Disclosure Re Use this form for ger	port Cover eral report and committee in	nformation, must be	signed and sub		Amendment Yes X No ner detailed forms
Do not use this form	to update information	,			
1. Committee Infor	mation				
a. Full Name					c. ID Number
	nston County Board of Educ	cation			BGHE4P
	ude City, State and Zip Code)				d. Date Filed
10298 Old Beulah R Kenly, NC 27542	Coad				01/11/2017
					e. Phone Number
					919-757-4996
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full	Name
2016	7/01/2016	12/3	31/2016	Shannon Pittman I	Kirby
6. Type of Committ		9. Type of Report	(check onl	ly one type of report	from one category)
Candidate Campa	· = ·	Municipal	State/Co		Referendum
Independent	Referendum	Organizational	-	Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five day	y C	Quarterly	Pre-referendum
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	Pre-primary	—	First	Final
"Booster Fund"	(g appricable, check one)	Pre-election		Second	Final Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Year		Semi-annual	
Other:		Year End	'	Mid Year	10. Special Report Name
8. Number of Fund	raisers this Report	Final Special		Year End Final	
	0			Special	
11. Account Inform			11. Account I		
a. Financial Institution I				itution Full Name	
KS Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	1				
account for receipts and	d. Period Begin Balance				
expenditures					d. Period Begin Balance
	\$ 48.59				\$
CERTIFICATION					
the NC General Statu is complete, true and	nmittee or Fund is in compliates and that no funds are concorrect and that I have been	mmingled with proh	ibited or other r	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
1001	Printed Name of Signer	<u> </u>	ignature of Appoint	ted Treasurer	2 · [· 17 Date
FOR OFFICE USE O	NLY		grand or appoint		Duit
Date Received:	1-20-17	Employee:	<u> lua</u>	φ	Delivery Method Normal Mail
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Enter	ed:	Employee:			mandatory training
Please Note: Thi	custodia	n of books informat	ion, or account	information.	ess, treasurer, assistant treasurer,
	You must amend the States	nem of Organization	1 (CKO-2100A-	יבו נס make committe	ee cnanges.

Amendment

Detailed Summary

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

Amendment No

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Todd Sutton for Johnston County Board of Education Year End Semi Annual **BGHE4P Total this** Total this **Start of Election Cycle:** January 1, 2016 Reporting Period **Election Cycle** Cash on Hand at Start 48.59 \$ 9019.26 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 6) Contributions from Individuals (CRO-1210) \$ 3735.00 \$ 9019.26 **Contributions from Political Party Committees** 7) (CRO-1220) \$ \$ **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 Organizations \$ (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, 11d and 11e) \$ 3735.00 \$ 9019.26 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 3781.66 \$ 9017.33 13b) Contributions to Candidates/Political Committees (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) \$ \$ Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) \$ 1.93 \$ 1.93 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 100.00 22) Debts and Obligations owed By the Committee \$ (CRO-1610) 23) Debts and Obligations owed To the Committee \$ (CRO-1620) 24) Account Transfers Within the Committee \$ (CRO-1720) 25) Administrative Support (CRO-1710) \$ \$ Forgiven Loans 26) (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2200) \$ \$ 28) Contributions to be Refunded \$ (CRO-1215) \$

\$ 3. Contributor Information			m Individuals vidual contributions of	over \$50	or contributio	Pg ns unde		of <u>12</u>		
3. Contributor Information	1. Comm	ittee Full Name	and Fund if applica	ble)				2, ID N	umber	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Larry Strickland P O Box 700 Pine Level, NC 27568 919-632-3200 6. Employer's Name/Specific Field NCDOT e. Election Sum to Date \$ 600.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 9/12/2016 \$ 100 \$ 3. Contributor Information	Todd Sut	ton for Johnston (County Board of Educ	ation					BGHE4F	•
(include city, state, & zip) Larry Strickland P O Box 700 Pine Level, NC 27568 919-632-3200 c. Employer's Name/Specific Field NCDOT c. Employer's Name/Specific Field NCDOT c. Election Sum to Date \$ 600.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. David Brantley Rocky Mount, NC c. Employer's Name/Specific Field Boice Willis Pediatrics c. Election Sum to Date c. Employer's Name/Specific Field Boice Willis Pediatrics c. Election Sum to Date s 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	3. Contri	butor Informatio	on	X	Add	Ren	nove			
Larry Strickland P O Box 700 Pine Level, NC 27568 919-632-3200 C. Employer's Name/Specific Field NCDOT S. Comments S. Comments			& Phone		b. Job Title/Pr	ofession		d. Comm	ients	
P O Box 700 Pine Level, NC 27568 919-632-3200 c. Employer's Name/Specific Field NCDOT c. Election Sum to Date s 600.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount l Check 9/12/2016 \$ 100 s 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. David Brantley Rocky Mount, NC c. Employer's Name/Specific Field Boice Willis Pediatrics e. Election Sum to Date s 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount					Assistant M	gr DOT				
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a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profe	ession	d. Comme	nts	
(include	city, state, & zip)			Retired				
Sammy P	rice							
Kenly, N	C			c. Employer's Na	me/Specific Field			
				Retired				
						e. Election	Sum to Date	
				The state of the s		\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/c	ld/yyyy)	k. Amount	
	1	Check			09/1	15/2016	\$	50.00
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

3735.00

400.00

\$

\$

Co

						Amendment		
Contributions from Individuals	Pg	2	of	12_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if for	m CRO	1205 is no	t used			

1. Comm	. 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		Reme	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job T	itle/Profe	ssion		d. Comments		
	city, state, & zip)			Nurse						
Amy Bear	•									
Kenly, N	C 27542				-	ne/Spe	cific Field			i
				Wake	Med					
0								e. Election Su	m to Date	
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	1	Check					9/10/20	16	\$	50.00
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(include	city, state, & zip)			Financ	ial Serv	ices				
James Ho	ke									
Kenly, No	C 27542			c. Emplo	oyer's Na	ne/Spe	cific Field			
2 1								e. Election Su	m to Date	
								\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
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(include	city, state, & zip)			QA M	anager					
Dave Bar	nes									
Kenly, No	C					me/Spe	cific Field			
				Firesto	one					
								e. Election Su	ım to Date	
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	1	Check					09/15/20	016	\$	100.00
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Alberta Decision College	only this Pag							\$		175.00
5. Total	of ALL CRO	-1210 Pages						\$		3735.00
(This line	(This line must be on line 6 of Detailed Summary Page CRO-							Ψ		3,33.00

		m Individuals ividual contributions o	over \$5(Pg O or contributions unde		<u>12</u> O 1205 is no	Amendment Yes Ot used	No
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Todd Sutt	ton for Johnston C	County Board of Educa	ation				BGHE4P	
	ibutor Informatio		×	Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	is	
David Gra	city, state, & zip)			Insurance				
P O Box 3	•			c. Employer's Name/Sp	ecific Field	1		
Kenly, NO				The Insurance Shop				
919-631-3	3222					e. Election S	um to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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	city, state, & zip) I Daughtry			DOT				
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Selma, No				NCDOT/921		1		
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Romy, 1	J 21372			Comprojer a rome op	Come Piera	1		
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3735.00

		n Individuals vidual contributions o	ver \$50	or contribu	Pg itions unde	_4 of r \$50 if form CR0	12 D 1205 is no	Amendment Yes ot used	No No	
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	e, Mailing Address &	Phone		b. Job Title	/Profession		d. Commen	ts		
	city, state, & zip)			Pastor						
Charles R										
	ld Beulah Road				r's Name/Spe	cific Field				
Kenly, No	C 27542			Micro Ol	FWB					
							e. Election S	Sum to Date		
							\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descripti	ion	j. Date (mm/dd/yy	уу)	k. Amount		
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Clayton,	NC			c. Employe	r's Name/Spe	ecific Field				
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Kenly, N	C 27542			Bridgest	one/326					
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5. Total of ALL CRO-1210 Pages.

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3735.00

	Contributions from Individuals (se this form to report individual contributions over \$50 or con Committee Full Name (and Fund if applicable)					Pg s under	5 \$50 if for	of rm CR(12 O 1205 is no	Amendmen Yes ot used		
1. Comm	ittee Full Name (and Fund if applical	ble)						2. ID Nur	nber		
Todd Sut	ton for Johnston C	County Board of Educa	ation						BGHE4P			
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	ne, Mailing Address &	& Phone			itle/Prof	ession			d. Commen	ts		
	city, state, & zip)			Presid	ent							
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Wake 10	1031, 110			_	Pharm							
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ANTISATE MARKETINE PRI	ne, Mailing Address d	& Phone		b. Job T	itle/Prof	ession			d. Commen	ts		
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	e city, state, & zip)			Retired				
Sherril I								
Kenly, NC			c. Employer's Name/	Specific Field				
				Retired				
						e. Election	Sum to Date	
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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3735.00

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Contributions from Individuals Pg 6 of 12 Amendment Yes 🖂 No

Use this f	orm to report indi	vidual contributions of	ver \$50	or contri	butions unde	er \$50 if form CR	O 1205 is no	ot used		
1. Comm	ittee Full Name (and Fund if applica	ble)				2. ID Nur	nber		
Todd Sutt	on for Johnston C	County Board of Educ	ation					BGHE4P		
3. Contri	butor Informatio	on .	X	Add	Ren	nove				
a. Full Nam	e, Mailing Address é	& Phone		b. Job Tit	tle/Profession		d. Commen	ts		
	city, state, & zip)			Nurse						
Kathy Wo		5 1		c. Employer's Name/Specific Field						
Kenly, NO	y Grove Church I	Road			yer's Name/Sp lic Schools	ecific Field	-			
Kelliy, IN	521542			JC Fub	ne Schools		e. Election S	Sum to Date		
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a. Full Nam	e, Mailing Address &	& Phone		b. Job Ti	tle/Profession		d. Commen	ts		
	city, state, & zip)			Retired						
	er Boykin									
	Beulah Road				yer's Name/Sp	ecific Field				
Kenly, No	C 27342			NC Sta	te/501		e. Election S	Sum to Date		
							\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Cind Descri	ption	j. Date (mm/dd/yy	уу)	k. Amount		
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a. Full Nan	ie, Mailing Address &	& Phone		b. Job Ti	tle/Profession		d. Commen	ts	-	
	city, state, & zip)			Sales						
Keith Cu	rie Irich Drive			F-1			-			
Kenly, No					yer's Name/Sp nsurance/524		1			
919-284-				Crop ii	134141100/32	•	e. Election	Sum to Date		
							\$	100.00		
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	only this Pag						\$		250.00	
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(This line	e must be on line 6 of	Detailed Summary Page (CRO-1100))					2.30.00	

Contributions from Individuals

				Aulei	пошен		
Pg	7	of	12		Yes	\boxtimes	No

A --- -- -- --- A

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 冈 Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Tracey Godwin 460 Batten Pond Rd. c. Employer's Name/Specific Field Selma, NC 27576 Ten Seven Ventures 919-202-0682 e. Election Sum to Date 600.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 09/08/2016 \$ 250.00 \$ \$ X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Sales Lou Brown 242 Batten Farm Road c. Employer's Name/Specific Field Selma, NC 27576 Premier Jewelry 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 09/10/2016 \$ 150.00 \$ \$ 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Sales Jeff Holt P O Box 518 c. Employer's Name/Specific Field Pine Level, NC 27568 Airflow Products/339 e. Election Sum to Date \$ 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 09/10/2016 \$ 250.00 \$ \$ 4. Total only this Page \$ 650.00

5. Total of ALL CRO-1210 Pages

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

3735.00

Contributions from Individuals

				Amendment				
Pg	8	of	12_		Yes	\boxtimes	No	

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

1. Comm	ittee Full Name (ble)	le)					2. ID Number			
Todd Sut	ton for Johnston C	County Board of Educ	ation	10.551600					BGHE4P		
3. Contri	butor Informatio	on	X	Add		Rem	ove				
a. Full Nan	e, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		d. Comments			
	city, state, & zip)			Owner	•						
Steve Ma											
	cus Drive			c. Emplo	yer's Na	me/Spe	cific Field				
Clayton, 1	NC 27527			Matthe	ews Mo	tors					
								e. Election S	um to Date		
								\$ 500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	n-Kind Description j. Date (mm/dd/			j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check		09/08			09/08/20	016	\$	250.00	
									\$		
									\$		
The Party Co.	butor Informatio		X	Add		Rem	iove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		d. Comments			
	city, state, & zip)			Retired	d						
Mary Daughtry P.O. Box 702											
P O Box 702							ecific Field				
Pine Level, NC 27568				JC Pub	olic Sch	ools					
								e. Election St	um to Date		
								\$	450.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description j. Date (mm/dd			j. Date (mm/dd/yy	уу)	k. Amount			
	1	Check					09/07/20	016	\$	250.00	
									\$		
									\$		
3. Contri	butor Informatio	n	X	Add		Rem	iove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		d. Comments			
	city, state, & zip)			Retired	d				*		
Phyllis R											
Kenly, N	C 27542				-		ecific Field				
				JC Pub	olic Sch	ools					
								e. Election S	um to Date		
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check					09/21/20	016	\$	50.00	
									\$		
									\$		
4. Total	only this Pag	е						\$		550.00	
	of ALL CRO							\$ 3735.00		3735.00	
(This line	e must be on line 6 of .	Detailed Summary Page (RU-1100)				3,55.00			

A ADDITE TO THE PROPERTY OF THE PARTY OF THE	Contributions	from	Individuals
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				Ame	ndment		
Pg	9	of	12		Yes	\boxtimes	No

		vidual contributions of	over \$50) or contri	Pg butions unde	of <u>9</u> of er \$50 if form CR	<u>12</u> O 1205 is no	ot used	⊠ No
		and Fund if applica					2. ID Nun	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	
Todd Sut	ton for Johnston C	County Board of Educ	ation					BGHE4P	
3. Contri	butor Informatio	on	X	Add	Ren	nove			
	ne, Mailing Address &	& Phone			tle/Profession		d. Commen	ts	
	city, state, & zip)			│ IT					
Angie Lo	ck								
Smithfiel	d, NC 27577			IBM	yer's Name/Sp	ecific Field	4		
Difficultion	u, 140 27577			IDIVI			e. Election S	Sum to Date	
							e. Election Sum to Date		
		1		1			\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption	j. Date (mm/dd/y)	уу)	k. Amount	
	1	Check	1/4			09/10/2	016	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on	×	Add	Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	tle/Profession		d. Commen	ts	
	city, state, & zip)			Retired					
Wanda D	aughtry								
Kenly, NC 27542					yer's Name/Sp	ecific Field			
Kenly, NC 27542				JC Pub	lic Schools		- Th-42 6		
							e. Election S		
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				09/18/2	016	\$	50.00
								\$	
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	
3. Contri	butor Informatio	on	×	Add	Ren	nove			
	ne, Mailing Address	& Phone			tle/Profession		d. Commen	ts	
The second secon	city, state, & zip)			Retired					
George D				P. I			-		
Kenly, N	C 27542				yer's Name/Sp lic Schools	ecific Field			
				JC Fub	iic Schools		e. Election S	Sum to Date	
							\$	30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descrip	ption	j. Date (mm/dd/y)	/уу)	k. Amount	
	1	Check				10/06/2	016	\$	30.00
								\$	
								\$	
4. Total	only this Pag	e					\$	-	180.00
5. Total	of ALL CRO	1210 Pages					•		2726.00
							\$		3735.00

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

Amendment **Contributions from Individuals** Pg 12 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Todd Sutton for Johnston County Board of Education **BGHE4P** 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired **Buck Young** c. Employer's Name/Specific Field Kenly, NC 27542 **US Army** e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 10/10/2016 \$ 50.00 \$ \$ X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Chamber President** Gail Cuddington Kenly, NC 27542 c. Employer's Name/Specific Field Kenly Chamber e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 Check 10/06/2016 \$ 50.00 \$ \$ 3 Contributor Information Add □

	me, Mailing Address e city, state, & zip)	& Phone	b. Job Title/Profe	ssion	d. Comn	nents
			c. Employer's Na	me/Specific Field		
					e. Election	on Sum to Date
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/	/уууу)	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)

\$

100.00

3735.00

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C.On	LEID	HEIONS	irom	Individua	

					Amen	dment		
Contributions from Individuals	Pg	_11	of	12_		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions	under S	\$50 if forn	cRO	1205 is no	t used			

1. Comm	ittee Full Name	(and Fund if applical	ble)					2. ID Nun	nber	
Todd Sutt	ton for Johnston C	County Board of Educa	ation						BGHE4P	
	ibutor Informatio	The second secon		Add		Rem	ove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job T	itle/Profe	ession		d. Comment	ts	
Cindy Mo	cKenzie									
Smithfield	d, NC 27577			c. Emplo	oyer's Na	ime/Spe	ecific Field			
-								e. Election S	Sum to Date	
								\$	30.00	
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					09/12/20		\$	30.00
									\$	
									\$	
	ibutor Informatio		\boxtimes	Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job T	Title/Profe	ession		d. Comment	ts .	
(include	city, state, & zip)			4						
				P1	1.N.	47	and week a a			
				c. Empio	yer's Na	me/Spe	ecific Field	-		
								e. Election S	Same to Date	
								t. Elteuon 3	um to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
									\$	
									\$	
									\$	
3. Contri	ibutor Informatio	on	X	Add		Rem	ove			
	ne, Mailing Address &	& Phone			Title/Profe	ession		d. Comment	ts	
	city, state, & zip)			Retire	d					
Carolyn I				77 1		4 C		1		
Merritt, N	1C			c. Empio	oyer's Na	me/Spe	ecific Field	-		
								e. Election S	Sum to Date	
	638							\$	50.00	
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					09/12/20	016	\$	50.00
									\$	
								77.55.77e 55	\$	
4. Total	l only this Pag	e						\$		80
5. Total	l of ALL CRO)-1210 Pages								2725.00
(This line	e must be on line 6 of	Detailed Summary Page C	CRO-1100))				\$		3735.00

Con	tribu	tions	from	Individuals	V
CUII	uivu	uvus	11 37 111		•

				Ame	ndment	22 222 2223 22 22 22 22	
Pg	12	of	12_		Yes	\boxtimes	No

Jse	this form	to report	t individual	contributions over	\$50	or contributions und	der \$50	if form CR	O 1205 is n	ot used

1. Comm	ittee Full Name (and Fund if applical	ble)					2. ID Nun	ıber	
Todd Sutt	ton for Johnston C	ounty Board of Educ	ation						BGHE4P	
3. Contri	butor Infor <mark>mati</mark> o	n	\boxtimes	Add		Rem	ove			
	e, Mailing Address &	Phone		b. Job T	itle/Profe	ssion		d. Comment	3	
	city, state, & zip)			Assist	ant Mgr	NC W	Vildlife			
Vann Star										
	alem Church Road	l		c. Employer's Name/Specific Field						
Kenly, NO				NC Wildlife						
919-284-3	3540							e. Election Sum to Date		
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					10/24/20)16	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove			
the same of the sa	e, Mailing Address &		- A		itle/Profe		010	d. Comment		
	city, state, & zip)			JCRW				d. Commen	3	
	Johnston County Republican Women									
Smithfield, NC				c. Emple	oyer's Na	me/Spe	cific Field			1
Simulation, 140				Wome	ns Grou	ıp				
								e. Election S	um to Date	
							1	\$	130.00	
f. Prior	a Assourt Code	h Earn of Daniel	1	(. I D .						
1.11101	g. Account Code	h. Form of Payment	1. 1n-R	and Descr	ipuon		j. Date (mm/dd/yy)		k. Amount	
	1	Check					10/27/20)16	\$	130.00
			-						\$	
									\$	
3. Contri	butor Informatio	n	X	Add		Rem	ove			
	ne, Mailing Address á	Phone Phone			itle/Profe	ession		d. Comment	S	
	city, state, & zip)			Candi	idate					1
Todd Sutt										1
	d Beulah Road					-	cific Field			
Kenly, No	C 27342			Pnarm	aceutic	ais	-	e. Election S	lum to Date	
								\$	120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descr	iption		j. Date (mm/dd/yy		k. Amount	
	1	Check					12/28/20		\$	120.00
									\$	
					-				\$	
4. Total	only this Page	B						\$	1	350.00
	of ALL CRO							_		
		Detailed Summary Page (RO-1100)				\$		3735.00

Die	bu	rser	MAN	40
DIS	\mathbf{n}	rser	nen	TS

Amendment

		_=		•			
	Use this form to report expenditures from the committee for; operating expenses	. cor	ıtrıbuti	ons to	candidat	e/politi	ical
1	committees and coordinated party expenditures.	,				o posses	
ſ	1 Complete B. H. W. C. J. B. 110 B. 111						

Yes No

1. Committee F	2. ID Number								
	Johnston County B					BGHE4P			
3. Type of Disb	ursement (Plea	ise use separate (RO-1310 forms fo	r each ty	pe of Disburser	ment.)			
Operating E	xpenses	Contributions to Car	ndidates/Political Comn	nittees		oordinated Party Expenditures			
4. Payee Inform	ation	\boxtimes	Add		Remove				
a. Full Name, Mailing Address & Phone			b. Coordinated Con	mittee Na		d. Comments			
(include city, state, & zip)									
Smithfield Selm			1						
Simumera Sem									
			c. Level Registered	Specify)					
			Federal	Ш	County:				
			State		Municipality:	e. Election Sum to Date			
						\$ 26.00			
						\$ 20.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks			
1	D 1 1 C 1		0.100.100.1			Chamber event			
1	Debit Card	0	8/23/2016		\$26.00				
					\$				
4. Payee Inform	ation	×	Add		Pomoro				
					Remove				
	ng Address & Phone		b. Coordinated Com	mittee Na	ime	d. Comments			
(include city, state,			4						
Bonsai Japenese	•								
			c. Level Registered	(Specify)					
-			Federal		County:				
			State		Municipality:	e. Election Sum to Date			
			esc.						
						\$ 15.79			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvv)	j. Amount	k. Required Remarks			
		-	,	3331	3	Campaingn Lunch			
1	Debit Card	0	8/26/2016		\$15.79	Campanigh Eunch			
					\$				
4. Payee Inform	otion		LLA						
			Add		Remove	T. a			
	ng Address & Phone		b. Coordinated Con	mittee Na	ime	d. Comments			
(include city, state,									
Benton Card Co									
105 S. Wall Stre	eet		c. Level Registered	(Specify)					
Benson, NC 275	504		Federal		County:				
			State	\Box	Municipality:	e. Election Sum to Date			
						\$ 3230.35			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	vvv)	j. Amount	k. Required Remarks			
		•	=== (mm aw y	JJJJ	J	Invitations			
1	Debit Card	В	8/30/2016		\$83.27	mynations			
						37. 10.			
1	Debit Card	В	9/23 & 10/11		\$1582.04	Yard Signs			
	. B					Cards			
5. Total only th	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN					\$ 1707.10			
	CRO-1310 Pages								
	0 if Operating Expense			\$ 3781.66					
	0 if Contrib to Candida			Ψ 5/01.00					
Contract of the last of the la	line 13c of Detailed Sun	COLUMN TO SERVICE AND ADDRESS OF THE PARTY O		Expenditu	res)				
7. Purpose Cod	es (List detailed ex								
A* - Media	B* - Printing	C* - Fun			D - To Anot	her Candidate			
E - Salaries	F* - Equipment				H* - Holdin	g Public Office Expenses			
I - Postage	J - Penalties	K* - Offi	ce Expenses			ion to Legal Expense Fund			
O* - Other				-					
* Codes requir	e detailed explanat	ion in required r	emarks field (k)						

TS 1 2						Amen	dment		
Disbursements		Pg	2	of	11		Yes	\boxtimes	No
Has this forms to remark arm and item	 ··································		-						

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

committees and	coordinated party ex	penditures.			, Formation
	ull Name (and Fun				2. ID Number
	Johnston County Bo				BGHE4P
3. Type of Disb			RO-1310 forms for each t	vpe of Disbursem	ent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Partnership for	Children				-
Smithfield, NC			c. Level Registered (Specify)		4
			Federal State	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 15.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	С	9/06/2016	\$15.00	Support fundrai for Children
				\$	
4. Payee Inform	ation	×	Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	& zip)				Donation of
Food Lion					School Supplies
Kenly, NC 2754	42		c. Level Registered (Specify)]
			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/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	0	09/08/2016	\$50.00	Gift Cards
1	Debit Card	0	09/08/2010	\$50.00	for Event
				\$	
4. Payee Inform	ation	X	Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Walmart					
<i>i</i>			c. Level Registered (Specify)		
Smithfield, NC			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 199.31
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	K	09/15/2016	\$14.90	Office Supplies
1	Debit Card	0	10/12/2016	\$184.41	Donation items for Hurricane
5. Total only th	is Page				\$ 264.31
6. Total of ALI	CRO-1310 Pages				
		-	0 if Operating Expenses)		\$ 3781.66
			0 if Contrib to Candidates/Politic		Ψ 3/61.00
CONTRACTOR OF THE REAL PROPERTY.	The state of the s		0 if Coordinated Party Expenditu	ures)	
	les (List detailed ex				
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		D - To Anoth	er Candidate g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund

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

Die	hii	rsem	ente
\mathbf{D}	υu	126III	CIIIS

					Amen	dment		
Disbursements	Pg	3	of	11		Yes	\boxtimes	No
Is a this form to report expanditures from the committee for expanding over		a a manufacea di c	4-		J-4-/1:4:	1		

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

1. Committee 1	Full Name (and Fun	d if applicable)			2. ID Number		
Todd Sutton fo	r Johnston County B	BGHE4P					
3. Type of Dish	oursement Plea	se use separate (RO-1310 forms for each t	vpe of Disbursem	ent.)		
Operating I			ndidates/Political Committees	Attended	ordinated Party Expenditures		
4. Payee Inform	nation	\boxtimes	Add	Remove			
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state	, & zip)						
Crooked Row							
Smithfield, NC	,		c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					0 2416		
					\$ 34.16		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	С	9/12/2016	\$34.16	Mums for		
1	Debit Card		9/12/2010	\$34.10	Donation		
				\$			
				Ψ			
4. Payee Inform		×	Add	Remove			
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state							
Dollar General							
Kenly, NC 275	542		c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$ 103.02		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	0	09/12/2016	\$56.52	Supplies		
1	Debit Card	0	8/31/2016	\$46,50	School Supply		
4 Demos Inform		N. 1	A11 🗔		Donation		
4. Payee Inform	A Delle A Committee of the Committee of	⊠	Add D. Coordinated Committee N	Remove	Lia		
	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state			_				
Antioch Fire D	ept		- T - 1 D - 1 4 - 1 (C - 10)				
Middlesex, NC	1		c. Level Registered (Specify)	0	4		
ivildulesex, INC	,		Federal	County:	Florida Santa Data		
			State	Municipality:	e. Election Sum to Date		
					\$ 75.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		-	i. Date (minuthyyyy)		Donation		
1	Check	C	09/12/2016	\$75.00	Donation		
				\$			
5. Total only th	his Page				\$ 212.18		
	L CRO-1310 Pages				Ψ £1£.10		
		nmary Page CRO-110	00 if Operating Expenses)		1		
(This line goes in line 13b of Detailed Summary Page CRO-116				cal Comm)	\$ 3781.66		
			00 if Coordinated Party Expendit				
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	des (List detailed ex		and the second s				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	er Candidate		
E - Salaries	F* - Equipment				Public Office Expenses		
I - Postage O* - Other	J - Penalties		ice Expenses	Q* - Donatio	on to Legal Expense Fund		
* Codes requi	re detailed explanat	ion in required r	emarks field (k)				

Disbursem Use this form to		from the committ	Pg ee for; operating expense	4 of	Amendment 11 Yes No candidate/political			
committees and	coordinated party ex	penditures.	, 1 0 1		F			
	uli Name (and Fun				2. ID Number			
	Johnston County B	BGHE4P						
3. Type of Disb		type of Disbursen	nent.)					
Operating E	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		ndidates/Political Committees		oordinated Party Expenditures			
4. Payee Inform	ation	\square	Add	Remove				
	ng Address & Phone		b. Coordinated Committee	Name	d. Comments			
(include city, state,	& zip)							
Lazy O Farms					_			
Smithfield, NC			c. Level Registered (Specify		4			
			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			
			120	\$				
4. Payee Inform	ation	\boxtimes	Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	Name	d. Comments			
(include city, state,					100000000000000000000000000000000000000			
Selma Parks &	Rec							
Selma, NC			c. Level Registered (Specify					
			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 90.73			
f. Account Code	g. Form of Payment	h. Purpose Code	1 Date ((11/4)	T : A				
1. Account Code	g. Form of Payment	u. r us pose coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks Booth fee			
1	Debit Card	0	09/12/2016	\$64.68	Boour ice			
1	Debit Card	0	09/29/2016	\$26.05	Parade fee			
4. Payee Inform	nation	×	Add	Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee	Name	d. Comments			
(include city, state,	& zip)							
Lowell Mill								
			c. Level Registered (Specify	y)				
Kenly, NC			Federal	County:				
			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	Check	0	08/26/2016	\$17.60	Campaign Breakf			
				\$				
5. Total only th	is Page				\$ 408.33			
	CRO-1310 Pages							

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

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

(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)

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

D - To Another Candidate

A*-Media B*-Printing
E - Salaries F*-Equipment
I - Postage J - Penalties

C* - Fundraising
G - Political Party
K* - Office Expenses

NC State Board of Elections

H* - Holding Public Office Expenses
Q* - Donation to Legal Expense Fund

\$

3781.66

Disbursement	ts

					Ашси	ument		
Disbursements	Pg	<u>5</u>	of	11		Yes	\boxtimes	No
In this form to ment and the state of the st					1 . / 11.1	1		

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 Bo		BGHE4P				
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating E	xpenses	Contributions to Car	ndidat	tes/Political Committees		Coo	rdinated Party Expenditures
4. Payee Inform	ation	×	Ac	ld 🔲	Re	emove	
a. Full Name, Maili	ing Address & Phone		b. (Coordinated Committee N	ame		d. Comments
(include city, state,							
Benson Area Ch							
Benson, NC			c. I	Level Registered (Specify)			
Bonson, Ive				Federal	C	ounty:	
S				State		funicipality:	e. Election Sum to Date
			-	State	171	unicipality.	c. Election Sum to Date
							\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	1 :	A	h Danife d Danish
i. Account Couc	g. Form of Layment	as I as posse cour	9 15 15	1. Date (minutalyyyy)	J. 4	Amount	k. Required Remarks
1	Debit Card	0		9/22/2016	\$1	100.00	Advertising
					\$		
4 D T. C.							
4. Payee Inform			Ac			emove	
	ing Address & Phone		b. (Coordinated Committee N	ame		d. Comments
(include city, state,	& zip)		4				
Sunoco							
Smithfield, NC			c. I	Level Registered (Specify)			
				Federal	Co	ounty:	
			State		M	lunicipality:	e. Election Sum to Date
							\$ 21.69
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	l i	Amount	k. Required Remarks
.,				it bate (minutally)		Ilmount	Gas
1	Debit Card	0		09/23/2016	\$2	21.69	Gas
					+		
					\$		
4. Payee Inform	ation	\boxtimes	Add Remove			emove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Name			d. Comments	
(include city, state,	& zip)						
Sheetz			1				
			c. Level Registered (Specify) Federal County:				
Zebulon, NC							
				State		Iunicipality:	e, Election Sum to Date
×			-				
İ							\$ 38.05
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	li.	Amount	k. Required Remarks
			-				Gas
1	Debit Card	C	- 1	10/07/2016	\$3	38.05	Cub
			_		+		
ł					\$		
5. Total only th	is Page		F-1924				\$ 159.74
	CRO-1310 Pages		-				Ф 139.74
		nmanı Page CRO-116	nn if (Ingrating Evnences)	000000		
(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)						'amm)	\$ 3781.66
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
	les (List detailed ex	A Children of the Control of the Con			ar (3)		
A* - Media	B* - Printing	C* - Fun				D - To Anothe	er Candidate
E - Salaries F* - Equipment G - Politi							Public Office Expenses
I - Postage	J - Penalties	K* - Offi		Married, and the second control of the secon			n to Legal Expense Fund
O* - Other							
* Codes requir	re detailed explanat	ion in required r	ema	rks field (k)			

Disbursem		.		Pg		Amendment 11 Yes N
Committees and	report expenditures coordinated party ex	from the committee	tee for; operating ex	epenses,	contributions to	candidate/political
AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	full Name (and Fun	A STATE OF THE PARTY OF THE PAR		000000		2. ID Number
	r Johnston County B		l			BGHE4P
3. Type of Disb			CRO-1310 forms fo	r each t	vpe of Disburse	
Operating F			ndidates/Political Comm		The state of the s	Coordinated Party Expenditures
4. Payee Inform	nation	×	Add		Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Con	mittee N	ame	d. Comments
(include city, state,	& zip)					
Exxon						
Kenly, NC			c. Level Registered	(Specify)		
			Federal		County:	
			State		Municipality:	e. Election Sum to Date
						\$ 54.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
1	Debit Card	0	10/11/2016		\$54.66	Gas
					\$	
4. Payee Inform	nation		Add		Remove	
	ing Address & Phone		b. Coordinated Con	mittee N		d. Comments
(include city, state,						
Circle K			1			
Concord, NC			c. Level Registered	(Specify)		
			Federal		County:	
			State		Municipality:	e. Election Sum to Date
						\$ 24.57
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
1	Debit Card	0	10/12/2016		\$24.57	Gas
					\$	
4. Payee Inform	nation	\boxtimes	Add		Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Con	mittee N	ame	d. Comments
(include city, state,						
Meadow Athle	tic Association					
			c. Level Registered	(Specify)		
Meadow, NC			Federal		County:	
			State		Municipality:	e. Election Sum to Date
	1					\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
1	Check	С	10/11/2016		\$100.00	Donation
					\$	
5. Total only th						\$ 179.23
	CRO-1310 Pages					
	n line 13a of Detailed Sur n line 13b of Detailed Sur			-	cal Comm)	\$ 3781.66

(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)

Disbursements	Pg	7	of	11
	- 6	- 100	01	

Yes 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	BGHE4P							
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each t	ype of Disbursen	nent.)			
Operating E			ndidates/Political Committees		oordinated Party Expenditures			
4. Payee Inform	aation	\boxtimes	Add	Remove				
a. Fuli Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,	& zip)							
Circle K								
Smithfield, NC			c. Level Registered (Specify)					
			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 58.05			
f. Account Code	- F CD	h. Purpose Code	1.804 (/11/)	1				
I. Account Code	g. Form of Payment	n. I ut pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1	Debit Card	0	10/12/2016	\$58.05	Gas			
				\$				
4. Payee Inform	nation	×	Add	Remove				
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments			
(include city, state,								
Kenly Chamber	r							
Kenly, NC			c. Level Registered (Specify)					
			Federal _	County:	The Alex Contact Date			
			State Municipality:		e. Election Sum to Date			
					\$ 75.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks			
1	Check		10/07/2016	\$75.00	Donation			
				1	Golf			
				\$				
4. Payee Inform	nation	×	Add	Remove				
	ing Address & Phone		b. Coordinated Committee N		d. Comments			
(include city, state,								
USPS								
			c. Level Registered (Specify)					
			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 57.20			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
The same of the first of the same of the s					w wednisca wematka			
1	Debit Card	I	08/31/2016	\$57.20				
				6				
				\$				
5. Total only th	The second secon				\$ 190.25			
	CRO-1310 Pages		00 is On and in F					
			0 if Operating Expenses) 0 if Contrib to Candidates/Politi	\$ 3781.66				
l .			0 if Coordinated Party Expendit					
	7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fun	draising	D - To Anot	her Candidate			
E - Salaries	F* - Equipment				g Public Office Expenses			
I - Postage O* - Other	J - Penalties	K* - Offi	ce Expenses	on to Legal Expense Fund				
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	re detailed explanat	ion in required r	emarks field (k)					

Amendment

	report expenditures		tee fo	or; operating ex	Pg penses,		Amendment 11 Yes No candidate/political
	coordinated party ex full Name (and Fun						2. ID Number
	r Johnston County B						BGHE4P
3. Type of Dish		se use separate (1310 forms fo	r each t	one of Dishurse	
Operating I		Contributions to Ca					Coordinated Party Expenditures
4. Payee Inform	nation	×	Ac	ld		Remove	
a. Full Name, Mail	ing Address & Phone		b. (Coordinated Con	mittee N	ame	d. Comments
(include city, state,	& zip)						
WalMart							
Smithfield, NC			c. I	evel Registered	Specify)		
				Federal		County:	
				State		Municipality:	e. Election Sum to Date
							\$ 17.42
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
1	Debit Card	0		09/12/2016		\$17.42	Supplies
						\$	
4. Payee Inform	nation	×	Ac	ld		Remove	
(include city, state Speedway			b. (Coordinated Con	mittee N	ame	d. Comments
Smithfield, NC			c. Level Registered (Specify) Federal County:			County:	
				State		Municipality:	c. Election Sum to Date \$ 24.95
		T	Ц,				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
1	Debit Card	0		07/06/2016		\$24.95	
						\$	
4. Payee Inform			Ac			Remove	
	ling Address & Phone		b. 1	Coordinated Con	ımittee N	ame	d. Comments
(include city, state	, & zip)						
			c.	Level Registered	(Specify)		
				Federal	닏	County:	
				State		Municipality:	e. Election Sum to Date
		I . =	<u>L</u>				\$
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/y	ууу)	j. Amount	k. Required Remarks
		I				\$	
						\$	

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

(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) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

5. Total only this Page

6. Total of ALL CRO-1310 Pages

\$

\$

42.37

3781.66

Disbursem	ents (Pg	•	9 of	11	Amendment Yes
			ee 1	for; operating expens				
	coordinated party ex							
	full Name (and Fun				2/6			2. ID Number
	r Johnston County B		_		-			BGHE4P
3. Type of Dish	The second secon			1-1310 forms for eac	h ty		Total Control of the	
Operating I 4. Payee Inform		Contributions to Ca		ates/Political Committees			oordinat	ed Party Expenditures
	ing Address & Phone		_	dd Coordinated Committee	o Nic	Remove	14.0	omments
i. run Name, Man (include city, state,			10.	Coor Ginated Committee	E I 48	ime	q. C	omments
Lowes	(oc zip)		1					
			c.	Level Registered (Special	fy)			
				Federal	j	County:		
				State		Municipality:	e. El	ection Sum to Date
							\$	14.90
. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. R	equired Remarks
1	Debit Card	0		10/22/2016		\$14.90	-	n Supplies
						\$		
4. Payee Inform	nation		A	dd -	1	Remove		
7.111	ing Address & Phone		-	Coordinated Committee	e Na		d. C	omments
include city, state								
Tractor Supply								
			c.	Level Registered (Special	fy)			
				Federal]	County:		
				State		Municipality:	e. E	ection Sum to Date
							\$	28.32
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		equired Remarks
1	Debit Card	0		10/25/2016		\$28.32	Sig	n Post
						\$		
1. Payee Inform	nation	×	Add Remove					
-	ling Address & Phone		b. Coordinated Committee Name			d. C	omments	
include city, state								
Clayton Chaml	per		L					
			c.	Level Registered (Speci	fy)			
				Federal]	County:		
			L	State		Municipality:	e. E	lection Sum to Date
							\$	200.00
. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	4	j. Amount	k. R	equired Remarks
1	Debit Card	В		10/24/2016		\$200.00		yton Harvest
			-					
5. Total only th	nis Page		100		3023	\$	\$	243.22
	L CRO-1310 Pages						Ф	كك، ل⊤ك
	n line 13a of Detailed Sur	nmary Page CRO-110	00 if	Operating Expenses)				0001
				Contrib to Candidates/Po	litic	al Comm)	\$	3781.66
(This line goes in	n line 13c of Detailed Sun	nmary Page CRO-110	00 if	Coordinated Party Expen				
	les (List detailed ex							
A* - Media E - Salaries	B* - Printing	C* - Fun				D - To Ano		
E - Salaries I - Postage	F* - Equipment J - Penalties			Party Expenses				ic Office Expenses Legal Expense Fund
				In annuan		Z - Donat	to L	APAT TAPANDO TANA

O* - Other

D1.1					Amendment		
Disbursements	Pg	10	of	11	Yes	\boxtimes	N
Use this form to report expenditures from the committee for; operating ex	penses,	contriouti	ons to	cand	idate/political	_	
committees and coordinated party expenditures.					•		

	full Name (and Fun				2. ID Number
Todd Sutton for	r Johnston County B	oard of Education			BGHE4P
3. Type of Disb	ursement (Plea	se use separate (RO-1310 forms for each ty	pe of Disbursem	ient.)
Operating F			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation	×	Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
Cleveland Draf			1		
Clayton, NC			c. Level Registered (Specify)		
			Federal T	County:	1
			State	Municipality:	e. Election Sum to Date
			La State	ritanoipanty.	C. Diction Sum to Date
					\$ 55.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			11 2 1100 (111111 11 2 3 3 3 3 3 3)	3. I i i i i i i i i i i i i i i i i i i	Campaign Lunch
1	Debit Card	0	11/08/2016	\$55.63	Campaign Eulich
				\$	
4. Payee Inform	nation	×	Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,			Di Obbi anate Committee 14a		w. Commens
Chic Fil A	C Mp)		1		
0.11.71			c. Level Registered (Specify)		
			Federal	County:	+
			State	•	c. Election Sum to Date
			State	Municipality:	c. 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	D 11: C 1			-	Campaign Party
1	Debit Card	0	11/09/16	\$48.04	
				A	
				\$	
4. Payee Inform	nation	\boxtimes	Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,					
Facebook			1		
			c. Level Registered (Specify)		
			Federal	County:	1
			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
•	D 11: C 1				Campaign Ads
1	Debit Card	0	11/30/16	\$30.00	
				\$	
5. Total only th	is Page				\$ 133.67
6. Total of ALI	CRO-1310 Pages				
(This line goes in	n line 13a of Detailed Sur	nmary Page CRO-110	00 if Operating Expenses)		0.001.66
(This line goes in	n line 13b of Detailed Sur	nmary Page CRO-110	00 if Contrib to Candidates/Politic	al Comm)	\$ 3781.66
(This line goes in	n line 13c of Detailed Sun	nmary Page CRO-110	00 if Coordinated Party Expenditu	res)	
THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	les (List detailed ex	The second secon			
A* - Media	B* - Printing	C* - Fun		ner Candidate	
E - Salaries	F* - Equipment			g Public Office Expenses	
I - Postage	J - Penalties	K* - Offi	ice Expenses	on to Legal Expense Fund	
O* - Other * Codes requir	re detailed explanat	ion in required -	emarks field (b)		

Disbursem				Pg	<u>1</u> of	11 Yes 🛭 No
			tee for; operating exp	enses,	contributions to o	candidate/political
AND THE RESERVE OF THE PARTY OF	coordinated party ex	All the latest the lat				
	ull Name (and Fun					2. ID Number
the second secon	Johnston County B		THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		GD04	BGHE4P
3. Type of Disb			CRO-1310 forms for andidates/Political Commit			ordinated Party Expenditures
4. Payee Inform		Contributions to Ca	Add	ices	Remove	ordinated Party Expenditures
	ing Address & Phone		b. Coordinated Comm	ittee No		d. Comments
(include city, state,			b. Cool dinated Comm	intect Iva	init	u. Comments
Benton Card Co			1			
105 S. Wall Str			c. Level Registered (S	necify)		
Benson, NC 27:			Federal		County:	1
,			State	П	Municipality:	e. Election Sum to Date
						\$ 3471.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	уу)	j. Amount	k. Required Remarks
1	Check	В	12/28/16		\$241.26	Palm Cards
1	CHECK	В	12/20/10		\$241.20	
					\$	
4. Payee Inform		\boxtimes	Add		Remove	
	ing Address & Phone		b. Coordinated Comm	iittee Na	ime	d. Comments
(include city, state,	& zip)					
			. Il D	- 16.5		-
			c. Level Registered (S	pecity)	Countries	-
			State	H	County:	e. Election Sum to Date
					Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	vv)	j. Amount	k. Required Remarks
					\$	
					\$	
4. Payee Inforn	nation	\boxtimes	Add		Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Comm	ittee Na	d. Comments	
(include city, state,	& zip)					
						1
			c. Level Registered (S	pecify)		
			Federal	Ц	County:	
			State		Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	uv)	j. Amount	k. Required Remarks
ii / iccount code	g. Porm of rayment	Par district	i. Date (min/du/y)	131	J. Amount	a. Acquired Acmarks
					\$	
					\$	
5. Total only th	is Page					\$ 241.26
The state of the s	CRO-1310 Pages					
		00 if Operating Expenses)			\$ 3781.66	
		00 if Contrib to Candidate			φ 3/01.00	
		the same of the sa	00 if Coordinated Party E.	xpenditu	ires)	
	les (List detailed ex					
A* - Media E - Salaries	B* - Printing F* - Equipment		ndraising D - To Anoth			
I - Postage	J - Penalties		ical Party ice Expenses			y Public Office Expenses on to Legal Expense Fund
O* - Other				Zonatit		

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

Amendment