level Registered (Specify)  Graduate County:		
			State	Municipality:	. Election Sum to Date
				5	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
# 7F					
5. Total only th					\$ 223.44
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)					\$ 3592.74
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fun			Candidate
E - Salaries F* - Equipment G - Politi			cal Party H* - Holding Pu		ublic Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other					
ATTEMPT AND ADDRESS OF THE PARTY OF THE PART	re detailed explanat	tion in required :	emarks field (k)		

No