Disclosure Re	neral report and committee i	information	must he sio	ned and sul	hmitted along with	No ther detailed forms
Do not use this form	to update information	intormation,	iliust oc sigi	ned and sui	omitted along with	i other detailed forms.
1. Committee Infor	mation					
a. Full Name						c. ID Number
Todd Sutton for Joh	inston County Board of Edu	cation				BGHE4P
	ude City, State and Zip Code)					d. Date Filed
10298 Old Beulah I Kenly, NC 27542	Road					7/25/2016
						e. Phone Number
						919-757-4996
2. Report Year	3. Period Start Date (mm/e	1/1/001	Period End m/dd/yy)	Date	5. Treasurer F	'ull Name
2016	1/1/2016		6/30/20)16	Shannon Pittm	an Kirby
6. Type of Commit		9. Type of	Report	(check or	nly one type of rep	port from one category)
Candidate Camp		Municipal			County	Referendum
PAC Independent	Referendum	Orga	nizational		Organizational	Organizational
Expenditure Legal Expense F	Joint Fundraiser	Thir	ty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-	primary		First	Final
"Booster Fund"	10 22	1 = 1	election		Second	Supplemental Final
Building Fund		Pre-i	runoff		Third	Annual
		Sem	i-annual		Fourth	Special
			Mid Year		Semi-annual	
Other:		닏	Year End		Mid Year	10. Special Report Name
O. N. I. CT. I		Fina Spec			Year End	
8. Number of Fund	0	Spec	181		Final Special	
11. Account Inform	ation		11	. Account	Information	
a. Financial Institution	Full Name		2.	Financial Ins	stitution Full Name	
KS Bank						
b. Purpose	c. Account Code		b.	Purpose		c. Account Code
Campaign	1					
account for receipts and	d Boded Barto Balance					
expenditures	d. Period Begin Balanc					d. Period Begin Balance
	\$ 1597.96					\$
CERTIFICATION						
the NC General Stat		ommingled w	ith prohibit	ed or other	non-disclosed fur	2B, & 22D-22M of Chapter 163 of nds. I further certify that this report
	MOTTUZ ado		Ta	L ag	_	7.25.16
	Printed Name of Signer		Signa	ture of Appoi	nted Treasurer	Date
FOR OFFICE USE O	ONLY 12/1			1		
Date Received:	7-26-1	P Em	ployee:		90	Delivery Method Normal Mail
Date Postmarke	d:	Em	ployee:			Registered Mail Hand Delivered
Date Scanned:		Em	ployee:	-		Electronically Filed Signer has not received
Date Data Enter	red:	Em	ployee:			mandatory training
Please Note: Th		an of books	information,	, or accoun	t information.	ddress, treasurer, assistant treasurer

Amendment

Amendment No

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

1. Committee Full Name (and Fund if applicable)		3. ID Number			
Todd Sutton for Johnston County Board of Education	nnual	BGHE4P			
Start of Election Cycle: January 1,	2016	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 1597.96	\$ 5284.26		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 3686.30	\$ 5284.26		
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 Organiza	tions (CRO-1250)	\$	\$		
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,	llc, lld and lle)	\$ 3686.30	\$ 5284.26		
<u>EXPENDITURES</u>					
13) Disbursements	ar independent with order property sections. For substitution of Associate state abilities.				
13a) Operating Expenditures	(CRO-1310)	\$ 5235.67	\$ - 52 35.67		
13b) Contributions to Candidates/Political Comn	nittees (CRO-1310)	\$	\$ 14,13,7004.75		
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)	\$	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then s	subtract line 18)	\$ 48.59	\$ 48.59		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campa	igns) (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)				
CPO 1100	(CKU-1215)	\$	\$		

Disbursements	P_{σ}		of 12	
	1 g	_	UI <u>14</u>	

Amendment Ves

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number Todd Sutton for Johnston County Board of Education **BGHE4P** 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Benton Card Company c. Level Registered (Specify) 105 South Wall Street Benson, NC 27504 Federal County: 919-894-3661 State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Palm Cards 1 Debit Card В 12/02/2015 \$320.25 Invitations 1 Debit Card C 12/07/2015 \$71.52 X 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Benton Card Company 105 South Wall Street c. Level Registered (Specify) Benson, NC 27504 Federal County: 919-894-3661 State e. Election Sum to Date Municipality: \$ 674.66 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Lapel Stickers 1 Debit Card \$89.67 12/14/2015 Lapel Stickers 1 Debit Card K 12/23/2015 \$193.22 4. Payee Information X Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Hammacks Inc. 832 Julian R. Allsbrook Hwy c. Level Registered (Specify) Roanoke Rapids, NC 27870 Federal County: 252-537-6956 e. Election Sum to Date State Municipality: \$ 11.77 h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Name Badges 1 Debit Card F 12/02/2015 \$11.77 \$ 5. Total only this Page \$ 686.43 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 5235.67 \$ (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) 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)

Disbursement	ts (Pg 2 of	Amendment Yes No
Use this form to repo	ort expenditures	from the committe	ee for; operating expen	nses, contributions to	o candidate/political
committees and coor	rdinated party ex	penditures.			
1. Committee Full	Name (and Fund	l if applicable)			2. ID Number
Todd Sutton for Joh		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			BGHE4P
3. Type of Disburse Operating Expens	The state of the s	se use separate C	RO-1310 forms for ed		
4. Payee Information			ndidates/Political Committee		Coordinated Party Expenditures
a. Full Name, Mailing A			Add b. Coordinated Commit	Remove	
(include city, state, & zij			b. Coordinated Commit	tee Name	d. Comments
Office Max	E)				
1248 N. Brightleaf I	Blvd		c. Level Registered (Spe	cify)	
Smithfield, NC 275	77		Federal	County:	-
			State	Municipality:	e. Election Sum to Date
					\$ 7.40
61 101		1.8			
f. Account Code g. I	Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1 D	ebit Card	С	12/05/2015	\$7.40	Stickers for FR
				\$	
4. Payee Information	on	×	Add	Remove	
a. Full Name, Mailing A	ddress & Phone		b. Coordinated Commit		d. Comments
(include city, state, & zij					Account was
Wyndham Seawatch	h				charged by
151 Seawatch Dr			c. Level Registered (Spe	cify)	mistake
Myrtle Beach, SC 2	9572		Federal	County:	Reimburse
866-764-2292			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code g. l	Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
1 D	a-bit Cand	0			Charged by
1 D	ebit Card	0	12/30/2015	\$168.16	mistake. Wrong
				\$	card was
15 70 11					used.
4. Payee Information			Add	Remove	
a. Full Name, Mailing A (include city, state, & zi			b. Coordinated Commit	tee Name	d. Comments
KS Bank	p)				Check Charge
			c. Level Registered (Spe	cifv)	-
			Federal	County:	-
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code g. 1	Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
				\$19.25	Check charge to
					open account
				\$	1
5. Total only this Pa	age				\$ 194.81
6. Total of ALL CR					
			0 if Operating Expenses)		\$ 5235.67
			0 if Contrib to Candidates/ 0 if Coordinated Party Exp		
7. Purpose Codes				enauures)	
A* - Media	B* - Printing	C* - Fun		D - To And	other Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party	H* - Holdi	ng Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Dona	tion to Legal Expense Fund
O* - Other * Codes require de	etailed explanati	on in required r	emarks field (k)		

Amendment

Disbursements

Pg 3 of 12 Amendment No

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

1. Committee Full Name (and Fund if applicable) 2. ID Number					
Todd Sutton for Johnston County Board of Education					BGHE4P
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for each to	ne of Disbursem	
			ndidates/Political Committees	The second secon	ordinated Party Expenditures
4. Payee Inform		×	Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			D. Cool anated Committee 142	inic	u. Comments
Facebook	or zip)		1		
Taccook			1. 15 14 16 16		
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 45.80
					Ψ 43.00
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
1	Debit Card		12/03/2013	\$43.00	
				•	
				\$	
4. Payee Inform	ation	×	Add	Remove	
March 1	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
PayPal Verifica			1		
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
			State	Municipanty.	c. 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			Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	& zip)				Check Charge
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g Form of Downson	h. Purpose Code	i Pote (manifold)	T : A====4	le Dequined Personle
1. Account Code	g. Form of Payment	n. r ur pose Coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				6	
				\$	
5. Total only th					\$ 46.05
	CRO-1310 Pages				
	-		0 if Operating Expenses)		\$ 5235.67
			0 if Contrib to Candidates/Politic	•	2223.07
			0 if Coordinated Party Expenditu	ires)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other * Codes requir	e detailed explanat	ion in required r	emarks field (k)		

D:-k	4				Amendment		
Disbursem)	Pg	4 of	12 Yes No		
Use this form to	report expenditures	from the committ	ee for; operating expenses	, contributions to	candidate/political		
	coordinated party ex ull Name (and Fun				2 IDN I		
	r Johnston County B				2. ID Number BGHE4P		
3. Type of Disb			CRO-1310 forms for each	tune of Dichurca			
Operating E			ndidates/Political Committees		Coordinated Party Expenditures		
4. Payee Inform		\boxtimes	Add	Remove	A COLUMN TO THE STATE OF THE ST		
	ing Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,							
Benton Card Co							
105 South Wall			c. Level Registered (Specify)				
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			
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N		d. Comments		
(include city, state,	& zip)						
Benton Card Co	* *						
105 South Wall			c. Level Registered (Specify)				
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	nation	×	Add	Remove			
	ing Address & Phone		b. Coordinated Committee	Vame	d. Comments		
(include city, state,	, & zip)						
*	Chamber of Commer				_		
401 N Main St.			c. Level Registered (Specify)				
Clayton, NC 27	7576		Federal _	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 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						
	-		00 if Operating Expenses)		\$ 5235.67		
-	-		00 if Contrib to Candidates/Polit				
	les (List detailed ex		00 if Coordinated Party Expendit	ures)			
A* - Media	B* - Printing	C* - Fun		D - To Ano	ther Candidate		
		- Lun		- 101110	wasternamen		

E - Salaries

I - Postage
O* - Other

F* - Equipment
J - Penalties

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

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

			Pg tee for; operating expense	of of s, contributions to	Amendment 12 Yes No candidate/political
	ull Name (and Fun				2. ID Number
	Johnston County B				BGHE4P
3. Type of Disb	The second secon		CRO-1310 forms for each		
Operating E		Contributions to Ca	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	ing Address & Phone		Add b. Coordinated Committee	Remove	d. Comments
(include city, state,			b. Cool disated Committee	Name	d. Comments
Facebook	ск дру		1		
			c. Level Registered (Specify	7)	
			Federal	County:	7
			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
1	Debit Card	A	1/1/2016	\$59.13	Advertising
				\$	
4. Payee Inform	nation	\boxtimes	Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee	Name	d. Comments
(include city, state,	& zip)				
USPS			T - 1 T - 1 T - 1 (F) 10		_
Kenly, NC 2754	12		c. Level Registered (Specify	County:	
Remy, NC 275	14		State	Municipality:	e. Election Sum to Date
			State	wincipality.	
					\$ 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
1	Debit Card	I	1/05/2016	\$74.00	P O Box
4. Payee Inform	nation	×	Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,	& zip)				
Office Max	2.71.1				4
1248 N Brightleaf Blvd.		c. Level Registered (Specify			
Smithfield, NC 27577		Federal	County:	- Florida San A. D.A.	
		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
1	Debit Card	К	1/14/2016	\$18.66	Thank you Cards
				\$	

5. Total only this Page \$ 200.79 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 5235.67 (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) 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) CRO-1310 NC State Board of Elections December 2009

			ee for; operating expe	Pg enses, o	of contributions to	Amendment 12 Yes No candidate/political		
1. Committee F	ull Name (and Fun	d if applicable)				2. ID Number		
Todd Sutton for	Johnston County B	oard of Education				BGHE4P		
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for e	each ty	pe of Disbursen	nent)		
Operating E	xpenses	Contributions to Car	ndidates/Political Committe	ees	☐ Co	oordinated Party Expenditures		
4. Payee Inform	nation	\boxtimes	Add		Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commi	ittee Na	me	d. Comments		
(include city, state,	& zip)							
Shell Station								
Kenly, NC 2754	12		c. Level Registered (Spe	ecify)				
			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/yyy)	y)	j. Amount	k. Required Remarks		
1	Debit Card	0	1/14/2016		\$30.02	Gas		
					\$			
4. Payee Inform	nation	\boxtimes	Add		Remove			
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name			d. Comments		
(include city, state,	& zip)							
Food Lion								
			c. Level Registered (Specify)					
Smithfield, NC	27577		Federal County:					
			State Mu		Municipality:	e. Election Sum to Date		
						\$ 27.59		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy)	y)	j. Amount	k. Required Remarks		
1	Debit Card	0	1/22/2016		\$27.59	Snacks for even		
					\$			
4. Payee Inform	nation	×	Add		Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Commi	ittee Na		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	y)	j. Amount	k. Required Remarks		
1	Debit Card	О	1/22/2016		\$35.67	Gas		
					\$			
5. Total only th	is Page					\$ 93.28		
	CRO-1310 Pages							

(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) 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)

(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)

\$

5235.67

Disbursem	ents (Ъ«	0	Amendment 12 Yes		
	report expenditures	from the committ	tee for; operating e	Pg xpenses.	of contributions to			
	coordinated party ex			· · · · · · · · · · · · · · · · · · ·				
	full Name (and Fun					2. ID Number		
	r Johnston County B					BGHE4P		
3. Type of Disb			CRO-1310 forms fo			The state of the s		
Operating E			ndidates/Political Com	nittees	The second secon	oordinated Party Expenditures		
4. Payee Inform			Add b. Coordinated Cor	ittee N	Remove	d. Comments		
i. Full Name, Mail (include city, state,	ing Address & Phone		b. Cool dinated Col	minitice 14	ашс	d. Comments		
Johnston Count						1		
			c. Level Registered	(Specify)				
Clayton, NC 27	7576		Federal Federal		County:			
			State		Municipality:	e. Election Sum to Date		
						\$ 487.17		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	vvvv)	j. Amount	k. Required Remarks		
				73337		Web Ad		
1	Debit Card	Α	1/26/2016		\$92.17	Woorku		
1	Debit Card	A	2/28/2016		\$395.00			
4. Payee Inform	nation		Add		Remove			
	ing Address & Phone	A	b. Coordinated Con	nmittee N		d. Comments		
include city, state,								
Benson Chamb								
			c. Level Registered	(Specify)				
Benson, NC					County:	- Flord - Court B		
			State	L	Municipality:	e. Election Sum to Date		
						\$ 60.00		
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	vvvv)	j. Amount	k. Required Remarks		
1						Annual Event		
1	Check	0	2/05/2016		\$60.00			
					\$			
4 B 7 C		N N N N N N N N N N N N N N N N N N N	A : : :					
4. Payee Inform			Add		Remove	I d Comments		
i. Fuii Name, Maii include city, state,	ling Address & Phone		b. Coordinated Co	nmittee iv	ame	d. Comments		
Dollar General								
			c. Level Registered	(Specify)				
Kenly, NC 275	42		Federal		County:			
			State		Municipality:	e. Election Sum to Date		
						\$ 3.32		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	www.j	j. Amount	k. Required Remarks		
		-		1111)		Napkins for eve		
1	Debit Card	0	2/08/2016		\$3.32			
					\$			
5. Total only th						\$ 550.49		
	L CRO-1310 Pages							
_	n line 13a of Detailed Sui			-		\$ 5235.67		
	n line 13b of Detailed Sui							
	n line 13c of Detailed Sur les (List detailed ex			Expendit	ures)			
A* - Media	B* - Printing		(n.) above)		D - To Ano	ther Candidate		
E - Salaries	F* - Equipment	t G - Polit	ical Party		H* - Holdi	ng Public Office Expenses		
I - Postage	J - Penalties	K* - Off	ice Expenses		Q* - Donat	ion to Legal Expense Fund		

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

I - Postage O* - Other

T)	-L				
וע	SD	ur	sen	пе	nts

					Amer	ndment		
Disbursements	Pg	8	of	<u>12</u>		Yes	\boxtimes	No
so this form to report expenditures from the committee for expension are		a a m t milla u t		and:	data / 114	:1		

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 Bo	oard of Education			BGHE4P
3. Type of Disbu	rsement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disbursen	ient)
Operating Ex		The state of the s	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform		×	Add	Remove	
			b. Coordinated Committee Na		d. Comments
	ng Address & Phone		b. Coordinated Committee 148	ше	d. Comments
(include city, state,					
The Clayton Cer	nter				
			c. Level Registered (Specify)		
Clayton, NC 27:	576		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 35.25
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				3	Boys/Girls Club
1	Debit Card	0	2/08/2016	\$35.25	Boys/Girls Club
				\$	
4 D T C					
4. Payee Inform		\boxtimes	Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)				
Town Market					
			c. Level Registered (Specify)		
Pine Level, NC.			Federal	County:	1
			State	Municipality:	e. Election Sum to Date
				ividinoipanty.	C. Election Sum to Date
			101		\$ 50.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Event Items
1	Debit	0	2/08/2016	\$50.54	Evolit Itoliis
				_	
				\$	
4. Payee Inform	ation	\boxtimes	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
Cracker Barrel			1		
			c. Level Registered (Specify)		
Clayton, NC 27	577		Federal	County:	
Clayton, NC 27	577		State	Municipality:	e. Election Sum to Date
			State	wunicipanty.	e. Election Sum to Date
ļ					\$ 24.36
6.4	E CD (h. Purpose Code	T. S. C.		
f. Account Code	g. Form of Payment	n. rurpose Coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	0	2/10/2016	\$24.36	Lunch meeting
				4250	
				\$	
				Ψ	
5. Total only th	is Page				\$ 109.85
6. Total of ALL	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	00 if Operating Expenses)		0 5005 65
I			00 if Contrib to Candidates/Politic	al Comm)	\$ 5235.67
_	= -		0 if Coordinated Party Expenditu	•	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	her Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other	2 101111100	IL OIL	ponoso	Z - Donath	A. A. WABEL WENDER FRIER
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	e detailed explanat	ion in required r	emarks field (k)		

Di	shi	ırs	em	en	ts
וע	301			СП	13

Pg 2 of 12 Amendment No

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

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
Todd Sutton for	Johnston County Bo	oard of Education			BGHE4P
3. Type of Disb	ursement Plea	se use separate C	RO-1310 forms for each ty	ne of Disbursem	ent)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ng Address & Phone	A	b. Coordinated Committee Na		d. Comments
(include city, state,			D. Cool dimittee Committee 144	inic .	u. Comments
Greater Clevela			1		
Greater Clevela	na Chambei		a Land Basistana (Gassie)		-
Classes NO 27	576		c. Level Registered (Specify)	6	
Clayton, NC 27	5/6		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 70.00
			L		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	0	2/11/2016	\$70.00	Annual Event
•	Doon card		2/11/2010	\$70.00	
				\$	
				Φ	4
4. Payee Inform	ation	\boxtimes	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)				
Harbor House E			1		
			c. Level Registered (Specify)		1
Smithfield, NC	27577		Federal	County:	
, , , , , , , , ,			State	Municipality:	e. Election Sum to Date
				ividinoipanty.	C. Dicetton Built to Date
					\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	: A	h Descriped Describe
1. Account Code	g. Form of rayment	in I ai pose code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	С	2/17/2016	\$250.00	Harbor Ball
				\$	
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,			1		
Johnston Co. G	OP				
			c. Level Registered (Specify)		
Smithfield, NC	27577		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					£ 500.00
					\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	en 1				Reagan Day
1	Check	С	2/18/2016	\$500.00	
				\$	
5. Total only th	is Page				\$ 820.00
	CRO-1310 Pages				\$ 820.00
	The state of the s	nmary Page CRO110	00 if Operating Expenses)		
			0 if Contrib to Candidates/Politic	al Camm)	\$ 5235.67
			0 if Coordinated Party Expenditu		
				i caj	1.
A* - Media	es (List detailed ex B* - Printing	C* - Fun		D T. 4	or Condidate
E - Salaries	F* - Equipment			D - To Anoth	er Candidate Public Office Expenses
I - Postage	J - Penalties		cai Party ce Expenses		on to Legal Expense Fund
O* - Other	o - i onanios	K - OIII	ee makenaea	A - Dollatio	n to refut rybense tand
and the second second second second second second second	e detailed explanat	ion in required r	emarks field (k)		

Diahuman	omás (**						Amendment
Disbursem					Pg	of	12 Yes 🖂
	report expenditures coordinated party ex		ee 1	for; operating exp	enses,	contributions to	candidate/political
The state of the s	Full Name (and Fun	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED IN					2 ID N
	r Johnston County B						2. ID Number BGHE4P
3. Type of Dish		ise use separate (-	1310 forms for	anah é	uma of Dishuma	
Operating I	- Administration			ates/Political Commit			Coordinated Party Expenditures
4. Payee Inform		× ×	O'CA HARVES	dd	itees	Remove	soordinated 1 arty Experiences
	ling Address & Phone	A	-	. Coordinated Comn	ittee N		d. Comments
(include city, state,							
Chic Fil A	,		1				1
			c.	Level Registered (S	pecify)		
Smithfield, NC	27577			Federal		County:	7
				State		Municipality:	e. Election Sum to Date
				Naue de la constant d			\$ 23.44
			\perp				\$ 23.44
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks
1	Debit Card	0		2/28/2016		\$23.44	Meet/Greet
						\$	
4. Payee Inform	mation		A	dd		Remove	
a. Full Name, Mail	ling Address & Phone		b.	Coordinated Comm	ittee N		d. Comments
(include city, state,							
Extreme Signs	& Graphics						
			c.	Level Registered (S	pecify)		
				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/yy	yy)	j. Amount	k. Required Remarks
1	Check	В		2/18/2016		\$200.00	Reagan Day
						\$	
4. Payee Inform	mation	\boxtimes	A	ıdd	П	Remove	
	ling Address & Phone		100	. Coordinated Comp	nittee N		d. Comments
(include city, state			-				
, , , , , , , , , , , , , , , , , , , ,			1				
			C.	Level Registered (S	pecify)		
				Federal		County:	
				State		Municipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks
						\$	
						\$	
5. Total only th	his Page		1025				\$ 223.44
	L CRO-1310 Pages				film i		Ψ 223.77
	n line 13a of Detailed Sui	mmary Page CRO-110	00 if	Operating Expenses,			D 5005.65
(This line goes in	n line 13b of Detailed Sur n line 13c of Detailed Sur	nmary Page CRO-110	00 if	Contrib to Candidate	s/Politi		\$ 5235.67
	des (List detailed ex	The second secon	-		-promise		
A* - Media	B* - Printing	C* - Fun				D - To Ano	ther Candidate
E - Salaries	F* - Equipment					H* - Holdi	ng Public Office Expenses
I - Postage	J - Penalties	K* - Off					tion to Legal Expense Fund
O* - Other						1700	

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

Dis	bu	rsen	ents	
-----	----	------	------	--

					Amen	ament		
Disbursements	Pg	1	of	<u>12</u>		Yes	\boxtimes	No
Is a this form to report expanditures from the committee for expension and		a a metal base!		andi.	نهنا مامه	1		

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 Bo	oard of Education			BGHE4P
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for each t	pe of Disbursen	nent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	ation	×	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
The Graphics La			†		
63-103 Anna Di			c. Level Registered (Specify)		1
Clayton, NC 27:			Federal	County:	1
919-585-6798	577		State	Municipality:	e. Election Sum to Date
719-363-0796			State	ivium cipanty.	e. Election Sum to Date
					\$ 364.47
f. Account Code	g. Form of Payment	h. Purpose Code	: Date (mm/ddfmm)	1	1.0
1. Account Code	g. Form of Fayment	u. I ai post cout	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	В	3/04/2016	\$364.47	Palm Cards
				\$	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Johnston Count	y Today				
			c. Level Registered (Specify)		
Clayton, NC			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					ft (07.94
					\$ 697.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	D 11: C 1		2/02/2016	0010.65	
1	Debit Card	A	3/02/2016	\$210.67	
				\$	
4. Payee Inform	nation	×	Add	Remove	
The second secon	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Facebook	CC ZIP)		1		
1 4000000			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
			State	within cipality.	C. Election Sum to Date
					\$ 112.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Code	g. Form of Fayment	mr ar pose cose	i. Date (min/dwyyyy)	J. Amount	Advertising
1	Debit Card	A	4/1/2016	\$53.00	Advertising
				\$	
# ID-4-1 17	}- P				6 (20.14
5. Total only th					\$ 628.14
	CRO-1310 Pages				
			00 if Operating Expenses)		\$ 5235.67
_	-		00 if Contrib to Candidates/Politic	•	
The state of the s			00 if Coordinated Party Expenditu	ires)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun			her Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties		ical Party		g Public Office Expenses on to Legal Expense Fund
O* - Other	3 - Lengines	K" - UII	се туреноса	A Dougu	on to regal exheuse Luud
and the control of the first below the first between the control of the control o	e detailed explanat	ion in required r	emarks field (k)		

committees and of the committee From the committees and committees are committees are committees and committees are committeed and committees are committeed and committees are commi	coordinated party ex ull Name (and Fun Johnston County B	penditures.	ee for; operating expenses	of s, contributions to	12 Yes No candidate/political
1. Committee For Todd Sutton for 3. Type of Disbu	ull Name (and Fun Johnston County B				-
Todd Sutton for B. Type of Disbu	Johnston County Bo	d if applicable)			
3. Type of Disbu					2. ID Number
					BGHE4P
Operating Ex			RO-1310 forms for each		
Down Inform			ndidates/Political Committees		Coordinated Party Expenditures
1. Payee Inform			Add b. Coordinated Committee	Remove	d. Comments
include city, state,	ng Address & Phone		b. Coordinated Committee	Name	d. Comments
Princeton Famil					
	<i>y =y</i>		c. Level Registered (Specify		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 87.50
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	О	4/27/2016	\$87.50	Family Fun Day
				\$	
4. Payee Inform		×	Add	Remove	
	ng Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state,	& zip)				
			7 17 1. 10		
			c. Level Registered (Specify		
			State	County: Municipality:	e. Election Sum to Date
				withincipanty.	
					\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state,	& zip)				
			c. Level Registered (Specify		
			Federal State	County: Municipality:	e. Election Sum to Date
			State	Municipanty.	e. Election Sum to Date
		lı n			\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only thi					\$ 87.50
	CRO-1310 Pages				
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Poli 0 if Coordinated Party Expend		\$ 5235.67

A* - Media

E - Salaries

I - Postage

O* - Other

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

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

		n Individuals vidual contributions of	over \$50	or contributions	Pg under	16 \$50 if form	of n CRO	<u>16</u> 1205 is no	Amendment Yes t used		No
	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	and Fund if applica	-				the same of the sa	. ID Num			
Todd Sut	ton for Johnston C	County Board of Educ	ation						BGHE4P		
	ibutor Informatio		X	Add	Remo	ove					
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profes	ssion		d	. Comments	3		
Pat Mars				Sales							
_	sway Drive			c. Employer's Nan	ne/Spec	ific Field					
Dunn, NO	C 28334						200				
							e	. Election S			
								\$	96.80		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/	/dd/yyyy)		k. Amount		
	1	PayPay							\$	96	.80
									\$		
							- 1/2		\$		
	ibutor Informatio	THE PERSON NAMED IN		Add	Remo	ove					
	ne, Mailing Address d	& Phone		b. Job Title/Profes	ssion		d	. Comments	8		
(include	city, state, & zip)										
				c. Employer's Nan	me/Spec	ific Field					
								. Election S	um to Data		
								\$	um to Date		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/	/dd/yyyy)		k. Amount		
									\$		
									\$		
					1				\$		
3. Contr	ibutor Informatio	on		Add	Remo	ove					
10/15/20/20/20/20/20	ne, Mailing Address	& Phone		b. Job Title/Profes	ssion		d	l. Comment	S		
(include	city, state, & zip)			-							
				c. Employer's Nan	me/Spec	cific Field					
							e	. Election S	um to Date		
								\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/	/dd/yyyy))	k. Amount		
							-0.0-11.00		\$		
			-						\$		
ı []	1	I	1		- 1				1 6		

CRO-1210

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)

5284.26

96.80

\$

									Amendment	a think that is a section to the state of the transfer section of the state of the
		m Individuals vidual contributions o	ver \$50	n or contr	ihutions	Pg	15 of	16 0 1205 is no	☐ Yes	No No
1970 TO 1970 T	The latest delication and the second designation of the second delication and the second delicat	and Fund if applica		o or conti	Ioutions	under	\$30 II IOIIII CR	2. ID Num		
								Z. ID Run		
		County Board of Educ							BGHE4P	
Charles Control of the Control of th	butor Informatio			Add		Rem	ove			
	ne, Mailing Address	& Phone		The section persons are self-trans-	itle/Profe			d. Comment	8	
the state of the s	city, state, & zip)			Assista	ant Mgr	DOT				
Larry Stri				- E	1- 31-	ACI	2.67 - 327 - 1.3			
	el, NC 27568			NCDC		ше/эре	cific Field	-		
919-632-	•			Nebe	,1			e. Election S	um to Date	
717 002										
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					3/2/20	16	\$	350.00
									\$	
				-					\$	
3. Contri	butor Informatio	on	X	Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job T	itle/Profe	ssion		d. Comment	8	
	city, state, & zip)			Retire	d			0.830 0.00		
George S								ļ		
P O Box					-	me/Spe	cific Field			
Pine Leve	el, NC 27568			Retire	đ			e. Election S	A- D-A-	
								e. Election S	um to Date	
								\$	49.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					3/2/20	16	\$	49.00
									\$	
									\$	
3. Contri	butor Information	on	X	Add		Rem	ove			
	ne, Mailing Address				itle/Profe			d. Comment	<u> </u>	
(include	city, state, & zip)			Sales						***
David Str	uckey									
125 Paraș				c. Emple	oyer's Na	me/Spe	cific Field]		
Clayton,	NC 27527									
								e. Election S	um to Date	
								\$	48.25	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
									\$	
									\$	
									\$	

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)

447.05

5284.26

\$

		n Individuals				Pg				No
	THE RESERVE TO SHARE THE PARTY OF THE PARTY	vidual contributions cand Fund if applica	THE RESERVE	0 or contril	butions	under	\$50 if form CF	2. ID N		
		County Board of Educ						2. 10 10	BGHE4P	
				A 11		-			DOILLAF	
2.20 (1.00)	ibutor Informatione, Mailing Address &			Add b. Job Tit	Ha/Profe	Rem	ove	d. Comm	amto	
	city, state, & zip)	s i nonc		Sales	uc/1 1 O10	231011		d. Comm	cuts	
Bern Bul										
	barton Ct.			c. Employ	yer's Na	me/Spe	rific Field			
Cary, NC	27511							a Wheeting	- Com to Date	
									n Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	otion		j. Date (mm/dd/y	ууу)	k. Amount	
	1	PayPal					1/31/2	016	\$	100.00
									\$	-
									\$	
3. Contr	ibutor Informatio	on	×	Add		Rem	ove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Tit	de/Profe	ession		d. Comm	ents	
	city, state, & zip)			c. Employ	yer's Na	me/Spe	rific Field			
								e. Election	n Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption		j. Date (mm/dd/y	ууу)	k. Amount	
									\$	
									\$	
									\$	
3. Contr	ibutor Informatio	on	X	Add		Rem	ove			
	ne, Mailing Address	& Phone		b. Job Tit	tle/Profe	ession		d. Comm	ents	
(include	city, state, & zip)			-						
				c. Employ	yer's Na	me/Spe	cific Field			
								a Floatio	n Sum to Date	
								\$	n Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption		j. Date (mm/dd/y		k. Amount	
									\$	
									\$	

4. Total only this Page \$ 100.00

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

				Ame	lument		
Pg	_13	of	16_		Yes	\boxtimes	No

Use this form to report	individual	contributions or	er \$50 or	contributions us	nder \$50	if form	CRO 1205 is not use	d
soe and torm to report	midi i idadi	COLUMNIC TO COLOR OF THE	TO OCO I	community and the contract of	HUCL DOU	11 101111		4

1. Comm	ommittee Full Name (and Fund if applicable)							2. ID Number			
Todd Sutt	ton for Johnston C	County Board of Educ	ation						BGHE4P		
3. Contri	butor Informatio	n	X	Add		Rem	ove				
a. Full Nam	e, Mailing Address é	k Phone		b. Job T	itle/Profe	ssion		d. Comment	3		
(include	city, state, & zip)			Retire	d						
Jackie Th	ornton										
4 Bradfor	d St.			c. Employer's Name/Specific Field							
Smithfield	d, NC 27577			Retire	d						
								e. Election S	um to Date		
								Φ.	50.00		
f. Prior	g. Account Code	h. Form of Payment	i In P	ind Descr	intian		: Date (mm/dd/m	\$	50.00		
1.11101			1. 111-15	and Descr	ipuon		j. Date (mm/dd/yy	/Y)	k. Amount		
	1	Check					2/12/20	16	\$	50.00	
									\$		
									\$		
3. Contri	butor Informatio	n	×	Add	ń	Rem	ove				
	e, Mailing Address &				itle/Profe		0.0	d. Comment			
	city, state, & zip)			Sales				u. commen	3		
Tracy Joh				Sules						1	
•	neybrook Ct			c. Empl	over's Na	me/Sne	cific Field				
Benson, N	•			Sales	-)	шоро					
, -								e. Election S	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check					2/10/20	16	\$	100.00	
									\$		
									\$		
3. Contri	butor Informatio	n	X	Add		Rem	ove				
a. Full Nam	e, Mailing Address &	& Phone		b. Job T	itle/Profe	ssion		d. Comment	3		
(include	city, state, & zip)			Sales							
Lou Brow	/n			1							
242 Batte	n Farm Rd.			c. Empl	oyer's Na	me/Spe	cific Field				
Selma, No	C 27576			Premi	er Jewel	ry					
919-965-9	9620							e. Election S	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					2/12/20	16	\$	100.00	
									\$		
									\$		
4. Total	only this Page	e						\$		250.00	
5. Total	of ALL CRO	-1210 Pages						ď		5204.26	
(This line	(This line must be on line 6 of Detailed Summary Page CRO-110							\$		5284.26	

Contribu

				Amendment					
tions from Individuals	Pg	12	of	16_		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 \boxtimes 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 X 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 i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 2/10/2016 \$ 250.00 \$ \$ 4. Total only this Page \$ 450.00 5. Total of ALL CRO-1210 Pages \$ 5284.26 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

	Pg	_11	of	16_		Yes	\boxtimes	No
utions	under \$	550 if for	n CRO 1	205 is no	t used			
			2	. ID Nun	nber			

Use this for	orm to report indi-	vidual contributions of	ver \$50	or contrib	utions unde	r \$50 if form CRO	O 1205 is no	ot used	
1. Comm	ittee Full Name (and Fund if applica	ble)				2. ID Nun	nber	
Todd Sutt	on for Johnston C	ounty Board of Educ	ation					BGHE4P	
3. Contri	butor Informatio	n	X	Add [Rem	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Titl	e/Profession		d. Commen	ts	
	city, state, & zip)			Sales					
Adam Co									
	e Ridge Drive				er's Name/Spe	ecific Field			1
Clayton, 1				McCain	Foods				
919-622-0	0625						e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descript	tion	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				2/04/20	16	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	n	X	Add	Rem	love			
a. Full Nam	e, Mailing Address &	k Phone		b. Job Titl	e/Profession		d. Commen	ts	1911 SEE
(include	city, state, & zip)			County (Office				
Mary Dau	ightry								
P O Box 702			c. Employer's Name/Specific Field						
	Pine Level, NC 27568			Johnston Co. Schools					
919-965-5	5575						e. Election S	Sum to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descript	tion	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check				2/4/20	16	\$	200.00
								\$	
								\$	
3. Contri	butor Informatio	n	X	Add	Rem	nove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Titl	e/Profession		d. Commen	ts	
(include	city, state, & zip)			Retired					
Charles S									
	Oak Drive			c. Employe	er's Name/Spe	ecific Field			
	d, NC 27577			Retired					
919-669-0	0511						e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				2/04/20	16	\$	50.00
	1	Check				2/19/20	016	\$	50.00
								\$	
4. Total	only this Page	e					\$		400.00
5. Total	5. Total of ALL CRO-1210 Pages						\$		5284.26
(This line	(This line must be on line 6 of Detailed Summary Page CRO-110						Ф		J204.20

		n Individuals vidual contributions o	over \$5(or contr	ibution	Pg s unde	<u>10</u> of r \$50 if form CR	<u>16</u> O 1205 is no	Amendment Yes ot used	No No			
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	n		Add		Rem	ove						
a. Full Nan	ie, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		d. Commen	ts				
	city, state, & zip)			Owner	r								
Tracey G								1					
ı	n Pond Rd.						cific Field						
Selma, N 919-202-				Ten Se	even V	entures	.	- Til -42 - 4	Y				
719-202-	0082						e. Election S	sum to Date					
								\$	350.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount				
	1	Check					1/26/20)16	\$	350.00			
									\$				
									\$				
3. Contri	butor Informatio	n	X	Add		Rem	iove						
a. Full Nan	a. Full Name, Mailing Address & Phone			b. Job T	itle/Prof	ession		d. Commen	ts				
	city, state, & zip)			Sales									
Charlie Y	•							1					
P O Box Micro, N					oyer's N Bureau	ame/Spe	ecific Field						
919-965-				railli	Durcau			e. Election S	Sum to Date				
1 11 103 .	2,00									and the second			
								\$	500.00				
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					1/28/2	016	\$	250.00			
									\$				
	butor Informatio		X	Add		Rem	iove						
CARD CHARLES	ne, Mailing Address &	& Phone		b. Job T				d. Commen	ts				
	city, state, & zip)			Pharm	aceutio	al Sale	es						
Todd Sut						100							
10298 OI Kenly, N	d Beulah Road				oyer's N Pharm		ecific Field	-					
919-757-				Zylera	Pnarm	aceum	cais	e Flection	Sum to Date				
115-151-	T220							e. Election Sum to Date \$ 268.16					
f. Prior	g. Account Code	h. Form of Payment	j, In-l	Kind Descr	iption		j. Date (mm/dd/yy	(vv)	k. Amount				
	1	Check					1/22/20		© C	169 16			

CRO-1210

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)

768.16

5284.26

\$

\$

\$

		m Individuals ividual contributions of	over \$50	O or contri	hution	Pg s unde	9 of r \$50 if form CR	16_ O 1205 is n	Amendment Yes	No No			
Contraction of the Contraction o	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	(and Fund if applica		or contra	- Cutton	dide	ι ψου ii ioiiii ek	2. ID Nu					
Todd Sut	ton for Johnston C	County Board of Educ	ation					BGHE4P					
3. Contri	butor Informatio	DÜ	X	Add		Rem	iove						
	ne, Mailing Address	& Phone		b. Job Ti	District to the second			d. Comments					
Oliver Jo	city, state, & zip)			County	Office	;							
405 Ash				c. Emplo	yer's Na	mc/Spo	ecific Field						
Smithfiel	d, NC			JC Sch	ools								
								e. Election	Sum to Date				
								\$	50.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption		j. Date (mm/dd/yy	/уу)	k. Amount				
	1	Check					1/11/20	016	\$	50.00			
					oballi —				\$				
									\$				
The state of the state of the	butor Informatio		X	Add		Rem	nove						
	ne, Mailing Address	& Phone		b. Job Ti		ession		d. Commer	ıts				
	city, state, & zip) Earl Sutton			Retired	1								
36 Autum				c. Emplo	yer's Na	me/Spe	ecific Field						
Four Oak				Retired	1								
919-369-	1589							e. Election	Sum to Date				
								\$	100.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount				
	1	Check					1/20/20	016	\$	100.00			
									\$				
									\$				
3. Contri	ibutor Informatio	on	X	Add		Rem	nove						
	ne, Mailing Address	& Phone		b. Job Ti	tle/Prof	ession		d. Commer	its				
(include	city, state, & zip)			-									
				c. Emplo	yer's Na	me/Spe	ecific Field						
ļ								El d'es	S 4 D 4				
								\$	Sum to Date				
f. Prior	g. Account Code	b. Form of Payment	i. In-l	Kind Descri	ption	17/2 22	j. Date (mm/dd/y)		k. Amount				
		197,000			******				\$				
									\$				

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)

150.00

5284.26

\$

\$

		m Individuals ividual contributions of	over \$5(P) or contributions un			Amendment Yes No not used			
1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Nu	ımber			
Todd Sut	tton for Johnston (County Board of Educ	ation				BGHE4P			
3. Contr	ibutor Informatio	on		Add R	emove					
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comments				
Betty Ho	city, state, & zip)			Retired						
235 Hodg	_			c. Employer's Name/S	Specific Field					
Kenly, N				Retired						
919-284-	2486					e. Election Sum to Date				
						\$	20.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	ууу)	k. Amount			
	1	Check			12/20/	2015	\$ 20.00			
							\$			
							\$			
3. Contributor Information				Add R	emove					
	ne, Mailing Address	& Phone		b. Job Title/Professio	п	d. Comme				
Paypal	city, state, & zip)			1		PayPal A				
- wy pui				c. Employer's Name/	Specific Field	Vermea	tion			
						e. Election	Sum to Date			
						\$.25			
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/	уууу)	k. Amount			
	1	Electronic					\$			
							\$			
							\$			
3. Contr	ibutor Informati	on		Add R	emove					
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme	nts			
(include	city, state, & zip)			-						
				c. Employer's Name/	Specific Field					
						e. Election	Sum to Date			
						\$				

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

4. Total only this Page

g. Account Code

h. Form of Payment

f. Prior

CRO-1210

j. Date (mm/dd/yyyy)

i. In-Kind Description

5284.26

20.25

k. Amount

\$

\$

\$

\$

Contributions from Individuals

				Amei	aament		
Pg	7	of	16_		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	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 Nam	e, Mailing Address &	Phone		b. Job Ti	tle/Profe	ssion		d. Comments		
	city, state, & zip)			Driver						
Jeremy Jo										
422 Hodg						me/Spe	cific Field			- 1
Kenly, NO				UPS/49	92					
919-815-2	2913							e. Election Su	m to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy)	уу)	k. Amount	
	1	Check					12/20/20)15	\$	100.00
									\$	2
									\$	
3. Contri	butor Inform <mark>atio</mark>	n	X	Add		Rem	ove			
	e, Mailing Address &	Phone Phone		b. Job Ti	tle/Profe	ssion		d. Comments		
	city, state, & zip)			Retired]					
	er Boykin									
	Beulah Road					me/Spe	cific Field			1
Kenly, NO	27542			NC State/561						
								e. Election Su	ım 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					12/20/20	015	\$	100.00
									\$	
									\$	
	butor Informatio			Add		Rem	ove			
	e, Mailing Address &	2 Phone		b. Job Ti	tle/Profe	ssion		d. Comments		
Keith Cur	city, state, & zip)		The same of	Sales						
	rich Drive			T-I			-167 TO 13			1
Kenly, No				Crop Ir			cific Field			
919-284-0				Crop ii	ismanc	C/ 324		e. Election Su	ım to Date	
i Ir								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy)	vv)	k. Amount	
	1	Check					12/22/20		\$	100.00
									\$	
					1500				\$	
	only this Page							\$		300.00
5. Total	5. Total of ALL CRO-1210 Pages							\$		5284.26
(This line	(This line must be on line 6 of Detailed Summary Page CRO-1100)							Φ		J204.20

_					
	4 *1	4.	•	Individual	
On	TIME IN I	HTIONS	TPOM	120 C 147 P C 14 C	-
N				# 111111 V 11111212	

					Amendment			
Contributions from Individuals	Pg	6	of	16_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contribution	s under	\$50 if for	m CRO	1205 is no	t used			-

1. Comm	ittee Full Name (2. ID Number							
Todd Sutt	on for Johnston C	ounty Board of Educ	ation						BGHE4P	
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Ti	tle/Profe	ssion		d. Commen	ts	
	city, state, & zip)			Directo	or					
Ashby Br										
	y 222 West			-	-		cific Field			
Kenly, No	C 27542			Johnste	on Co.	Visitor	rs/926			
								e. Election Sum to Date		
								\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i In-K	ind Descri	intion		j. Date (mm/dd/yy	and)	k. Amount	
			1. 111-14	Milu Descri	hnon					
	1	Check					12/19/20	015	\$	20.00
									\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Rem	ove			
a. Full Nam	e, Mailing Address é		b. Job Ti	itle/Profe	ssion		d. Commen	ts		
(include city, state, & zip)				Manag	ement					
	Elizabeth Price									
10012 Old Beulah Road							cific Field			
Kenly, No				Centur	y Link/	517				
252-205-2	2590							e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					12/19/20		\$	100.00
		0	-				12/12/20		Ψ	100.00
			-		200			,	\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Rem	ove			
a. Full Nam	ie, Mailing Address &	& Phone		b. Job T	itle/Profe	ession		d. Commen	ts	
	city, state, & zip)			Asst. I	lealth I	Directo	r			
	n Hales Narron									
	ceton-Kenly Road	i					cific Field			1
Kenly, No				Wilson	Co. H	ealth/6	524			
919-284-	1364							e. Election S	Sum to Date	
								\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					12/19/20	015	\$	25.00
									\$	
									\$	
4. Total	only this Pag	e						\$		145.00
5. Total	of ALL CRO	-1210 Pages						\$		5284.26
(This line	must be on line 6 of	Detailed Summary Page (CRO-1100)				3		JZ04.Z0

		n Individuals		• .•	Pg	5	of	- -	16		dment Yes		No	
The second second second		vidual contributions of and Fund if applica		or contri	butions	unde	r \$50 if foi	m CR	1	D Nun	-			
		County Board of Educ							4. 1	D Nue	BGH	E4P		
3. Contr	ibutor Informatio	n	X	Add		Rem	ove							
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession					d. C	comment	ts			
(include	city, state, & zip)			Teache	r									
Tyler Da	•													
102 Cres		c. Employer's Name/Specific Field					1					1		
Pine Lev	Johnston County Schools/611													
									e. E	lection S	Sum to D	ate		
									6	\$	50.00)		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption		j. Date (m	m/dd/yy	уу)		k. Am	ount		
	1	Check					1	2/19/2	015		\$		50	0.00
											\$			
											\$			
3. Contr	ibutor Informatio	on	X	Add		Rem	ove							
a. Full Na	ne, Mailing Address	& Phone		b. Job Ti	tle/Profe	ssion			d. C	omment	ts			
	city, state, & zip)			Corp. E	Executi	ve								
	Teresa Richardso	n												
P O Box							ecific Field							
Kenly, N 919-524-				Howard	d Trans	porta	tion/484		e. E	lection S	Sum to D	ate		

f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm	/dd/yyyy)	k. Amoun	it
	1	Check			12	2/19/2015	\$	100.00
							\$	
							\$	
3. Conti	ributor Informati	on	X	Add 🔲 1	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	ion	d. Comm	ents	
(include	e city, state, & zip)			Doctor				
Hal B V	Voodali							

a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Doctor	
Hal B. Woodall		
P O Box 275	c. Employer's Name/Specific Field	
Kenly, NC 27542	Kenly Medical/622	
919-284-4025		e. Election Sum to Date
		\$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amous	ıt
	1	Check		12/19/2015	\$	300.00
					\$	
					\$	

4. Total only this Page	\$	450.00
5. Total of ALL CRO-1210 Pages	e	5284.26
(This line must be on line 6 of Detailed Summary Page CRO-1100)	•	3204.20

100.00

		m Individuals				Pg	_4 of	16_	Amendment Yes	No No
		vidual contributions of		or cont	ributions	unde	r \$50 if form CR	and the second second	The second secon	
1. Comm	littee Full Name (and Fund if applica	ble)					2. ID Nun	nber	
		County Board of Educ							BGHE4P	
The second second second	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address &	& Phone			Title/Profe	ession		d. Comment	18	
	city, state, & zip) Timothy McAllist			Sales						
	ian Rock Road	er		o Empl	overte No	ma Kan	cific Field			
	NC 27591				ripts/54	-	cinc rieiu			
919-366-				711150	прыл			e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desci	ription		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					12/19/20	015	\$	100.00
									\$	
									\$	
The second second second second	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address &	& Phone		-	litte/Profe	ession		d. Comment	18	
	city, state, & zip)			QA M	lanager					
i	Laura Barnes dow Road				1.37	40	.a F. 11			
Kenly, N					estone/3		cific Field			
252-230-				Dilug	CStOIIC/ J	20		e. Election S	ium to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desci	ription		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					12/19/20	015	\$	100.00
									\$	
									\$	
3. Contri	ibutor Informatio	on	X	Add		Rem	ove			
	ne, Mailing Address	& Phone			Fitle/Profe	ession		d. Comment	ls .	
	city, state, & zip)			Preac	her					
Daniel A							100 . 200 . 1.1			
Kenly, N					C/813	me/Spe	ecific Field	-		
919-915-				PIMP	C/613			e. Election S	ium to Date	
717710	0100							\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i In V	Kind Desci	rintica		i Data (mm/ddf-		k. Amount	
			i. III-l	MIN DESC	rhaon		j. Date (mm/dd/yy			
	1	Cash					12/19/2	015	\$	20.00
			-						\$	
									\$	

CRO-1210

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)

220.00

5284.26

\$

		n Individuals vidual contributions of	over \$5(Pg) or contributions unde		<u>16</u> O 1205 is no	Amendment Yes ot used	No No
		and Fund if applica	And in case of the last of the			2. ID Nur		
Todd Sut	ton for Johnston C	ounty Board of Educ	ation				BGHE4P	
3. Contri	butor Informatio	n	X	Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Pharmaceuticals				
Hunter B				c. Employer's Name/Spe	- 10° - 10° - 13	-		
Kenly, No				Grifols/339	ecilic Field			
919-320-				Gi iiois/337		e. Election S	Sum to Date	
						\$ 40.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			12/19/2	015	\$	40.00
							\$	
							\$	
3. Contri	butor Informatio	n	×	Add Ren	nove			
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Town Manager				
	L. Dunham			77 1 1 1 7 7	10 71 11			
P O Box : Kenly, N				c. Employer's Name/Spe		-		
Kenry, IV	C 21342			Town of Kenly/921		e. Election S	Sum to Date	
						\$	100.00	
f. Prior		1.0	1					
I. PHOP	g. Account Code	h. Form of Payment	i. in-i	Kind Description	j. Date (mm/dd/yy		k. Amount	
	1	Check			12/19/2	015 	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Asst. Mgr. DOT				
P O Box	Strickland			c. Employer's Name/Sp				
	700 el, NC 27568			NC DOT/921	ecinc Fleid	1		
919-632-	•			110 00 17921		e. Election S	Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	 Kind Description	j. Date (mm/dd/yy		k. Amount	
	1	Check			12/19/2		\$	150.00
				4			\$	
							\$	
4. Total	only this Page	e				\$		340.00

CRO-1210

5. Total of ALL CRO-1210 Pages

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

5284.26

									Amendment	
		n Individuals				Pg	of	16_	Yes	No No
		vidual contributions o	1000	or cont	ributions	under	\$50 if form CR	O 1205 is no	t used	
1. Comm	ittee Full Name (and Fund if applical	ole)					2. ID Num	ber	
Todd Sutt	ton for Johnston C	County Board of Educa	ation						BGHE4P	
3. Contri	butor Informatio)n	\boxtimes	Add		Rem	ove			
	ie, Mailing Address &	& Phone		b. Job 7	Title/Profes	ssion		d. Comment	8	
	city, state, & zip)			Insura	ince					
David Gr	•									
P O Box					oyer's Nar					
Kenly, No. 919-631-3				Inen	nsurance	Snop	pe/324	e. Election S	um to Data	
717-051	J444							e. Election S	um to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Desci	ription		j. Date (mm/dd/y)	yy)	k. Amount	
	1	Check					12/08/2	015	\$	250.00
	-	0					12,00,2		Ψ	250.00
									\$	
									\$	
3. Contri	butor Informatio	on	\boxtimes	Add		Rem	ove			
a. Full Nam	ne, Mailing Address &	& Phone		-	Title/Profe	ssion		d. Comment	S	
	city, state, & zip)			DOT						
-	Daughtry									
	eheel Road				loyer's Nai	ne/Spe	cific Field			
Selma, No. 919-631-				NCD	OT/921			e. Election S	um to Data	
717-051-	7040							c. Election S		
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Desc	ription		j. Date (mm/dd/yy	/уу)	k. Amount	
	1	Check					12/16/2	015	\$	200.00
									\$	
									\$	
3. Contri	butor Informatio	on	X	Add		Rem	ove			
	ne, Mailing Address			_	l'itle/Profe	-		d. Comment	3	
(include	city, state, & zip)			Retire	ed					
Aletha W	atkins									
	eckford Drive				loyer's Na					
	n, NC 27536			NC S	tate Syste	em/61	1			
252-767-	2354							e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check					12/19/2	015	\$	100.00
									\$	
									\$	

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)

500.00

5284.26

\$

Con	tribut	ions	from	Individua	ale
CUII	uivut	TOH5	HUH	HIUIVIUU	113

		m Individuals vidual contributions o	ver \$5() or contribu	Pg itions under	1 of r \$50 if form CRO	<u>16</u> O 1205 is no	Amendment Yes ot used	No No
1. Comm	ittee Full Name (and Fund if applical	ole)				2. ID Nun	aber	
Todd Sutt	on for Johnston C	County Board of Educa	ation					BGHE4P	
3. Contri	butor Informatio	n	X	Add [Rem	ove			
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Title	/Profession		d. Comment	ts	
(include o	city, state, & zip)			Insurance	3			***************************************	
Charlie Y	_								
P O Box 1					r's Name/Spe	cific Field			
Micro, NO				Farm Bu	reau/524				
919-965-2	2960						e. Election S	um to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descripti	on	j. Date (mm/dd/yy)	yy)	k. Amount	
	1	Check				11/11/20		\$	250.00

			-					\$	
								\$	
	butor Informatio		\boxtimes	Add [Rem	ove			
	ne, Mailing Address é	k Phone		b. Job Title	/Profession		d. Comment	is	
	city, state, & zip)			Sales					
Jeff Holt P O Box 5	510			a Employe	ela Nome /Con	alda Etala			
	el, NC 27568				r's Name/Spe Products/33				
919-625-9	•			Allilow I	. Iouucis/33	19	e. Election S	ium to Date	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descripti	ion	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				11/09/20)15	\$	250.00
								\$	
								\$	
3. Contri	butor Informatio	o n	X	Add [Rem	ove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title	/Profession		d. Comment	ts	
	city, state, & zip)			General l	Manager				
Ernie Bra									
P O Box 7					r's Name/Spe	eific Field			
Kenly, NO 919-634-1				Iowa 80/4	447		- El4 6		
919-034-1	1133						e. Election S		
			_				\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descripti	on	j. Date (mm/dd/yy)	уу)	k. Amount	
	1	Check				11/09/20)15	\$	50.00
								\$	
								\$	
4. Total	only this Pag	e					\$		550.00
5. Total	of ALL CRO	-1210 Pages					6		5204.26

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

5284.26