Disclosure Re Use this form for ger	-		nformat	ion, must be	signed	and sub			Yes No
Do not use this form	to upda	te information							
1. Committee Information	mation								
a. Full Name								c. ID	Number
		ounty Board of Educ	ation						BGHE4P
b. Mailing Address (incl		State and Zip Code)						d. Da	te Filed
10298 Old Beulah R Kenly, NC 27542	Coad								7/12/2016
120								e. Pho	one Number
									919-757-4996
2. Report Year	3. Peri	od Start Date (mm/d	d/yy)	4. Period I (mm/dd/yy)	End Da	te	5. Treasurer Full	Name	
2016		3/1/2016		6/30	/2016		Shannon Pittman k	Kirby	
6. Type of Committ				e of Report	(c		ly one type of report	_	
Candidate Campa	aign _	Party	Munici			State/C		Refer	endum
PAC Independent	L	Referendum		Organizational			Organizational		Organizational
Expenditure Legal Expense Fu	und	Joint Fundraiser		Thirty-five day	•	(Quarterly		Pre-referendum
7. Type of Fund		icable, check one)	П	Pre-primary			First		Final
"Booster Fund"	10.85			Pre-election		\boxtimes	Second		Supplemental Final
Building Fund				Pre-runoff			Third		Annual
				Semi-annual			Fourth		Special
			H	Mid Year		<u> </u>	Semi-annual	10.0	4.27
Other:			H	Year End Final			Mid Year Year End	10. 8	Special Report Name
8. Number of Fund	raisers	this Report	H	Special		lH ,	Final		
	0		_	•			Special		
11. Account Inform	ation				11. A	count l	Information		
a. Financial Institution I	Full Name				a. Fina	ncial Inst	itution Full Name		
KS Bank									
b. Purpose Campaign		c. Account Code			b. Purp	ose		C. A	Account Code
account for		1							
receipts and		d. Period Begin Balance						d. F	Period Begin Balance
expenditures		e 220.10							
		\$ 220.18						\$	
CERTIFICATION									
I certify that the Con the NC General State is complete, true and	utes and	that no funds are co	mmingl	ed with proh	ibited o	or other	non-disclosed funds.	& 22D I furth	0-22M of Chapter 163 of er certify that this report
	DD	SUTTON			105	10 7	5	¬.	12.16
	Company of the last of the las	d Name of Signer		Si	gnature o	of Appoin	ted Treasurer		Date
FOR OFFICE USE O	DNLY	11.24				1.	1	D 11	3.7.1
Date Received:		7-12-16		Employee:		Vay			ry <u>Method</u> Normal Mail
Date Postmarke	d:			Employee:					Registered Mail Hand Delivered
Date Scanned:				Employee:					Electronically Filed Signer has not received
Date Data Enter	ed:			Employee:				1	mandatory training
Please Note: Thi	is form						the committee addre	ess, trea	asurer, assistant treasurer,
	You m				•		-E) to make committee	ee char	nges.

Amendment

CRO-1000

Amendment Yes \boxtimes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number			
Todd Sutton for Johnston County Board of Education	Second Quarter		BGHE			
Start of Election Cycle: January 1,	2016	Total this Reporting Perio	od	Total this Election Cycle		
4) Cash on Hand at Start		\$ 220.18	\$	4960.16 5284.		
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 544.05	\$	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)	\$ 544.05	\$	5284.26		
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 715.64	\$	5235.67		
13b) Contributions to Candidates/Political Comm	nittees (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	, 15, 16 and 17)	\$	\$			
19) Cash on Hand at End (Add lines 4 and 12 together, then s		\$ 48.59	\$	48.59		
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campai	igns) <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 vidual contributions o	ver \$50) or contri	Pg butions und		O 1205 is n	Amendment Yes ot used	No No
1. Comm	ittee Full Name (and Fund if applical	ole)				2. ID Nu	nber	
Todd Sutt	ton for Johnston C	ounty Board of Educ	ation					BGHE4P	
3. Contri	butor Informatio	n	X	Add	☐ Re	move			
a. Fuli Nam	e, Mailing Address &	Phone		b. Job Ti	tle/Profession		d. Commen	its	
	city, state, & zip)			Assista	nt Mgr DO	T			
Larry Stri									
P O Box				The state of the s	yer's Name/S	pecific Field			
	el, NC 27568			NCDO	Т				
919-632-3	3200						e. Election	Sum to Date	
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption	j. Date (mm/dd/y)	ууу)	k. Amount	
	1	Check				3/2/20	16	\$	350.00
					***			\$	
								\$	
3. Contri	butor Informatio	n	×	Add	☐ Re	move			
MARKET STATE OF THE STATE OF TH	ne, Mailing Address &	& Phone		b. Job Title/Profession			d. Commen	its	
	city, state, & zip)			Retired	i				
George S							1		
P O Box				c. Employer's Name/Specific Field			4		
Pine Leve	el, NC 27568			Retired			e. Election Sum to Date		
							\$	49.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	ption	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check				3/2/20	16	\$	49.00
								\$	
								\$	
3. Contri	butor Informatio	n	X	Add	Re	move			
a. Full Nan	ne, Mailing Address d	& Phone		b. Job Ti	itle/Profession		d. Commer	its	
	city, state, & zip)			Sales					
David Stu	-						1		
125 Parag				c. Emplo	yer's Name/S	pecific Field	4		
Clayton, NC 27527							a Flaction	Sum to Date	
							\$	48.25	
f. Prior	g. Account Code	h. Form of Payment	j, In-l	Kind Descri	intion	j. Date (mm/dd/y		k. Amount	
П	9					to and financial.	1331	\$	
			-					\$	
						1		\$	
4 Total	only this Pag	2				1	\$	Ψ	447.05
T. IUIA	omi time rak					41-12	φ		T+7.03

5. Total of ALL CRO-1210 Pages

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

544.05

\$

		m Individuals ividual contributions of	over \$5	0 or contributions	Pg unde		of <u>2</u>		☐ No
		(and Fund if applica					2. ID N		
Todd Sut	ton for Johnston C	County Board of Educ	ation					BGHE4P	
3. Contr	ibutor Informatio	on	\boxtimes	Add	Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profe	ssion		d. Comm	nents	
Pat Mars	city, state, & zip)			Sales					
	sway Drive	c. Employer's Na	me/Sp	ecific Field					
Dunn, N	C 28334								
							e. Electio	on Sum to Date	
							\$	96.80	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd	/уууу)	k. Amount	
	1	PayPay						\$	96.80
								\$	
								\$	
3. Contr	ibutor Informati	on		Add	Ren	nove			
	me, Mailing Address	& Phone		b. Job Title/Profession			d. Comn	nents	
(include	city, state, & zip)								
				c. Employer's Na	me/Sp	ecific Field			
							e. Electio	on Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd	/уууу)	k. Amount	
								\$	
								\$	
								\$	
3. Contr	ibutor Informati	on		Add 🗌	Ren	nove			
A TO SELECT A VIOLET	me, Mailing Address	& Phone		b. Job Title/Profe	ession		d. Comn	nents	
(include	city, state, & zip)								
				c. Employer's Na	me/Sp	ecific Field			
							e. Electic	on Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd	/yyyy)	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)

96.80

544.05

\$

\$

Disbursem	onte				Amendment		
		trom the committ	Pg ee for; operating expense		2 Yes No		
	coordinated party ex		ee for, operating expense	es, contributions to	candidate/pontical		
A STATE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	ull Name (and Fun	And the second second second second			2. ID Number		
	Johnston County Be				BGHE4P		
3. Type of Disb			RO-1310 forms for each	h tone of Dishurse			
Operating E			ndidates/Political Committees		Coordinated Party Expenditures		
4. Payee Inform		×	Add	Remove			
	ing Address & Phone		b. Coordinated Committee	Personal Control of the Control of t	d. Comments		
(include city, state,							
The Graphics L			1				
63-103 Anna D	rive		c. Level Registered (Specif	ý)			
Clayton, NC 27	577		Federal	County:			
919-585-6798			State	Municipality:	e. Election Sum to Date		
					\$ 364.47		
					\$ 364.47		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	В	3/04/2016	\$364.47	Palm Cards		
1	Debit Card	D	3/04/2010	φ304.47			
			100 (100 (100 (100 (100 (100 (100 (100	\$			
4. Payee Inform		×	Add	Remove			
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments		
(include city, state,							
Johnston Count	y Today						
Ol · NO			c. Level Registered (Specif	1			
Clayton, NC			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 697.84		
f. Account Code	g. Form of Payment	h. Purpose Code	i Boto (mm/dd/mmm)	I Amount	le Descriped Demonto		
i. Account cour	g. Pot in of 1 ayment	and an pool odde	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	Α	3/02/2016	\$210.67			
				\$			
4. Payee Inform	nation	\boxtimes	Add	Remove			
	ing Address & Phone		b. Coordinated Committee		d. Comments		
(include city, state,							
Facebook							
			c. Level Registered (Specif	fy)			
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					6 110 10		
270.111.277.292					\$ 112.13		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card		4/1/2016	952.00	Advertising		
1	Debit Card	A	4/1/2016	\$53.00			
				\$			
	J			Ψ			
5. Total only th					\$ 628.14		
	CRO-1310 Pages						
			00 if Operating Expenses)		\$ 715.64		
			00 if Contrib to Candidates/Po		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
			00 if Coordinated Party Expen	ditures)			
	les (List detailed ex						
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fun G - Politi			Another Candidate		
I - Postage	J - Penalties		ice Expenses		ding Public Office Expenses ation to Legal Expense Fund		
O* - Other				2 2014			
* Codes requi	re detailed explanat	ion in required i	remarks field (k)				

Disbursem	ents			Pg	2 of	Amendment 2 Yes N		
			ee for; operating e	xpenses,	contributions to	o candidate/political		
	coordinated party							
	ull Name (and Fu					2. ID Number		
	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	Board of Education				BGHE4P		
3. Type of Disb		ease use separate C						
Operating E			ndidates/Political Com	mittees		Coordinated Party Expenditures		
4. Payee Inform			Add		Remove			
	ing Address & Phone		b. Coordinated Co	mmittee N	ame	d. Comments		
(include city, state, Princeton Fami			1					
1 Infector 1 anni	ly Day		c. Level Registered	(Specify)				
			Federal	(Specify)	County:			
			State	H	Municipality:	c. Election Sum to Date		
				Land				
						\$ 87.50		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	уууу)	j. Amount	k. Required Remarks		
1	Check	0	4/27/2016		\$87.50	Family Fun Day		
1	Check	0	4/2//2010		\$67.50			
					s			
/ D								
4. Payee Inform			Add		Remove			
	ing Address & Phone		b. Coordinated Co	mmittee N	ame	d. Comments		
(include city, state,	& Zip)		1					
			c. Level Registered	(Specify)				
			Federal	П	County:			
			State	Ħ	Municipality:	e. Election Sum to Date		
					,			
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd.	/уууу)	j. Amount	k. Required Remarks		
					\$			
					Φ			
			500 M		s			
4. Payee Inform			Add		Remove			
	ing Address & Phone		b. Coordinated Co	mmittee N	ame	d. Comments		
(include city, state,	& zip)		-					
			c. Level Registered	I (Specify)				
			Federal	(Specify)	County:	-		
			State	H	Municipality:	e. Election Sum to Date		
			C C C		.viano-panty.			
						\$		
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Required Remarks		
					•			
					\$			
					\$			
	L	L			J			
5. Total only th		\$ 87.50						
	CRO-1310 Page		20.16.Om c					
	ı line 13a of Detailed S ı line 13b of Detailed S	\$ 715.64						
_		ummury Page CRO-110 ummary Page CRO-110	_		•			
THE RESIDENCE OF THE PARTY OF T	the state of the s	expenditure code in	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	, — 4, 0, 1, 1, 1		1		

* Codes require detailed explanation in required remarks field (k) CRO-1310

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries
I - Postage
O* - Other

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund