Disclosure Re					Amendment Yes No
Use this form for ge	neral report and committee i	nformation, must be	signed and sub	mitted along with ot	ther detailed forms.
1. Committee Infor	to update information				
a. Fuli Name	mation				c. ID Number
	unston County Board of Edu	cation			BGHE4P
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
10298 Old Beulah I	Road				
Kenly, NC 27542					10/31/2016
					e. Phone Number
		142.11			919-757-4996
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period I (mm/dd/yy)	and Date	5. Treasurer Full	Name
2016	7/1/2016	10/2	2/2016	Shannon Pittman	Kirby
6. Type of Commit		9. Type of Report		ly one type of report	from one category)
Candidate Camp	aign Party Referendum	Municipal	State/Co		Referendum
Independent		Organizational Thirty-five day	_	Organizational	Organizational
Expenditure Legal Expense F	expenditure			Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual	
		Special			
Other:		Semi-annual Mid Year	10. Special Report Name		
	To. Special Report Name				
8. Number of Fund	raisers this Report	Special Special	I I	Final	
	0			Special	
11. Account Inform	nation		11. Account I	nformation	
a. Financial Institution	Full Name		a. Financial Insti	itution Full Name	
KS Bank b. Purpose	c. Account Code		h Down		
Campaign	t. Account Code		b. Purpose		c. Account Code
account for	1		Í		
receipts and	d. Period Begin Balance		1		d. Period Begin Balance
expenditures	\$ 48.59				\$
CEDTIFICATION					
CERTIFICATION			1-1	-6 A 4'-1 20 A 20D	8 000 0014 661 4 162 6
the NC General Stat	utes and that no funds are colling the correct and that I have been	mmingled with proh	ibited or other i	non-disclosed funds.	, & 22D-22M of Chapter 163 of . I further certify that this report
	TODD STTON		200	-	10.30.16
	Printed Name of Signer		ignature of Appoint	ted Treasurer	Date
FOR OFFICE USE			1 .		D. B Malad
Date Received:	10-31-16	Employee:	Var	<u>v</u>	Delivery Method Normal Mail
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Enter	red:	Employee:			mandatory training
Please Note: Th	is form cannot be used to an custodi You must amend the State	an of books informat	ion, or account	information.	ess, treasurer, assistant treasurer, tee changes.

Amendment

CRO-1000

NC State Board of Elections

Detailed Summary



Amendment
Yes

 \boxtimes

Use this form to summerize all disclosure reporting forms are	. 4 4 4 4 4 4 1				Yes	\boxtimes	No
Use this form to summarize all disclosure reporting forms ar 1. Committee Full Name (and Fund if applicable)	2. Type of Report	information.	3.	. ID Nu	mher		
Todd Sutton for Johnston County Board of Education	Third Quarter			GHE4P			
Start of Election Cycle: January 1,	2016	Total Reporting			Total		
4) Cash on Hand at Start		\$ 48.59		\$	8669	.26	
RECEIPTS							
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$			
6) Contributions from Individuals	(CRO-1210)	\$ 3385.0	00	\$	8669	.26	
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$			
8) Contributions from Other Political Committees	\$		\$				
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 Organization	ons (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, 11c)	c, 11d and 11e)	\$ 3385.0	00	\$	8669	.26	
EXPENDITURES							
13) Disbursements							
13a) Operating Expenditures	(CRO-1310)	\$ 3163.5	51	\$	8399	.18	
13b) Contributions to Candidates/Political Commit	tees (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.	5, 16 and 17)	\$	Wa	\$			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ 270.08	3	\$	270.	08	
ADDITIONAL INFORMATION							
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$					
21) Outstanding Loans (incl. ones from other campaign	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	\$						
24) Account Transfers Within the Committee	(CRO-1720)	\$					
25) Administrative Support	(CRO-1710)	\$		\$	Section 1985		
26) Forgiven Loans	(CRO-1440)	\$		\$			
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$			
28) Contributions to be Refunded							
20) Contributions to be Relunded	(CRO-1215)	\$		\$			

	Contributions from Individuals Pg 1 of 16 Yes No se this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used								
The second secon	The second secon	and Fund if applica				2. ID Nu			
Todd Sutt	ton for Johnston C	ounty Board of Educ	ation				BGHE4P		
3. Contri	butor Informatio	n	X	Add Re	move				
a. Full Nam	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Commer	nts	4	
(include	city, state, & zip)			Assistant Mgr DO	T				
Larry Stri	ckland			1					
P O Box	700			c. Employer's Name/S	pecific Field				
0.0	el, NC 27568			NCDOT					
919-632-3	3200					e. Election	Sum to Date		
				:		\$	600.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check			9/12/20)16	\$	100.00	
							\$		
							\$		
	butor Informatio			Add Re	move				
And the first section in the section in	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commer	ıts		
	city, state, & zip)			Pediatrician					
Dr. David	•			E L L M	100 100 11				
Rocky M	ount, NC			c. Employer's Name/S Boice Willis Pedia		-			
				Doice wills redic	iules	e. Election	Sum to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check			9/2/20	16	\$	250.00	
							\$		
							\$		
3. Contri	ibutor Informatio	n	X	Add Re	move				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	ı	d. Commer	nts		
(include	city, state, & zip)			Retired					
Sammy P									
Kenly, N	C			c. Employer's Name/S	pecific Field				
				Retired					
						e. Election	Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check			09/15/2	016	\$	50.00	
							\$		
							\$		
4. Total	l only this Pag	e				\$		400.00	

5. Total of ALL CRO-1210 Pages

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

3385.00

Contributions from Individuals Pg 2 of 10 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used											
The second liverage and the second	A STATE OF THE PARTY OF THE PAR	and Fund if applica						2. ID Nun	THE RESERVE THE PERSON NAMED IN		
Todd Sut	ton for Johnston C	ounty Board of Educ	ation						BGHE4P		
	butor Informatio			Add		Rem	ove				
	ne, Mailing Address &	& Phone			itle/Profe	ssion		d. Comments			
Amy Bea	city, state, & zip) slev			Nurse							
Kenly, N	-			c. Emplo	yer's Na	me/Spe	cific Field]			
\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}				Wake	Med						
								e. Election S	Sum to Date	_	
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount		
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									\$		
									\$		
3. Contri	butor Informatio	n	X	Add		Rem	ove				
	ne, Mailing Address d	k Phone			itle/Profe			d. Comment	ts		
(include James Ho	city, state, & zip)			Financ	ial Serv	rices					
Kenly, N				c. Emplo	yer's Na	me/Spe	cific Field				
						•					
								e. Election S	Sum to Date		
								\$	25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y)	уу)	k. Amount		
	1	Check					09/10/2	016	\$	25.00	
									\$		
									\$		
3. Contri	ibutor Informatio	on	X	Add		Rem	ove				
	ne, Mailing Address	& Phone		-	itle/Profe	ssion		d. Commen	ts		
(include Dave Bar	city, state, & zip)			QA M	anager						
Kenly, N				c. Emple	over's Na	me/Spe	cific Field				
				Firesto							
								e. Election S	Sum to Date		
								\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption	9	j. Date (mm/dd/yy	ууу)	k. Amount		
	1	Check					09/15/2	016	\$	100.00	
									\$		
									\$		

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5. Total of ALL CRO-1210 Pages

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\$

Use this f	form to report indi	m Individuals	- Colonial Colonia Colonial Colonial Co	or contribut	Pg tions unde	3 of r \$50 if form CR	O 1205 is n		⊠ No		
		(and Fund if applical					2. ID Nui				
		County Board of Educ					BGHE4P				
	butor Informatio			Add _	Rem	nove					
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/I	Profession		d. Commen	its			
David Gr				Insurance							
P O Box	•			c. Employer'	's Name/Spe	ecific Field					
Kenly, N				The Insura	ance Shop	pe/524					
919-631-	3222						e. Election Sum to Date				
							\$	500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	n	j. Date (mm/dd/y	ууу)	k. Amount			
	1	Check				09/08/2	2016	\$	250.00		
								\$			
								\$			
3. Contri	ibutor Informatio	on .	\boxtimes	Add [Rem	nove					
	ne, Mailing Address	& Phone		b. Job Title/	Profession		d. Commen	its			
	city, state, & zip) I Daughtry			DOT							
	eheel Road			c. Employer	's Name/Sne	ecific Field					
Selma, N				NCDOT/9							
919-631-	7046						e. Election	Sum to Date			
							\$	300.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	n	j. Date (mm/dd/y	ууу)	k. Amount			
	1	Check				09/15/2	2016	\$	100.00		
								\$	2000-104k - 911 - 1 (2000)		
								\$			
3. Contr	ibutor Informati	on	×	Add [Rem	nove					
	ne, Mailing Address	& Phone		b. Job Title/	Profession		d. Commen	its			
	city, state, & zip)			CPA							
Doug Pope Kenly, NC 27542			c. Employer's Name/Specific Field								
			e. Election Sum to Date								
						\$					

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amou	nt
	1	Check		09/27/2016	\$	50.00
					\$	
					\$	
4. Tota	l only this Pag	e		\$		400.00
# Tota	LAFATT CDC	1010 Dames				

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									Amendment	
Contributions from Individuals Use this form to report individual contributions over \$50 or contribution							4 of	10	Yes	No No
				or contr	ibutions	unae	r \$50 if form CR			
1. Comm	ittee Full Name (and Fund if applical	ble)					2. ID Nur	nber	
Todd Sutt	ton for Johnston C	ounty Board of Educ	ation						BGHE4P	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nam	ie, Mailing Address é	& Phone		b. Job T	itle/Profe	ssion		d. Commen	ts	
	city, state, & zip)			Pastor						
Charles R								}		
	ld Beulah Road					me/Spe	cific Field	1		
Kenly, No	C 27542			Micro	OFWB					
								e. Election S		
								\$	250.00	
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					9/10/20	016	\$	250.00
									\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Rem	ove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job T	itle/Profe	ssion		d. Commen	ts	
(include	city, state, & zip)		Nurse	Manage	r					
Donna W	hite									
Clayton, 1	Clayton, NC			c. Emple	oyer's Na	me/Spe	cific Field			
								e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y)	уу)	k. Amount	
	1	Check					09/12/2	016	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	on	X	Add		Rem	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	itle/Profe	ssion		d. Commen	ts	
(include	city, state, & zip)			QA M	lanager					
Dave Bar	mes									
	dow Road					-	ecific Field			
Kenly, N	C 27542			Bridge	estone/3	26		70. 00.21 (no. 0.000.000.000)		
							e. Election S	Sum to Date		
								\$	200.00	
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					09/15/2	016	\$	100.00
									\$	
									\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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450.00

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\$

	ontributions from Individuals Pg 5 of 1 Yes No e this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used								
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Nur	nber		
Todd Sut	ton for Johnston C	ounty Board of Educ	ation				BGHE4P		
3. Contri	butor Informatio	n	×	Add Ren	nove				
	ne, Mailing Address &			b. Job Title/Profession		d. Commen	ts		
(include	city, state, & zip)			President					
Matthew	V Phillips			1					
Wake For	rest, NC			c. Employer's Name/Sp	ecific Field				
				Zylera Pharmaceut	icals				
						e. Election S	Sum 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			9/10/20	16	\$	100.00	
							\$		
							\$		
3. Contri	butor Informatio	n		Add Rei	nove				
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Commen	ts		
	city, state, & zip)			Manager					
Edward E	•								
Wake For	rest, NC			c. Employer's Name/Sp					
				Zylera Pharmaceut	icais	e, Election S	Sum to Date		
				1		C. Election S			
						\$	60.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
\boxtimes	1	Check			9/21/20	016	\$	50.00	
							\$		
							\$		
3. Contri	butor Informatio	n	X	Add Rei	move				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts		
	city, state, & zip)			Retired				*	
Sherril D									
Kenly, N	C			c. Employer's Name/Sp	pecific Field				
				Retired		771	D		
						e. Election	Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy		k. Amount		
	1	Check			09/15/2	016	\$	50.00	
							\$		
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4. Total only this Page						\$		200.00	

5. Total of ALL CRO-1210 Pages

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

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		n Individuals				Pg	<u>6</u> of		Yes	No.
	The second secon	vidual contributions of	The second second	or contr	ibutions	under	\$50 if form CR		Witness Company of the Company of th	
1. Comm	ittee Full Name (and Fund if applical	ble)					2. ID Nur	nber	
Todd Sutt	ton for Johnston C	county Board of Educ	ation						BGHE4P	
3. Contri	butor Informatio	n	X	Add		Remo	ve			
	ne, Mailing Address &	k Phone		-	itle/Profe	ssion		d. Comments		
Kathy Wo	city, state, & zip)			Nurse						
	ey Grove Church I	Road		c. Emplo	ver's Na	me/Snec	ific Field			
Kenly, No	•				olic Sch					
								e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	i. In-Kind Description j. Date (mm/dd/y)				vv)	k. Amount	
	1	Check		09/10/2					\$	100.00
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			-				***************************************		\$	
2 0 4			57	A 11						1
	butor Informatione, Mailing Address &		\boxtimes	Add	itle/Profe	Remo	ove			
	city, state, & zip)	k Filone		Retired		SSION		d. Commen	ts	
	per Boykin			1 ROLLING	u			2		
	Beulah Road			c. Emplo	yer's Na	me/Spec	rific Field]		
Kenly, No		NC Sta	ate/561							
						e. Election S	Sum to Date			
								\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					09/10/2	016	\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	on .		Add		Remo	ove			
AND STREET STREET, STREET	ne, Mailing Address &	& Phone		b. Job T	itle/Profe	ssion		d. Commen	its	
	city, state, & zip)			Sales						
Keith Cu	rrie Irich Drive			c Emple	over's No	me/Snec	rific Field			
Kenly, No					nsuranc		inc Piciu	1		
919-284-								e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption	7	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					09/25/2	016	\$	100.00
									\$	
									\$	
4. Total only this Page								\$		250.00
5. Total	5. Total of ALL CRO-1210 Pages								3385.00	

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

Amendment

								Amendment	
Contri	ibutions fror	n Individuals			Pg	7 of	10	Yes	No No
Use this f	form to report indi	vidual contributions o	ver \$50	or contribu	_			ot used	
1. Comm	ittee Full Name (and Fund if applical	ble)				2. ID Nun	nber	
Todd Sut	ton for Johnston C	County Board of Educ	ation					BGHE4P	
3. Contri	butor Informatio	n	×	Add [Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title	Profession		d. Commen	ts	
	city, state, & zip)			Owner					
Tracey G				DESCRIPTION OF SERVICE					
Selma, N	en Pond Rd.			c. Employer Ten Seve					
919-202-				1 cm Seve	ii venture	75	e. Election S	Sum to Date	213-20 bay
717 202	0002								
							\$	600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	on	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check				09/08/2	2016	\$	250.00
					***			\$	
								\$	
3. Contri	ibutor Informatio	n	X	Add [Rei	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title	Profession		d. Commen	ts	
	city, state, & zip)			Sales					
Lou Brov				- F	d - Nt 60-				
Selma, N	en Farm Road			c. Employer Premier J		ecine rieid			
Donna, 14	021310			1 Tomici 3	eweny		e. Election S	Sum to Date	
								250.00	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descripti	on	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check				09/10/2	2016	\$	150.00
								\$	
								\$	
3. Contri	ibutor Informatio	on	\boxtimes	Add [Re	move			
	ne, Mailing Address	& Phone		b. Job Title	Profession		d. Commen	ts	
	city, state, & zip)			Sales					
Jeff Holt						IG. Field	-		
P O Box				c. Employer Airflow I			-		
Pine Level, NC 27568				Alliowi	1000005/-	,3,7	e. Election S	Sum to Date	
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	 Kind Descripti	on	j. Date (mm/dd/y	vvv)	k. Amount	
	1	Check			asp	09/10/2		\$	250.00
								\$	
			1					e	

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5. Total of ALL CRO-1210 Pages

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

3385.00

650.00

\$

	Contributions from Individuals Pg 8 of 10 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used														
		and Fund if applical	The second second second second	or contain	outions t	Maria		2. ID Nu	The same of the sa						
		ounty Board of Educ							BGHE4P						
3. Contri	butor Informatio	n	X	Add		Remo	ve								
a. Full Nam	e, Mailing Address &	Phone		b. Job Ti	itle/Profess	sion		d. Commen	its						
	city, state, & zip)			Owner	•										
Steve Ma								e.							
K.:.	scus Drive NC 27527				yer's Nam		ific Field								
Clayton, I	NC 27327			iviature	ws Mioro)IS		e. Election	Sum to Date						
2								\$	500.00						
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount						
	1	Check					09/08/20	016	\$	250.00					
									\$						
									\$						
3. Contri	butor Informatio	n		Add		Remo	ve								
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Ti	itle/Profess	sion		d. Commen	its						
	city, state, & zip)			Retired	1										
Mary Dat				F		- 60	16 - FI-13								
	702 el, NC 27568		yer's Nam olic Scho		inc rieid										
I Mo Bov		3014	one bene-	013		e. Election	Sum to Date								
								\$	450.00						
f. Prior	g. Account Code	h. Form of Payment	i. In-F	ind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount						
	1	Check					09/07/20	016	\$	250.00					
									\$						
									\$						
	ibutor Informatio			Add		Remo	ove								
1364507737751752767	ne, Mailing Address &	& Phone		-	itle/Profes	sion		d. Commer	nts						
Phyllis R	city, state, & zip)			Retired	d										
Kenly, N				c. Emplo	yer's Nam	ne/Spec	ific Field	İ							
,					olic Scho										
				1				e. Election	Sum to Date						
								\$	50.00						
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					09/21/2	016	\$	50.00					
									\$						
							· · · · · · · · · · · · · · · · · · ·		\$						
	l only this Pag							\$		550.00					
5. Tota	of ALL CRO	-1210 Pages						\$	5. Total of ALL CRO-1210 Pages						

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

Amendment

Contributions	fue T	ndividuala
Contributions	Irom I	nuividuais

					Amer	ndment		
Contributions from Individuals	Pg	9	of	10		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contribution	ıs under	\$50 if for	rm CRO	1205 is no	ot used	-		20000 10
1. Committee Full Name (and Fund if applicable)				2. ID Nun	nber	16869		

1. Comm	ittee Full Name (2. ID Number								
Todd Sutt	con for Johnston C	County Board of Education	ation						BGHE4P	
3. Contri	butor Informatio	n	X	Add		Rem	ove			
a. Full Nam	e, Mailing Address &	k Phone		b. Job Ti	itle/Prof	ession		d. Comments		
	city, state, & zip)			IT						
Angie Lo	ck									
C:41-6:-1	1 NG 27577			-	yer's Na	me/Spe	cific Field			
Similified	d, NC 27577			IBM				e. Election Su	ım to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					09/10/20)16	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Rem	ove			
a. Full Nam	ie, Mailing Address d	& Phone		b. Job Ti	itle/Prof	ession		d. Comments		
	city, state, & zip)			Retired	i					
Wanda D	aughtry									
Vanta M	0.27540						cific Field			
Kenly, No		JC Pub	olic Sci	10015		e. Election Su	ım to Date			
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check		400000000000000000000000000000000000000			09/18/20	016	\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Rem	iove			
	ne, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Comments		
	city, state, & zip)			Retired	d					
George D						10	10 70 11			
Kenly, No	C 27342			JC Pub			cific Field			
				Jeru	JIIC SCI	10013		e. Election St	ım to Date	
								\$	30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Cind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					10/06/20	016	\$	30.00
									\$	
									\$	
	only this Pag							\$		180.00
5. Total	5. Total of ALL CRO-1210 Pages							\$ 3385.0		3385.00
(This line	(This line must be on line 6 of Detailed Summary Page CRO-1100)									2202.00

		m Individuals		_		Pg		of <u>1</u>		No No
- IN SWINSON	The second secon	ividual contributions	-	0 or contr	ribution	s unde	r \$50 if form (
		(and Fund if applica						2. ID N	umber	
Todd Sut	ton for Johnston (County Board of Educ	ation						BGHE4P	
	ibutor Informatio			Add		Rem	ove			
Transfer Complete Company	ne, Mailing Address	& Phone			itle/Prof	ession		d. Comm	ents	
Doug Par	city, state, & zip)			Retire	d					
Doug I a	non			c. Emple	oyer's Na	ame/Spe	cific Field			
Kenly, N	C 27542				blic Sch					
								e. Election	n Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	⊥ Kind Descr	iption		j. Date (mm/de		k. Amount	
	1	Check					09/2	7/2016	\$	50.00
									\$	
									\$	
3. Contri	ibutor Information	on	×	Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Prof	-		d. Comme	ents	
	city, state, & zip)			Cham	ber Pre	sident				
Gail Cude Kenly, N	_			a Frank	annada Mi		ecific Field			
Kelliy, IV	C 21342				Chamb		ecinc rieig			
					Onum	, • • • • • • • • • • • • • • • • • • •		e. Election	n Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/de	l/уууу)	k. Amount	
	1	Check					10/0	5/2016	\$	50.00
									\$	
									\$	
3. Contri	ibutor Informati	on	X	Add		Rem	nove			
	ne, Mailing Address	& Phone			itle/Prof	ession		d. Comm	ents	
Betty Ho	city, state, & zip)			Retire	d					
Kenly, N	-			c. Emple	oyer's Na	ame/Spe	ecific Field			
								e. Election	n Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/de	1/уууу)	k. Amount	
	1	Check					09/12	2/2016	\$	50.00
									\$	
									\$	
4. Total	l only this Pag	e						\$		150.00
5 Total	LOFALL CDO	1210 Deges				100000				

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

3385.00

\$

Amendment

		n Individuals vidual contributions o	over \$50) or contr	ibution	Pg s unde		of n CRO	<u>11</u> 1205 is no	Amendmen Yes	t 🗵	No
		and Fund if applica	the state of the s					100	2. ID Num			
Todd Sut	ton for Johnston C	County Board of Educ	ation							BGHE4P		
3. Contri	butor Informatio	n		Add		Rem	ove					
	ne, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		(l. Comment			
Cindy Mo	city, state, & zip)											
Cilidy Mid	CREIIZIE			c. Emple	over's Na	me/Spe	cific Field					
Smithfiel	d, NC 27577											
								•	e. Election S	um to Date		
-									\$	30.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	iption		j. Date (mm.	/dd/yyyy)	k. Amount		
	1	Check					09	/12/201	6	\$	3	0.00
										\$	Sec 10	-
										\$		
3. Contri	butor Informatio	on	\boxtimes	Add		Rem	ove					
	ne, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		(l. Comment	8		
(include	city, state, & zip)											
				c. Empl	oyer's Na	me/Spe	cific Field					
									e. Election S	um to Date		
									\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm	/dd/yyyy)	k. Amount		
										\$		
										\$		
										\$		
	ibutor Informatio		×	Add		Rem	iove					
HE TO SHOW THE LAND	ne, Mailing Address	& Phone		-	itle/Prof	ession			d. Comment	8		
	city, state, & zip)			Retire	d							
Carolyn I Merritt, N				c Empl	over's N	me/Sne	cific Field					
1,1011111, 1	••			Co Estable	ojer bitte	ime op						
									e. Election S	um to Date		
									\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm	/dd/yyyy)	k. Amount		
	1	Check					09	/12/201	6	\$	5	50.00
										\$		

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)

3385.00

80

\$

			Amenument		
Disbursements	Pg (of <u>8</u>	Yes	\boxtimes	No
Use this form to report expenditures from the committee for; operating	g expenses, contrib	utions to candid	late/political		

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 B		BGHE4P			
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each	type of Disburser	ment)	
Operating E			ndidates/Political Committees		Coordinated Party Expenditures	
4. Payee Inform	nation	\boxtimes	Add	Remove		
. Fuil Name, Mail	ing Address & Phone		b. Coordinated Committee	Name	d. Comments	
include city, state,						
Smithfield Seln	na Chamber					
			c. Level Registered (Specify			
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 26.00	
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	0	8/23/2016	\$26.00	Chamber event	
				\$		
4. Payee Inform	nation		Add	Remove		
	ing Address & Phone		b. Coordinated Committee		d. Comments	
include city, state,						
Bonsai Japenes			1		3	
•			c. Level Registered (Specify)		
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 15.79	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4					Campaingn Lunch	
1	Debit Card	0	8/26/2016	\$15.79	1 3	
				\$		
4. Payee Inform	nation	×	Add	Remove		
. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	Name	d. Comments	
include city, state,	, & zip)					
Benton Card C	ompany					
105 S. Wall Str	reet		c. Level Registered (Specify)		
Benson, NC 27	504		Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 3230.35	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	В	8/30/2016	\$83.27	Invitations	
1	Debit Card	В	9/23 & 10/11	\$1582.04	Yard Signs Cards	
5. Total only th	is Page				\$ 1707.10	
	L CRO-1310 Pages	7-0-10-10-10-10-10-10-10-10-10-10-10-10-1			7 1707.10	
(This line goes in	n line 13a of Detailed Sur		00 if Operating Expenses) 00 if Contrib to Candidates/Poli	tical Comm)	\$ 3163.51	
(This line goes in	n line 13c of Detailed Sur	nmary Page CRO-110	00 if Coordinated Party Expend	itures)		
7. Purpose Coo	les (List detailed ex	penditure code in	(h.) above)			
A* - Media	B* - Printing	C* - Fun			ther Candidate	
E - Salaries	F* - Equipment		H* - Holding Public Office Expenses			
I - Postage O* - Other	J - Penalties	K* - Off	ice Expenses	Q* - Donation to Legal Expense Fund		
the state of the s	re detailed evalence	dan in manufact	amarka field (la)			

Di	sbu	ırc	em	en	te
	3100				1.0

Amendment Yes

No

 \boxtimes

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			
The state of the s	Johnston County Be					BGHE4P			
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for	each ty	pe of Disbursem	ient.)			
Operating E	xpenses	Contributions to Car	ndidates/Political Commi	ttees	Co	ordinated Party Expenditures			
4. Payee Inform	ation	×	Add		Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Com	nittee Na	ime	d. Comments			
(include city, state,									
Partnership for			1						
Smithfield, NC			c. Level Registered (S	necify)					
			Federal		County:				
			State	H	Municipality:	e. Election Sum to Date			
			suic	<u> </u>	within cipality.	e. Election Sum to Date			
						\$ 15.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy		: A	1.5			
1. Account Couc	g. Form of Layment	mer ar poor code	L Date (min/du/yy	уу)	j. Amount	k. Required Remarks			
1	Debit Card	C	9/06/2016		\$15.00	Support fundrai			
						for Children			
					\$				
4 D. T.C.	674								
4. Payee Inform			Add		Remove				
	ng Address & Phone		b. Coordinated Com	nittee Na	ime	d. Comments			
(include city, state,	& zip)					Donation of			
Food Lion						School Supplies			
Kenly, NC 2754	12		c. Level Registered (S	pecify)					
			Federal		County:				
			State		Municipality:	e. Election Sum to Date			
						\$ 50.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks			
	D 11: 0 1					Gift Cards			
1	Debit Card	0	09/08/2016		\$50.00	for Event			
						IOI DVOIN			
					\$				
4. Payee Inform	ation		Add		Remove				
	ng Address & Phone		b. Coordinated Com	nittee No		d. Comments			
(include city, state,			Di Cool dinated Com	mittee I va		d. Comments			
Walmart	ос дру		-						
w annat			a Level Desistered (6			-			
Smithfield NC			c. Level Registered (S	pecity)	0				
Smithfield, NC			Federal	님	County:				
			State		Municipality:	e. Election Sum to Date			
						\$ 199.31			
		h. Purpose Code							
f. Account Code	g. Form of Payment	a. rurpose Code	i. Date (mm/dd/yy	уу)	j. Amount	k. Required Remarks			
1	Debit Card	K	09/15/2016		\$14.90	Office Supplies			
			03, 10, 2010		4150				
1	Debit Card	0	10/12/2016		\$184.41	Donation items			
			10/12/2010		Ψ104.41	for Hurricane			
5. Total only th	is Page					\$ 264.31			
6. Total of ALL	CRO-1310 Pages								
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		¢ 2162.51			
	line 13b of Detailed Sun		-		•	\$ 3163.51			
	line 13c of Detailed Sun	Maria di Santa da Cara		xpenditu	res)				
7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)						
A* - Media	B* - Printing	C* - Fun			D - To Anoth	ner Candidate			
E - Salaries	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1								
I - Postage	J - Penalties	K* - Offi	ce Expenses		Q* - Donatio	on to Legal Expense Fund			
O* - Other	1 4 1 1	•							
" Codes requir	e detailed explanat	ion in required r	emarks field (k)						

Disburseme	ents (D-		0	Amendment Yes	\boxtimes	Mo
	report expenditures	Trom the committ	tee for: one	Pg rating expenses	of contributions to	<u>8</u> candida			No
	coordinated party ex		ico ioi, ope	rating expenses	, contributions to	ounaido	no ponticai		
1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number		
Todd Sutton for	Johnston County B	oard of Education	1				BGHE	AP	
3. Type of Disb		ise use separate (type of Disburse	ment.)			
Operating E	- Country - Coun	Contributions to Ca		tical Committees		Coordinate	d Party Expenditures	3	
4. Payee Inform			Add		Remove				
	ng Address & Phone		b. Coordi	nated Committee N	lame	d. Co	mments		
(include city, state, Crooked Row	& zip)		1						
Smithfield, NC			c Level R	egistered (Specify)					
3, 110				deral	County:				
			St.	ate 🗍	Municipality:	e. Ele	ction Sum to Date		
				- Bernard	· · · · · · · · · · · · · · · · · · ·		4.16		
						\$ 3	34.16		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
1	Debit Card	С	9/12/	2016	\$34.16	- 1	ns for		
•	20011 0414		J/12/		Ψ54.10	Dona	ation		
					\$				
4. Payee Inform	ation		Add		Remove				
	ng Address & Phone		7	nated Committee N		d. Co	mments		
(include city, state,									
Dollar General									
Kenly, NC 2754	12		c. Level R	egistered (Specify)					
			Fe Fe	deral	County:				
			St	ate	Municipality:	e. Ele	ction Sum to Date		
						\$ 1	03.02		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
1						Supp			
I	Debit Card	0	09/12	2/2016	\$56.52				
1	Debit Card	0	8/31/	2016	\$46.50	Scho	ol Supply		
	<u></u>					Dona	ation		
4. Payee Inform		\boxtimes	Add		Remove				
	ing Address & Phone		b. Coordi	nated Committee N	ame	d. Co	mments		
(include city, state, Antioch Fire De									
Althour The De	.pr		c Level R	egistered (Specify)		55			
Middlesex, NC				deral	County:				
,				ate	Municipality:	e. Ele	ction Sum to Date		
						6 -	15.00		
		1	1			\$ 7	75.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount		quired Remarks		
1	Check	С	09/12	2/2016	\$75.00	Dona	ation		
						-			
					\$				
5. Total only th	is Page					\$	212.18		
	CRO-1310 Pages								
	line 13a of Detailed Sur					\$	3163.51		
	line 13b of Detailed Sur					a a	5105.51		
The second liverage and the se	line 13c of Detailed Sur	THE RESERVE OF THE PARTY OF THE		The second secon	tures)			7 - 1 to 0 to 10	
7. Purpose Cod A* - Media	es (List detailed ex B* - Printing		(h.) above draising)	D - To Ano	ther Car	lidata		105 18
E - Salaries	F* - Equipment		ical Party				: Office Expenses	3	

I - Postage O* - Other

J - Penalties

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

K* - Office Expenses

Q* - Donation to Legal Expense Fund

Disbursem	ents			D		Amendment of 8 Yes 🖂	
		from the commit	tee	Pg for; operating expenses			
	coordinated party ex				,	P	
1. Committee F	Full Name (and Fun	d if applicable)				2. ID Number	
Todd Sutton for	r Johnston County B	oard of Education	n			BGHE4P	
3. Type of Disb	ursement (Plea	ise use separate (CR	O-1310 forms for each	type of Disbur	rsement.)	
Operating I	Expenses	Contributions to C	and	dates/Political Committees		Coordinated Party Expenditures	
4. Payee Inform	nation	× ×		Add	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinated Committee N	lame	d. Comments	
(include city, state,	, & zip)						
Lazy O Farms			L				
Smithfield, NC				c. Level Registered (Specify)			
				Federal	County:		
			-	State	Municipality:	e. Election Sum to Date	
						\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	С		9/12/2016	\$300.00	Rental Fee	
	CHECK			9/12/2010	\$500.00		
					\$		
4. Payee Inform	nation	×		Add	Remove		
a. Full Name, Mail	ling Address & Phone		L	b. Coordinated Committee N	lame	d. Comments	
(include city, state,							
Selma Parks &	Rec		L				
Selma, NC				c. Level Registered (Specify)			
			1	Federal	County:		
			-	State	Municipality:	e. Election Sum to Date	
						\$ 90.73	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	0		09/12/2016	\$64.68	Booth fee	
	1					Parade fee	
1	Debit Card	0		09/29/2016	\$26.05	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
4. Payee Inform	mation	×		Add	Remove		
a. Full Name, Mail	ling Address & Phone		L	b. Coordinated Committee I	Name	d. Comments	
(include city, state	, & zip)						
Lowell Mill			-				
W 1 NO				c. Level Registered (Specify)			
Kenly, NC				Federal	County:		
			H	State	Municipality:	e. Election Sum to Date	
						\$ 17.60	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Chaole			09/06/0016	617.60	Campaign Breakf	
1	Check	0		08/26/2016	\$17.60		
					\$		
5. Total only th	his Page					\$ 408.33	
	L CRO-1310 Pages						
(This line goes in	n line 13a of Detailed Sui	mmary Page CRO-11	00	if Operating Expenses)		\$ 3163.51	
-				if Contrib to Candidates/Polit	•	\$ 3103.31	
the Contract of the latest and the l		THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	-	if Coordinated Party Expendi	tures)		
A* - Media	des (List detailed ex B* - Printing	C* - Fu			D. To A	Another Candidate	
E - Salaries	F* - Equipment					nother Candidate ding Public Office Expenses	
I - Postage	J - Penalties			Expenses		nation to Legal Expense Fund	
O* - Other							

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

Disburseme				Pg		of <u>8</u>	Amendment Yes	\boxtimes	No
Use this form to	report expenditures coordinated party ex	from the committ	ee for; operating exper	nses, c	contributions	to candida	ate/political		
	ull Name (and Fun	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.					2 ID Namber		
	Johnston County Be						2. ID Number BGHE		
3. Type of Disbu	The second secon		RO-1310 forms for ea	ich tv	ne of Dishur	remont)	BOTH	71	65.20
Operating Ex			ndidates/Political Committee				d Party Expenditure	S	
4. Payee Inform		×	Add		Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commit	tee Na		d. Co	mments		
(include city, state, of Benson Area Ch									
Benson, NC			c. Level Registered (Spe	cify)					
			Federal		County:				
			State		Municipality:	e. Ele	ection Sum to Date		
						\$	100.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy))	j. Amount		quired Remarks		
1	Debit Card	0	9/22/2016		\$100.00	Adv	ertising		
	N 84780-12371-2				\$				
4. Payee Inform	ation	×	Add		Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commit	tee Na	me	d. Co	mments		
(include city, state,	& zip)								1
Sunoco Smithfield, NC			a Level Desistered (See	-:6.)					
Simulified, NC			c. Level Registered (Spe	CHy)	County:				
			State	H	Municipality:	e. Ele	ection Sum to Date		
							21.69		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy))]	j. Amount	k. Re	quired Remarks		
						Gas			-
1	Debit Card	0	09/23/2016		\$21.69				-
					\$				
4. Payee Inform	ation		Add		Remove				
	ng Address & Phone		b. Coordinated Commit	tee Na	me	d. Co	omments		
(include city, state,	& zip)								
Sheetz			T ID 11 10	10)					
Zebulon, NC			c. Level Registered (Spe	city)	C				
Zebuloli, NC			State	H	County: Municipality:	a Fi	ection Sum to Date		ED TOTAL
			State		wuncipanty.		38.05		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		equired Remarks		
1	Debit Card	С	10/07/2016		\$38.05	Gas			
					\$				

Disbursem			_	Pg	<u>6</u> of	8 Yes
	report expenditures coordinated party ex		tee fo	or; operating expenses,	contributions to	candidate/political
The second secon	Full Name (and Fun	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE O				2. ID Number
	r Johnston County B		1			BGHE4P
. Type of Disb				1310 forms for each t	vpe of Disburse	
Operating I				es/Political Committees		Coordinated Party Expenditures
. Payee Inform	nation	×	Ad	ld 🔲	Remove	
. Full Name, Mail	ing Address & Phone		b. (Coordinated Committee N	ame	d. Comments
nclude city, state,	, & zip)		-			
Exxon Kenly, NC				aval Desistered (Specific)		
Kelliy, NC			e. 1	Federal Specify	County:	
				State	Municipality:	e. Election Sum to Date
						\$ 54.66
Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	0		10/11/2016	\$54.66	Gas
\$46.300					\$	
. Payee Inform	nation		Ad	ld 🗍	Remove	
The second secon	ling Address & Phone		-	Coordinated Committee N	The State of the S	d. Comments
nclude city, state,	, & zip)					
Circle K						
Concord, NC			c. I	evel Registered (Specify)		
				Federal	County:	
			L	State	Municipality:	e. Election Sum to Date
						\$ 24.57
Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	0		10/12/2016	\$24.57	Gas
					\$	
. Payee Inform	mation		Ac	id 🗍	Remove	
. Full Name, Mail	ling Address & Phone		b. (Coordinated Committee N	ame	d. Comments
include city, state						
Meadow Athle	tic Association					
Maadam NC			C. I	Level Registered (Specify) Federal	0	
Meadow, NC			1 -	State	County:	e. Election Sum to Date
			<u> </u>] State	Municipality:	
						\$ 100.00
. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	С		10/11/2016	\$100.00	Donation
					\$	
. Total only th	nis Page					\$ 179.23
The second second second second second	L CRO-1310 Pages					7 177.00
(This line goes is (This line goes is	n line 13a of Detailed Sui n line 13b of Detailed Sui	mmary Page CRO-110	00 if C	Contrib to Candidates/Politi	•	\$ 3163.51
				Coordinated Party Expendit	ures)	
7. Purpose Coo A* - Media	des (List detailed ex B* - Printing	penditure code in C* - Fun			P. T. A	than Candidat
E - Salaries	F* - Equipment					ther Candidate ng Public Office Expenses

I - Postage
O* - Other

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

								Amendment			
Disbursements					Pg	7	of 8		Yes	\boxtimes	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	The state of the s	se use separate C						
Operating E			ndidates/Political Co	mmittees		pordinated Party Expenditures		
4. Payee Inform		×	Add		Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name			d. Comments		
(include city, state,	& zip)							
Circle K								
Smithfield, NC			c. Level Register	ed (Specify)				
			Federal		County:			
			State	П	Municipality:	e. Election Sum to Date		
				\$ 58.05				
f. Account Code	Account Code g. Form of Payment h. Purpose Code			d/yyyy)	j. Amount	k. Required Remarks		
	-	_				Gas		
1	Debit Card	0	10/12/2016		\$58.05	Gus		
					\$			
4. Payee Inform	ation	×	Add		Remove			
THE RESIDENCE OF THE PARTY OF T	THE RESERVE AND ADDRESS OF THE PARTY OF THE		b. Coordinated C	ommittee N		d. Comments		
	ng Address & Phone		b. Cool dinated C	OMINITEE IN	ашс	d. Comments		
(include city, state, Kenly Chamber			1					
			I ID II	1 (0 10)		_		
Kenly, NC			c. Level Register	ed (Specify)		4		
			Federal	\sqcup	County:			
			State		Municipality:	e. Election Sum to Date		
						\$ 75.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/d	d/yyyy)	j. Amount	k. Required Remarks		
1	Check		10/07/2016		\$75.00	Donation Golf		
						Gon		
					\$			
4. Payee Inform	ation		Add Remove					
	ing Address & Phone		b. Coordinated C	Committee N		d. Comments		
(include city, state,			57 5557 5124155			W COMMOND		
USPS	с. дру		1					
0515	c. Level Register	ed (Specify)						
	Federal	cu (opecity)	County:					
	State Municipality:			e. Election Sum to Date				
				c. Election Sum to Date				
						\$ 57.20		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/d	d/mm)	j. Amount	k. Required Remarks		
1. Account Code	g. Form of Fayment	as I as post Code	I. Date (mm/o	шуууу)	J. Amount	k. Required Remarks		
1	Debit Card	I	08/31/2016	5	\$57.20			
					\$			
5. Total only th			- in the second of the second	\$ 190.25				
	CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 3163.51		
(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 F* - Equipment	C* - Fun						
E - Salaries I - Postage				g Public Office Expenses				
I - Postage J - Penalties K* - Office Expenses Q* - Donati					on to Legal Expense Fund			
ADDRESS OF THE PARTY OF THE PAR	e detailed explanat	ion in required r	omorke field (k					

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								
	Johnston County B		2. ID Number BGHE4P					
		The state of the s		h tung of Dich				
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 Inform		×	Add	Remove				
	ng Address & Phone		b. Coordinated Committee		d. Comments			
(include city, state,								
WalMart					<u> </u>			
Smithfield, NC			c. Level Registered (Speci	ify)				
			Federal	County:				
			State	Municipalit	y: e. Election Sum to Date			
				-	\$ 17.42			
f. Account Code	Account Code g. Form of Payment h. Purpose Code			j. Amount	k. Required Remarks			
1	Debit Card	О	09/12/2016	\$17.42	Supplies			
				\$				
4. Payee Inform	ation		Add	Remove				
	ng Address & Phone		b. Coordinated Committee		d. Comments			
(include city, state,	& zip)							
Speedway								
Smithfield, NC			c. Level Registered (Spec	ify)				
			Federal [County:				
			State	Municipalit	e. Election Sum to Date			
					\$ 24.95			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Debit Card	0	07/06/2016	\$24.95				
				\$				
4. Payee Inform	nation	\boxtimes	Add	Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee	ee Name	d. Comments			
(include city, state,	& zip)							
			c. Level Registered (Spec					
			Federal [County:	e. Election Sum to Date			
			State	Municipali	y: e. Election Sum to Date			
		h Dumass Code			\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
		I		\$				
				\$				
5. Total only th	is Page				\$ 42.37			
6. Total of ALL	CRO-1310 Pages							
_	= = =		00 if Operating Expenses)		\$ 3163.51			
(1 hts 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				Another Candidate Iolding Public Office Expenses			
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund								
CONTRACTOR OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO	O* - Other * Codes require detailed explanation in required remarks field (k)							
Coucs requir	o actuated explanal	TOR IN I CHAILER I	VIII INS HOLD (N)					

Disbursements

Amendment

Yes

No