Disclosure F	Report (Cover			**				Amendment
Use this form for go	eneral repo	rt and committe	e infon	mation, mus	st be si	gned a	and subn	nitted alon	Yes No No g with other detailed form
		e information.		127	- 2.5	O 1 2 1 2		Mi Los	
1. Committee Infor	mation	war san an a			in the second	to the		A STATE OF THE STA	A Landing
a. Full Name				- 701	1 JAN	<u> </u>	ANTI	<u>. C 0</u>	e. ID Number
JOINES FOR MA					p=0.4 × name.	· ·	W11 [1]	JŞ	000-000000-0-000
b. Mailing Address	(include Ci	ty, State and Zi	p Code))	Tie.		VED		d. Date Filed
PO BOX 20397 WINSTON-SALE	M, NC 27	102			ş			4	12/29/2016
	·								e. Phone Number
- \									
2. Report Year 3. 1	Period Star	rt Date (mm/dd/	уу)′	4. Period	End Da	te (m)	m/dd/yy)		rer Full Name
2016		0/23/2016			12/31/2				M C ROSE
6. Type of Committ				e of Repor	t (c			type of rep	oort from one category)
Candidate Campai		•	Munic	_		1	/County		Referendum
Joint Fundraiser	□ PA			Organizatio		ı—	rganizatio	nal	Organizational
Referendum		gal Expense Fund	坦	Thirty-five	•	1—	uarterly		Pre-referendum
7. Type of Fund	(if applicab	le, check one)	10	Pre-primar		╚	First		Final
☐ "Booster Fund"			□	Pre-election	1		Second		Supplemental Final
☐ Building Fund			□	Pre-runoff			Third		Annual
Presidential Electi			l	Semi-annua	_		Fourth		Special Special
NC Public Campai	gn Financing	g Fund	口	Mid Ye		S	emi-annua		
			29	Year E	nd		Mid Ye		10. Special Report Nan
Other:			<u> </u>	Final			Year E	nd	
8. Number of Fundi	raisers this	Report	D	Special		□ F	inal		
	0		1			□ s _i	pecial		
3. Account Informa	tion		r		3. Acc	ount l	Informati	ioπ	
a. Financial Institut		me		· · · · · · · · · · · · · · · · · · ·				n Full Nar	ne
NEWBRIDGE BA	NK			-				_	
b. Purpose		c. Account Cod	le		b. Pur	pose			c. Account Code
TO PAY COMMITEXPENSES	TTEE	JF	M001				-		
EXFENSES		d. Period Begin	ı Balan	ce					d. Period Begin Balance
		\$	8	32,742.42					\$
Chapter 163 of the	e NC Gener	ral Statutes and	that no	funds are true and c	commi prect a	ngled ind th	with pro	hibited or of the been train	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board 01/03/2017
FOR OFFICE USE	ONLY	<u>.</u>			ı	j			y A
Date Received:	لـ	13/17	_	Emplo	yee.	7)	<u>De</u>	elivery Method Normal Mail
Date Postmarke	d:			Emplo	yee: ˌ		 	- E	Registered Mail Hand Delivered
Date Scanned:		79	<u></u>	Emplo	yee: .			<u>,</u>	Electronically Filed
Date Data Enter	ed:	·		Emplo	yee: .	<u> </u>	<u></u>		Signer has not received mandatory training
Please Note:		annot be used t							nittee address, treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

NC State Board of Elections

December 2007

CRO-1000

Detailed Summary	•			Amer	idment es 🛛 No	
Use this form to summarize all disclosure reporting forms at 1. Committee Full Name (and Fund if applicable)	2. Type of Re			ID Nu	m line	
JOINES FOR MAYOR	2016 Fourth		3.		00000-0-000	
<u> </u>		<u>`</u>		77		
Start of Election Cycle: January 1, 2015	_	1	otal this ting Period	Total this d Election Cycl		
4) Cash on Hand at Start		\$	82,742.42	\$	102,257.63	
RECEIPTS					······································	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	0.00	
6) Contributions from Individuals	(CRO-1210)	\$	20,455.80	\$	30,857.47	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$. 1,000.00	\$	1,000.00	
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00	
(1) Other Receipt Sources	·		V. V			
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00	
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00	
(Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	21,455.80	\$	31,857.47	
EXPENDITURES		·			*	
(3) Disbursements				14.		
13a) Operating Expenditures	(CRO-1310)	\$	20,065.84	\$	36,591.96	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	1,000.00	\$	1,750.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	37.42	
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	19,305.80	\$	25,607.47	
17) In-Kind Contributions	(CRO-1510)	\$	19,305.80	\$	25,607.47	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	59,677.44	\$	89,594.32	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$	44,520.78	\$	44,520.78	
ADDITIONAL INFORMATION		*				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00	V.		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00			
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00	
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00	
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00	
	d of Elections				August 2008	

a	. •	T 11 11 1				1	Amendme	nt	
		om Individuals	=	Pg			☐ Yes	No No	
		idividual contribution		ontributions un					
		(and Fund if applicab	le)	B 10 7 8 -	4	2. ID) Number		
JOINE	S FOR MAYOR	_				0	00-00000	0-0-000	
3. Cont	ributor Informati	on ·		Add 🔲 Re	move				
a. Full l	Name, Mailing Add			b. Job Title/Pr		d. Comments			
(inclu	ide city, state, & z	ip)		BUSINESS C	OWNER			<u></u>	
GRAZ	IANO CAMAST	RA							
4883 C	COUNTRY CLUE	3 ROAD		c. Employer's	Name/Specific Field]			
WINS?	TON-SALEM, N	C 27104		MARCO'S C	AR WASH				
ĺ						e. H	ection Su	n to Date	
						\$		150.00	
e Drien	- Assessmet Code	The Form of Bourse	Ty was a mark	747	T. w. / 2 T. (33/2)	<u> </u>	A1 - 11 - 11		
	-	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)	<u>. </u>	k. Amount	<u> </u>	
	JFM001	Check			11/10/2016		\$	150.00	
			T				\$		
			† · · · · · · ·				\$	·	
	ributor Informati			Add □ Re			g (1) ,		
t .	Name, Mailing Add			b. Job Title/Pr	ofession	d. Comments			
(inclu	ide city, state, & z	íp)	<u> </u>	REAL ESTTA	ATE DEVELOPER				
MIKE]			
	ORTH TRADE ST				Name/Specific Field]			
WINST	TON-SALEM, NO	C 27101		Real Estate		-		e ima ai	
						е. ше	ection Sur	a to Date	
ļ						\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	 erintion	j. Date (mm/dd/yyyy)	<u> </u>	. Amount		
	JFM001	Check		***P***	11/10/2016		\$	1,000.00	
			 		ļ	+			
			 	 		——	<u>\$</u>		
							\$		
	ributor Informátic			Add 🔲 Rei		T.O.	, ac.	 	
	iame, Mailing Add		 ,	b. Job Title/Pro	ofession	d. Co	mments		
(inclu	ide city, state, & zi	ip)		MARKETING	G EXECUTIVE				
MIKE	-			<u> </u>					
	ALLBROOK LA				Name/Specific Field				
LEWIS	SVILLE, NC 270	23			of Companies and	L	"4" - C	4 B-4-	
				Enterprises		e. in a	ection Sun	a to Date	
	_ <u>-</u>			<u></u>		\$		(2,119.18)	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k	. Amount		
	JFM001	In-Kind	NEWSPAPER ADS, PRINTI	R ADS, RADIO NG COSTS	12/01/2016		\$	6,641.00	
□							\$		
			 				\$		
4 Tot	al only this Pa	ge				\$		7,791.00	

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)

20,455.80

\$

\$

Cont	ributions fr	om Individuals	S	Pα	2 of 2		Amendme:	nt No
		dividual contributions				- 1 1205		
		(and Fund if applicabl		1 X			D Number	
JOINE	S FOR MAYOR			_		(000-00000	0-0-000
	ributor Informati			Add 🔲 Re	move.	· ×	, ce	
	Name, Mailing Add	· ·		b. Job Title/Pr	ofession	d. C	Comments	<u> </u>
(inclu	ide city, state, & z	ip)		RETIRED	-			
	E PHILLIPS							
	NDERSON DRI			c. Employer's	Name/Specific Field	4		
WINS	FON-SALEM, N	C 27127				e. E	dection Sun	n to Date
						\$		0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	In-Kind	REFRESHME SNACKS FOR		11/10/2016		\$	76.80
							\$	-
							\$	-
3. Conti	ributor Informati	on .		Add i□ Re	move	si v	* a	A CONTRACTOR OF THE SECOND
,	lame, Mailing Add	*****		b. Job Title/Pr		d. C	omments	
(inclu	de city, state, & z	ip)		RETIRED				
	RT PORTER JR					4		
	UBLIN DRIVE	~		c. Employer's	Name/Specific Field	1		
WINST	ON-SALEM, NO	27101				e Hi	lection Sun	n to Date
								
						\$		0.00
f. Prior	g. Account Code	ļ	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	In-Kind	PAYMENT FO	OR GOTV	11/08/2016		\$	12,588.00

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

CRO-1210

NC State Bo

4. Total only this Page

NC State Board of Elections

April 2007

12,664.80

20,455.80

\$

\$

\$

\$

Contribut	ions from Othe	r Political Committees	Pg1 of1	. 1	Yes 🏻 No
Use this form to	o report contributions t	from other candidate, referendum or	PAC committees		
1. Committee F	ull Name (and Fund if	applicable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. ID	Number
JOINES FOR		<u> </u>			0-000000-0-000
3. Contributor	Information	☐ Add ☐	Remove		
	lailing Address & Phon	b. Type of Comn	nittee	d. Con	nments
(include city,	state, & zip)	☐ Candidate	X PAC		
NC REALTON	RS PAC	☐ Referendum	_		
4511 WEYBR	IDGE LANE	c. Level Register	red (Specify)		
GREENSBOR	O, NC 27407	☐ Federal	County:		
	•	☐ State	Municipality:	e. Elec	tion Sum to Date
		Winston Salem		\$	1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/y)	уу) ј.	Amount
JFM001	Check		10/31/2016		\$ 1,000.00
					<u> </u>
			_	,	\$
4. Total only th	is Page	A STATE OF THE STA		\$	\$1,000.00
(w	CRO-1230 Pages be on line 8 of Detailed S	ummary Page CRO-1100)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	\$1,000.00
CRO-1230		NC State Board of Elections	S		April 2007

ä

Disbursen Use this form to	report expenditures	from the committee	ee for c	pperating exper	Pg ises,	<u>1</u> of	-		endme Yes ate/po	X No
	coordinated party e			7	-	 	,	la m'n	N. A.P.W. S.	
JOINES FOR I	ull Name (and Fund MAYOR	п аррисаме)						2. ID N 000		0-0-000
3. Type of Disb		use separate CRO				_				
Operating Ex		ributions to Candidat			_		ordinat	ed Party	Expend	litures
4. Payee Inform		41 ·	, j	Add 🔲	Rem			<u> </u>	·	a ₄ 1
a. Full Name, M (include city, sta	ailing Address & Ph	one		b. Coordinate	d Con	nmittee N	ame	d. Com	ments	
FORSYTH CO BURKE STRE	UNTY DEMOCRA	TIC PARTY		c. Level Regis Federal State		(Specify) County Municip		e Dect	ion Su	m to Date
i				Forsyth	•			\$	<u>, , , , , , , , , , , , , , , , , , , </u>	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	ount	k. Re	quired l	Remark	KS
JFM001	Check	G	1	1/08/2016	\$	300.00				
JFM001	Check	G	1	1/10/2016	\$	200.00				
4. Payee Inform	ation	SHE A TO A TO A		Add 🔲	Rem	ove		FR 35 P	Nag Ng	
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Con	ımittee N	ame	d. Com	ments	
(include city, sta	ite, & zip)									
PO BOX 30741	LEM TINY INDIA LEM, NC 27130	INS		c. Level Regis	tered	(Specify) County	:			
WIND LON-DA	DISM, NC 27130			☐ State	Ī	Municip		e. Elect	ion Su	m to Date
								\$		500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	oant	k. Re	quired l	Remark	ķs.
JFM001	Check	0	1	1/10/2016	\$	500.00	CON	IMUNI	TY RI	ELATIONS
		l			\$					
5. Total only thi	s Page			5 1 am · · ·		an y		\$		1,000.00

CRO-1310

A* - Media

E - Salaries

I - Postage O* Other

6. Total of ALL CRO-1310 Pages

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

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

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

B* - Printing

F* - Equipment
J - Penalties

(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)

NC State Board of Elections

C* - Fundraising

G - Political Party

K* - Office Expenses

December 2009

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

1,000.00

Disbursements	Pg	1	0
	- 5		

				Amendm	ent
Pg	_1_	of	4	☐ Yes	X No

1. Committee For Modern Programme 1. Com	ull Name (and Fund) MAYOR	f applicable) 🎄	u [©] ag√5	i se vije i 🥳	<u> </u>	⊆ ¹¹	1. 1	2. ID Ni 000-	imber 000000-0-000	
	irsement <u>(Please</u>									
X Operating Exp		ributions to Candidat							Expenditures	
4. Payee Inform	ation	e u de de De	🗖	Add 🔲	Ren	юve	11 5 6			
a. Full Name, Ma	ailing Address & Ph	oņe		b. Coordinate				d. Com		
(include city, sta	te, & zip)			<u> </u>						
АТ&Т		•								
PO BOX 5014				c. Level Regis						
CAROL STREA	AM, IL 60197-5014			☐ Federal		County:				
				State		Municip	anty:	e. Electi	on Sum to Date	
							\$	136.77		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired R	emarks	
JFM001	Check	K	1	1/21/2016	\$	136.77	CEL	L PHON	Œ	
					\$	_				
4. Pavee Inform	ation		7 n. 6 [Add □	Rem	юve 👬	7 X	100	A 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	ailing Address & Pho		. W	b. Coordinate				d. Com n		
(include city, sta	te, & zip)							<u> </u>		
MIKE HORN	 			Ĺ						
1125 FALLBRO	OOK LANE			c. Level Regis		(Specify) County:				
LEWISVILLE,	NC 27023			☐ Federal						
				☐ State		☐ Municip	ality:	e. Decti	on Sum to Date	
								\$	1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quiréd R	em arks	
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1					\$					
A Dave o Tofaring	ation		·	Add 🗖		otro V	V	P. P. S.		
	ailing Address & Pho		اسائين	b. Coordinated				d. Comn		
(include city, sta	-	Jiic		Di Cool diane.		<u> </u>		u comin	10213	
RENEE PHILL				1						
3219 ANDERS				c. Level Regist	ered	(Specify)	,			
	LEM, NC 27127			☐ Federal		County:				
WINDION-DI	Libivi, NC 27127			☐ State		☐ Municip	ality:	e. Hecti	on Sum to Date	
						_		\$	1,700.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyyy)	i. An	nount	k. Re	quired R	-	
JFM001	Check	E	 	1/03/2016	\$	700.00				
31 141001	CHOCK	<u></u>		1/05/2010	\$	700.00				
			E		٠	7 (A) A) (A)		ø	2 226 77	
5. Total only thi	The Part of the Control of the Contr				- \$ ^.	en e	E 45.7	\$	2,336.77	
the state of the s	CRO-1310 Pages	4	و ا	5 	k ji	-	y Named as			
	n line 13a of Detailed S		-					\$	20,065.84	
, ,	n line 13b of Detailed S n line 13c of Detailed S						omm)			
,	des (List detailed	And the second				of page 10			The state of the s	
A* - Media	B* - Printin			undraising		D - To	Anotl	ner Cand	idate	
E - Salaries	F* - Equipm	_		litical Party					Office Expenses	
I - Postage	J - Penaltie			Office Expenses	3				al Expense Fund	
O* Other									Jung-ga-	
* Codes require	e detailed explanatio	n in required ren	narks f	ield (k)		A	E (51)	10 m 12	* A	

T .	•		
133	sburs	eme	nte
	30413		111.

				Amendment						
Pg	2	of	4	☐ Yes	X No					

1. Committee F JOINES FOR I	ull Name (and Fund MAYOR	if applicable)	A STATE OF THE STA	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ang te gan en ⊃i	2. ID Nun 000-00	iber 0000-0-000
3. Type of Disb	ursement <i>(Pléase</i>	use separate CR	<u>0-1310</u>	forms for eac	h tyj	e of Disbu	rseme	<u>:nt.)</u> , , , , ;	10 mg
Operating Ex		tributions to Candida	tes/Polit	ical Committees		☐ Coo	ordinat	ed Party Ex	penditures
4. Payee Inform	ation .			Add 🔲	Ret	nove		r de la companya de l	A STATE OF THE STA
a. Full Name, M	ailing Address & Pl	one		b. Coordinate	d Çe			d. Comme	
(include city, sta	ite, & zip)								
WILLIAM C R	OSE]	
917 ASHLEY				c. Level Regis	tere				
	LEM, NC 27104			Federal State		County:		TR. 244	
(336) 732-5389	•			state		Municip	banty:	e. Dection	Sum to Date
								\$	750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	arks
JFM001	Check	K	1	1/03/2016	\$	500.00	ACC	OUNTING	SERVICES
					\$				
4. Pavee Inform	ation (Add 🔲	Rer	nove +	l National	Zir , und v in v in	gar Transport go Ta
	ailing Address & Ph			b. Coordinate				d. Comme	
(include city, sta	ite, & zip)								
JIM SHAW									
1001 S MARSE	IALL STREET			c. Level Regis	tere				
WINSTON-SA	LEM, NC 27101			☐ Federal ☐ County:					
				☐ State		∐ Municip	ality:	e. Election	Sum to Date
								\$	3,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	ıarks
JFM001	Check	0	1	1/21/2016	\$	3,000.00	CAN	IPAIGN	
		 			\$		MAI	VAGEMEN	VI
4. Pavee Inform	ation	III.		Add 🔲	Ren	nove .		in the second second	THE THE RESERVE SE
	ailing Address & Ph		<i>x</i> , 3	b. Coordinate				d. Comme	
(include city, sta	= :							<u> </u>	
JIM SHAW	, ,,,		<u> </u>	1					
17130N LIBER	TY STREET			c. Level Regis	tere	d (Specify)			
WINSTON-SA	LEM, NC 27120			☐ Federal		County:			
				☐ State		☐ Municip	ality:	e. Dection	Sum to Date
								\$	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	iarks
JFM001	Check	0	12	2/06/2016	\$	250.00	SIG	N REMOV	AL,
					s		FUR	NITURE I	MOVING
5. Total only thi	s Page	The second second	, ,	N 1 2 4 1	ξ "«		Sala Sala	\$	3,750.00
N N N	CRO-1310 Pages		6 11 11 11 11 11 11 11 11 11 11 11 11 11		 	Variable Control	17.00	<u> </u>	3,750.00
	n line 13a of Detailed	The second residence is the second se	_1100 14	Onerating Fyne	,. Silila NGOG)	· · · · · · · · · · · · · · · · · · ·			
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Pg	_3_	of	4	☐ Yes	X No				

1. Committee Fr	ull Name (and Fund i	f applicable)		. r	- 1			2. ID Number		
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4. Payee Inform				Add 🔲	Re	move				
a. Full Name, Ma	ailing Address & Pho	one	-	b. Coordinate	d C	ommittee Na	ıme	d. Comments		
(include city, sta	te, & zip)				_					
JIM SHAW		_	_							
1713 N LIBERT	ΓY STREET			c. Level Regist	tere					
WINSTON-SAI	LEM, NC 27127			☐ Federal		County:	1			
				State		☐ Municip	ality:	e. Dection Su	m to Date	
							ليب	\$	3,000.00	
	g. Form of Payment	h. Purpose Code			+-			quired Remar	ks	
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THE CHRONIC	CLE			c. Level Regist	tere	d (Specify)				
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4. Payee Inform	ation			Add □		move				
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(include city, sta	te, & zip)									
THE KATHER	INE RESTAURANT	<u>r</u>								
401 N MAIN ST	Γ			c. Level Regist	tere					
WINSTON-SAI	LEM, NC 27101			Federal		County:		To add an Co	4- Doto	
				☐ State		☐ Municip	anty:	e. Dection Su	m to Date	
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O* Other	J - I CHARLO	3	XX - ~	Jinet Impose.	9	Y ~	V111	/II to 126	P	
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1. Committee Fr	ull Name (and Fund	familicable)	Δ			c in the same of t		2. ID Nu	mber
JOINES FOR M	MAYOR		··			-		000-0	00000-0-000
3. Type of Disbu	irsement <u>(Please</u>	use separate CRO							and the second s
Operating Exp	penses	ributions to Candidat	es/Polit	ical Committees		Coc	rdinat	ed Party E	Expenditures
4. Payee Inform	ation			Add 🔲	Re	move "	. T	eger ()	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name								d. Comn	ients
(include city, sta	te, & zip)		_						
VELA STRATI	EGIC MARKETING	AND PUBLIC					-		
RELATIONS II				c. Level Regist	tere				
315 SPRUCE S				Federal		County:			
WINSTON-SAI	LEM, NC 27101			State		☐ Municip	auty:	e. Dectio	on Sum to Date
,	······································	1-						\$	5,162.19
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a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	d C	ommittee Na	m ë	d. Com'n	ents
(include city, sta	te, & zip)								
JOE WATSON						1/0 15			
100 ANGEL OA				c. Level Regist	tere	County:			
WINSTON-SAI	LEM, NC 27105			State		Municip		e Rectic	on Sum to Date
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7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)		ng ju	es A, e	THE STATE OF THE S	A STATE OF THE STA
A* - Media	B* - Printin	g	C* - F	undraising		D-To	Anotl	ner Cand	idate
E - Salaries	F* - Equipm			litical Party			_	•	Office Expenses
I - Postage	J - Penaltie	s	K* - C	office Expenses	3	Q* - D	onatio	n to Leg	al Expense Fund
O* Other	The state of the s							and the same of the same of the same of	and the second s
* Codes require	e detailed explanatio	n in required ren	iarks f	ield (k)	Ç M	÷	5 9	, a .	

Refunds/Reimbursements From the Committee Pg 1 of ☐ Yes Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) 2. ID Number JOINES FOR MAYOR 000-0000000-0-000 3. Payee Information Add ∤□ Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum ☐ Party MIKE HORN e. Level Registered (Specify) h. Original Receipt Date 1125 FALLBROOK LANE Federal County: LEWISVILLE, NC 27023 12/01/2016 ☐ State Municipality: i. Original Receipt Amount 6,641.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date MARKETING EXECUTIVE Management of Companies and (2.119.18)Enterprises k. Account Code I. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check REIMBURSEMENT FOR AD SUPPLIES JFM001 12/01/2016 6.641.00 3. Payee Information Add | Remove · , k a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments ☐ Candidate PAC (include city, state, & zip) ☐ Referendum ☐ Party RENEE PHILLIPS e. Level Registered (Specify) h. Original Receipt Date 3219 ANDERSON DRIVE ☐ Federal County: WINSTON-SALEM, NC 27127 11/10/2016 ☐ State ☐ Municipality: i. Original Receipt Amount 76.80 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date RETIRED 0.00 o. Amount I. Form of Payment k. Account Code m. Required Remarks n. Date (mm/dd/yyyy) Check REFRESHMENTS JFM001 76.80 11/10/2016 3. Payee Information Add | Remove g. Comments d. Type of Committee a. Full Name, Mailing Address & Phone Candidate PAC (include city, state, & zip) Referendum ☐ Party ALBERT PORTER JR e. Level Registered (Specify) h. Original Receipt Date 1228 DUBLIN DRIVE County: Federal WINSTON-SALEM, NC 27101 11/08/2016 ☐ State Municipality: i. Original Receipt Amount 12,588.00 j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code RETIRED 0.00 k. Account Code l. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) | o. Amount GOTV JFM001 \$ 12,588.00 11/08/2016 19,305.80 \$ 4. Total only this Page 5. Total of ALL CRO-1320 Pages \$ 19,305.80 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above) N - Exceeded Contibution Limit L-Returned to Contributor M - Overpayment for Service P* - Reimbursement of In-Kini O* Other * Codes require detailed explanation in required remarks field (m)

Amendment

In-Kind Contributions		Pg	_	1	of	1	☐ Yes	X No
Use this form to report non-monetary contributions, donation						the con		und.
Use CRO-1215 if In-Kind Contributions were or will be	refu	nded withi	n 7	days.		la: '-		Tab. 111
1. Committee Full Name (and Fund if applicable)	<u></u>	<u> </u>			<i>y</i> "	_	Number	7.6
JOINES FOR MAYOR						000-0	00000-0-0	100
3. Contributor Information	Àd	ld 🔲 Re	mö	ve			76 × 1	(4)
a. Full Name, Mailing Address & Phone		Type of Con				c. Com	ments	20 10 10 10 10 10 10 10 10 10 10 10 10 10
(include city, state, & zip)	X	Individual		-				
MIKE HORN		Candidate						
1125 FALLBROOK LANE	=	Party PAC						
LEWISVILLE, NC 27023	낢	Referendun	1			d. Bec	tion Sum 1	n Date
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NEWSPAPER ADS, RADIO ADS, PRINTING COSTS				12/01/20		16	\$	6,641.00
 								
L							\$	
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RENEE PHILLIPS	밆							
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ALBERT PORTER JR		Candidate						
1228 DUBLIN DRIVE	旧	Party						
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PAYMENT FOR GOTV			11/08/20		16	\$	12,588.00	
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Amendment