## Disclosure Report Cover

Amendment

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information. 1. Committee Information a. Full Name c. ID Number JOINES FOR MAYOR 000-000000-0-000 b. Mailing Address (include City, State and Zip Code) d. Date Filed PO BOX 20397 WINSTON-SALEM, NC 27102 02/19/2024 e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2024 01/01/2024 02/17/2024 WILLIAM ROSE 6. Type of Committee (Check One) (check only one type of report from one category) 9. Type of Report X Candidate Campaign Party Municipal State/County Referendum Joint Fundraiser ☐ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Thirty-five day 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 Presidential Election Year Candidates Fund Semi-annual Fourth Special Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year Other: 10. Special Report Name ō Final Year End 8. Number of Fundraisers this Report FIRST QUARTER M Special ☐ Final PLUS REPORT Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name **FNB** b. Purpose c. Account Code b. Purpose c. Account Code TO PAY COMMITTEE JFM001 **EXPENSES** d. Period Begin Balance d. Period Begin Balance \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board William C Rose 02/19/2024 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: Delivery Method Employee: Normal Mail Date Postmarked: Registered Mail Employee: ☐ Hand Delivered Date Scanned: ☐ Electronically Filed Employee: Date Data Entered: ■ Signer has not received Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## Detailed Summary Use this form to summarize all disclosure reporting for

Amendment ☐ Yes X No

| Use this form to summarize all disclosure reporting forms  1. Committee Full Name (and Fund if applicable) | 2. Type of I | nonetary |                           |                | Yes X                      |
|--|--------------|----------|---------------------------|----------------|----------------------------|
| JOINES FOR MAYOR   | 2024 Spec    |          |                           |                | Number                     |
| G:   | 2024 Bpcc    | iai      |                           | 000            | 0-000000-0-00              |
| Start of Election Cycle: January 1, 2023   |              | Rei      | Total this porting Period |                | Total this<br>Election Cyc |
| 4) Cash on Hand at Start   |              | \$       | 119,940.3                 | THE OWNER WHEN | 18,727                     |
| RECEIPTS   |              |          |                           |                |                            |
| 5) Aggregated Contributions from Individuals   | (CRO-1205    | \$       | 0.00                      | \$             | (                          |
| 6) Contributions from Individuals  | (CRO-1210)   | \$       | 400.00                    | -              | 110,000                    |
| 7) Contributions from Political Party Committees   | (CRO-1220)   | \$       | 0.00                      | +              | 0                          |
| 8) Contributions from Other Political Committees   | (CRO-1230)   | \$       | 0.00                      | -              | 0                          |
| 9) Loan Proceeds   | (CRO-1410)   | \$       | 0.00                      | +              | 0                          |
| (0) Refunds/Reimbursements to the Committee  | (CRO-1240)   | \$       | 0.00                      | +              |                            |
| 1) Other Receipt Sources   |              |          | 0.00                      |                | 0                          |
| 11a) Interest on Bank Accounts   | (CRO-1250)   | \$       | 0.00                      | \$             |                            |
| 11b) Contributions from Not-For-Profit Organizations   |              | \$       | 0.00                      | \$             | 0                          |
| 11c) Outside Sources of Income   | (CRO-1250)   | \$       | 0.00                      | \$             | 0.                         |
| 11d) Legal Expense Fund - Other Sources  | (CRO-1270)   | \$       | 0.00                      | \$             | 0.                         |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)   | \$       |                           | -              | 0.                         |
| 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c  |              | \$       | 400.00                    | \$             | 0.                         |
| EXPENDITURES   |              | Ψ        | 400.00                    | 4              | 110,000.                   |
| 3) Disbursements   |              |          |                           |                |                            |
| 13a) Operating Expenditures  | (CRO-1310)   | \$       | 36,304.44                 | \$             | 44.505.4                   |
| 13b) Contributions to Candidates/Political Committees  | (CRO-1310)   | \$       | 0.00                      | \$             | 44,525.0                   |
| 13c) Coordinated Party Expenditures  | (CRO-1310)   | \$       |                           | \$             | 0.0                        |
| ) Aggregated Non-Media Expenditures  | (CRO-1315)   | \$       | 0.00                      | \$             | 0.0                        |
| ) Loan Repayments  | (07.0        | \$       | 17.68                     |                | 184.3                      |
| Refunds/Reimbursements from the Committee  | (CRO-1320)   | \$       | 0.00                      | \$             | 0.0                        |
| ) In-Kind Contributions  | (CRO-1510)   | \$       | 0.00                      | \$             | 0.0                        |
| ) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,   |              | \$       | 0.00                      | \$             | 0.0                        |
| Cash on Hand at End (Add lines 4 and 12 together, then sub   |              | \$       | 36,322.12                 | \$             | 44,709.4                   |
| DDITIONAL INFORMATION  |              | Ψ        | 84,018.23                 | \$             | 84,018.2                   |
| Non-Monetary Gifts Given to Other Committees   | (CRO-1330)   | \$       | 0.00                      |                |                            |
| Outstanding Loans (incl. ones from other campaigns)  | (CRO-1430)   | \$       | 0.00                      |                |                            |
| Debts and Obligations owed by the Committee  | (CRO-1610)   | \$       | 0.00                      |                |                            |
| Debts and Obligations owed to the Committee  |              | \$       | 0.00                      |                |                            |
| Account Transfers Within the Committee   |              | \$       | 0.00                      |                |                            |
| Administrative Support   |              | <u> </u> |                           | <b>\$</b>      | 0.00                       |
| Forgiven Loans   | (CRO-1440)   |          |                           | \$<br>\$       | 0.00                       |
| 48-Hour Notice Reports Sum   | (CRO-2220) § |          |                           | \$<br>\$       | 0.00                       |
| Contributions to be Refunded   | (CRO-1215) § |          |                           | <u>→</u>       | 0.00                       |

| Con      | tributions 1         | from Individua          | le                 |                 |                       | Am           | endment       |
|----------|----------------------|-------------------------|--------------------|-----------------|-----------------------|--------------|---------------|
| Use th   | is form to report    | individual contribution | ns over \$50 or or | Pg              | 1 of 1                |              | Yes X No      |
| 1. Con   | nmittee Full Nam     | e (and Fund if applica  | Ma)                | ontributions u  | nder \$50 if form CRC | 1205 is no   | ot used       |
| JOINI    | ES FOR MAYOR         | {                       | iole)              |                 |                       | 2. ID No     | mber          |
|          |                      |                         |                    |                 |                       | 000-         | 000-0-000     |
| 3. Con   | tributor Informa     | tion                    | П                  | Add T Re        |                       |              |               |
| a. Full  | Name, Mailing A      | ddress & Phone          |                    | b. Job Title/Pr | move                  |              |               |
| (incl    | ude city, state, &:  | zip)                    |                    |                 | Olession              | d. Comm      | ents          |
| STEV     | E LINEBERGER         |                         |                    | RETIRED         |                       | 1            |               |
| 2800 (   | COUNTRY CLU          | B ROAD                  |                    | c. Employer's   | Name/Specific Field   | -            |               |
| WINS     | TON SALEM, N         | C 27104                 |                    | zaprojet s      | vame/specific Field   | -            |               |
|          |                      |                         |                    |                 |                       | The state of | _             |
| 1        |                      |                         | 1                  |                 |                       | e. Hection   | n Sum to Date |
| f. Prior | g. Account Code      |                         |                    |                 |                       | \$           | 400.00        |
|          |                      | h. Form of Payment      | i. In-Kind Desc    | ription         | j. Date (mm/dd/yyyy)  | k, Am        |               |
|          | JFM001               | Electric Funds Tran     |                    |                 |                       | N. ALU       | Oadt          |
| -        | IF) foot             | Place: Place            |                    |                 | 01/03/2024            | \$           | 200.00        |
|          | JFM001               | Electric Funds Tran     |                    |                 | 01/00/0004            |              |               |
|          |                      |                         |                    |                 | 01/28/2024            | \$           | 200.00        |
| L        |                      |                         | I.                 |                 |                       |              |               |
| 4. Tota  | l only this Pa       | GP.                     |                    |                 |                       | \$           |               |
| 5. Tota  | of ALL CR            | )-1210 Pages            |                    |                 |                       | \$           | 400.00        |
| (This li | ne must be on line ( | of Detailed Summary P   | age CRO-1100)      |                 |                       | \$           | 400.00        |
| CRO-12   | 10                   |                         | NC State Board     | of Elections    |                       |              |               |

April 2007

| Disbursements                               |   |    |   |      |   | Amendm | ent  |
|---|---|----|---|------|---|--------|------|
| Use this form to report amonditures for the | _ | Pg | 1 | _ of | 3 | ☐ Yes  | X No |

Ose 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 Fu      | difamilicable)       |                 |             | -             | -  |                       |                         |
|---------------------------|------------------------|----------------------|-----------------|-------------|---------------|--|-----------------------|-------------------------|
| JOINES FOR                | MAYOR                  | и присаме)           |                 |             |               |  |                       | 2. ID Number            |
| 2.5                       |                        |                      |                 |             |               |  |                       | 000-000000-0-000        |
| 3. Type of Dist           |                        | se use separate C    | RO-131          | o forms for | r eac.        | h type of Di   | shurson               | eont)                   |
| Operating Ex              | T CO                   | ntributions to Candi | dates/Pol       | itical Comm | ittees        |  |                       | ated Party Expenditures |
| 4. Payee Inform           | nation                 |                      |                 | Add         |               | Remove   |                       | - DAPORUMOS             |
| (include city, st         | lailing Address & I    | Phone                |                 | b. Coordi   | inate         | d Committee  | Name                  | d. Comments             |
|                           |                        |                      |                 |             |               |  |                       |                         |
| CHEYENNE (<br>1835 OLD HO | LOWBOAR                |                      |                 |             |               |  |                       |                         |
| WALKERTOV                 | VN NC 27051            |                      |                 | Federa      |               | tered (Specif  |                       |                         |
|                           | 711, TO 27051          |                      |                 | State       | aı            | Cour   |                       |                         |
|                           |                        |                      |                 | Cate        |               | L Mun  | cipality:             | e. Dection Sum to Dat   |
|                           |                        |                      |                 |             |               |  |                       | \$ 3,000.0              |
| I. Account Code           | g. Form of Paymen      | t h. Purpose Code    | i. Date         | (mm/dd/y    | ууу)          | j. Amount  | k. Re                 | equired Remarks         |
| JFM001                    | Check                  | A                    |                 | 2/01/2024   |               | \$ 3,000.0   |                       | CIAL MEDIA ADS          |
|                           |                        |                      | 1               |             | $\rightarrow$ |  | 500                   |                         |
| 4. Payee Inform           | ation                  |                      |                 |             |               | \$   |                       |                         |
| a. Full Name, Ma          | ailing Address & Pl    | long                 |                 | Add 🔲       |               | Remove   |                       |                         |
| include city, sta         | te, & zip)             | IOHE                 |                 | b. Coordin  | ated          | Committee  | Name                  | d. Comments             |
| ARTHUR GRE                |                        |                      |                 |             |               |  |                       |                         |
| 2260 SUNDERI              |                        |                      |                 | c. Level Re | orieta        | red (Specify   |                       |                         |
| WINSTON SAL               | EM, NC 27103           |                      | 1               | Federal     | giste         | Count  |                       |                         |
|                           | ,                      |                      | - 1             | ☐ State     |               |  |                       | a Florian Communication |
|                           |                        |                      | 1               |             |               | ***************************************  | panty.                | e. Dection Sum to Date  |
| Account Code              | The San                | 1                    |                 |             |               |  |                       | \$ 1,200.0              |
| JFM001                    | g. Form of Payment     |                      | i. Date         | (mm/dd/yy   | yy) j.        | Amount   | k. Rec                | quired Remarks          |
|                           | Check                  | 0                    | 01.             | /29/2024    | \$            | 1,000.00   |                       | POSTING                 |
| JFM001                    | Check                  | 0                    | 02/             | /08/2024    | \$            | 200.00   | _                     | TING YARD SIGNS         |
| . Payee Informa           | tion                   | 11-14-14-14          |                 | -           | -             | emove  | 1031                  | ING TAKE SIGNS          |
| Full Name, Mai            | ling Address & Pho     | one                  |                 |             | ated (        | Committee N  | am a L                | 1.0                     |
| nclude city, state        | e, & zip)              |                      |                 |             |               | Sommittee I  | ame (                 | d. Comments             |
| LBERT PORTI               | ER JR                  |                      |                 |             |               |  |                       |                         |
| 228 DUBLIN D              | RIVE                   |                      | C               | . Level Reg | gister        | ed (Specify)   |                       |                         |
| INSTON SALI               | EM, NC 27101           |                      | 10              | Federal     |               | County   |                       |                         |
|                           |                        |                      | L               | State       |               | Municip  | ality: e              | . Election Sum to Date  |
|                           |                        |                      | - 1             |             |               |  |                       |                         |
| Account Code g.           | Form of Payment        | h. Purpose Code      | i Date (        | nm/dd/yyy   |               |  |                       | 15,000.00               |
| JFM001                    | 61 4                   | 0                    |                 |             |               |  |                       | uired Remarks           |
| JFM001                    |                        |                      |                 | 24/2024     | \$            | 3,000.00   | and the second second | WORKER                  |
|                           |                        | 0                    | 01/2            | 24/2024     | \$            | 16,000.00  | POLL                  | WORKERS FEE             |
| Total only this I         |                        |                      |                 |             |               | -1 9101  | 9                     | 33,200.00               |
| Total of ALL CI           |                        | - Water              |                 |             |               |  | 4                     | 25,200.00               |
| This line goes in li      | ine 13a of Detailed Su | mmary Page CRO-1     | 100 if Op       | erating Exp | enses         |  |                       |                         |
| z wo une goes in il       | ne 130 of Detailed Su  | mmary Page CDO 1     | 100 200.        |             |               |  | (mm) \$               | 36,304.44               |
| 0                         | ne 130 of Detailed Su  | mmary Page CRO-1.    | 100 if Co.      | ordinated P | arty E        | xpenditures)   |                       |                         |
| Purpose Code              |                        | xpenditure code in   | (h.) abo        | ove)        |               |  |                       |                         |
| - Media<br>Salaries       | B* - Printing          |                      |                 | draising    |               | <b>D</b> - To A  | nother                | Candidate               |
| Postage                   | F* - Equipmer          | ıt G                 | - Politic       | al Party    |               |  |                       | ublic Office Expenses   |
| Other                     | J - Penalties          | K                    | <b>* - Offi</b> | ce Expense  | es            | Q* - Do  | nation t              | to Legal Expense Fund   |
|                           | etailed explanation    | in                   |                 |             |               |  |                       |                         |
| 0-1310                    | Попентина              | in required remai    | ks field        | (k)         |               | and the latest the lat |                       |                         |

| Disbursements |  |
|---------------|--|
|---------------|--|

|    |   |    |   | Amendm | ent |    |
|----|---|----|---|--------|-----|----|
| Pg | 2 | of | 3 | ☐ Yes  | X   | No |

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

| 1. Committee F       | full Name (and Fund     | l if applicable)     |             |                                      |                |                           |              | 2. ID Nu    | ımbon         |
|----------------------|-------------------------|----------------------|-------------|--------------------------------------|----------------|---------------------------|--------------|-------------|---------------|
| JOINES FOR           | MAYOR                   |                      |             |                                      |                |                           |              | 000-0       | 00000-0-000   |
| 3. Type of Disb      | ursement (Please        | use separate Ck      | 20-1316     | forms for each                       | ch ti          | ne of Dick                | term and     | and)        |               |
| M Operating Ex       |                         | tributions to Candid | lates/Poli  | tical Committee                      | S              |                           |              |             | xpenditures   |
| 4. Payee Inform      | ation                   |                      | THE RESERVE | Add 🗆                                | -              | move                      | o o i dilita | icuraity E  | xpenditures   |
| a. Full Name, M      | ailing Address & Ph     | none                 |             | b. Coordinat                         |                |                           | Name         | d. Com m    | am to         |
| (include city, sta   | ite, & zip)             |                      |             |                                      |                | ommittee .                | valif        | u. Com m    | CHIS          |
| SIMPLY EXC           |                         |                      |             |                                      |                |                           |              | 1           |               |
| 2340 LEIGHT          |                         |                      |             | c. Level Regi                        | stere          | d (Specify)               |              | 1           |               |
| WINSTON SA           | LEM, NC 27107-3:        | 531                  |             | Federal                              |                | County                    |              |             |               |
|                      |                         |                      |             | State                                |                | ☐ Munic                   | ipality:     | e. Electio  | n Sum to Date |
|                      |                         |                      |             |                                      |                |                           |              | \$          | 2,577.84      |
|                      | g. Form of Payment      | h. Purpose Code      | i. Date     | (mm/dd/yyyy)                         | j. A           | mount                     | k. Re        | quired Re   |               |
| JFM001               | Check                   | 0                    |             | 1/30/2024                            | \$             | 724.60                    |              | EAT SHIR    |               |
| JFM001               | Check                   | В                    | 02          | 2/14/2024                            | \$             | 1,853.24                  | -            | TING FL     |               |
| 4. Payee Inform      |                         | The late of the V    |             | Add 🔲                                | Rei            | nove                      |              |             |               |
|                      | iling Address & Pho     | one                  |             | b. Coordinate                        |                |                           | ame          | d. Comme    | nts           |
| (include city, sta   |                         |                      |             |                                      |                |                           |              |             | . 14 60       |
| THE CHRONIC          |                         |                      |             |                                      |                |                           |              |             |               |
| 1300 E 5TH ST        |                         |                      |             | c. Level Regis                       | tere           |                           |              |             |               |
| WINSTON-SAL          | LEM, NC 27101           |                      |             | Federal                              |                | County                    |              |             |               |
|                      |                         |                      |             | State                                |                | ☐ Municip                 | pality:      | e. Election | Sum to Date   |
|                      |                         |                      |             |                                      |                |                           |              | \$          | 2,646.00      |
| . Account Code       | g. Form of Payment      | h. Purpose Code      | i. Date     | (mm/dd/yyyy)                         | j. A           | nount                     | k. Rec       | quired Ren  |               |
| JFM001               | Check                   | A                    |             |                                      |                | 2,646.00                  |              | SPAPER      |               |
|                      |                         |                      |             |                                      | \$             |                           | 1 1 1 1 1    | DI THE LITE | 7100          |
| . Payee Informa      | tion                    |                      | П           |                                      | Ren            |                           |              |             |               |
|                      | iling Address & Pho     | ne                   |             | b. Coordinated                       |                |                           |              | 1.0         |               |
| include city, state  |                         |                      | -           |                                      |                | murtice 145               | IH C         | d. Comme    | nts           |
| TRUTH BROAD          |                         |                      |             |                                      |                |                           |              |             |               |
| 1107 SALEM V         |                         |                      | Ī           | c. Level Registe                     | ered           | (Specify)                 |              |             |               |
| WINSTON SAL          | EM, NC 27103            |                      |             | ☐ Federal                            |                | County:                   |              |             |               |
|                      |                         |                      |             | State                                |                | _ Municip                 | ality: 6     | . Dection   | Sum to Date   |
|                      |                         |                      |             |                                      |                |                           |              | \$          | 1,536.00      |
| Account Code g       | . Form of Payment       | h. Purpose Code      | i. Date (   | mm/dd/yyyy)                          | . An           | ount                      | k. Reg       | uired Rem   |               |
| JFM001               |                         | A                    | 4.5 (1.5)   |                                      |                |                           | DCAST ADS    |             |               |
|                      |                         |                      |             |                                      | <u> </u>       |                           |              | o Bitorii   | Jeriot Aps    |
| Total only this      | Page                    |                      |             |                                      |                |                           |              | <b></b>     | 6 7 7 0 0 1   |
| Total of ALL C       | RO-1310 Pages           |                      |             |                                      | -              |                           |              | \$          | 6,759.84      |
|                      | line 13a of Detailed Su | mmary Page CRA       | 1100 :60    | n anatina E.                         |                |                           |              |             |               |
| (This line goes in l | line 13b of Detailed Su | mmary Page CRO-1     | 1100 y O    | peruung Expens                       | ies)<br>Intoni | Dollston C.               |              | \$          | 36,304.44     |
| (This line goes in l | ine 13c of Detailed Sur | nmary Page CRO-1     | 100 if Ca   | onthib to Cunuta<br>Oordinated Parts | Exp            | rouucai Co.<br>enditures) | mm)          |             |               |
| Purpose Cod          | les (List detailed ex   | penditure code i     | n (h.) ab   | ove)                                 |                |                           |              | - 17        | CALLED TO     |
| * - Media            | B* - Printing           |                      |             | draising                             |                | D-To A                    | nothe        | r Candidat  | re.           |
| - Salaries           | F* - Equipmen           |                      |             | ical Party                           |                |                           |              |             | ce Expenses   |
| - Postage<br>* Other | J - Penalties           |                      |             | ice Expenses                         |                | Q* - Doi                  | nation       | to Legal F  | xpense Fund   |
|                      | etailed and an etc.     |                      |             | 1.0                                  |                |                           |              | g 1         |               |
| RO-1310              | etailed explanation     | neguired rema        | rks fiel    | d(k)                                 |                |                           |              |             |               |

| Disbursements  |    |   |    |   | Amendm |      |
|--|----|---|----|---|--------|------|
| Use this form to report expenditures from the committee for operating ever | Pg | 3 | of | 3 | ☐ Yes  | X No |

| Use this form                       | nto report or all                                  |                      | _         |              |         | Pg3              | of .                   | _3_ [       | Yes X No        |
|-------------------------------------|--|----------------------|-----------|--------------|---------|------------------|------------------------|-------------|-----------------|
| committees a                        | n to report expenditured narty                     | es from the comm     | ittee for | r operatinį  | g expe  | enses, contrib   | outions                | to candi    | date/political  |
|                                     | e Full Name (and Fu                                |                      |           |              |         |                  |                        |             | r               |
| JOINES FO                           | R MAVOR  | iu ii applicable)    |           |              | 110     |                  |                        | 2. ID 1     | Number          |
|                                     | K WILLOW   |                      |           |              |         |                  |                        | 000         | 0-000000-0-000  |
| 3. Type of Dis                      | bursement (Pleas                                   | se use separate C    | RO-131    | O forms for  | 0 * 000 | h tung of Di     | . T                    |             |                 |
| M Operating                         | Compenses L Co                                     | ntributions to Candi | dates/Po  | litical Com  | mittee  |                  |                        |             |                 |
| 4. Payee Info                       | rmation  | 100                  |           | 7            |         | Remove           | Coordi                 | nated Party | Expenditures    |
| a. Full Name,                       | Mailing Address & I                                | Phone                |           |              | _       | d Committee      | NY.                    | 11.0        |                 |
| (include city,                      | state, & zip)                                      |                      |           |              |         | o Committee      | : Main e               | d. Com      | ments           |
| WOOTEN G                            | RAPHICS  |                      |           |              |         |                  |                        |             |                 |
| 172 HINKLE                          | LANE   |                      |           | c. Level     | Regis   | tered (Specif    | (v)                    |             |                 |
| LEXINGTON                           | N, NC 27295  |                      |           | Fede         |         | Cour             |                        | -           |                 |
|                                     |  |                      |           | ☐ State      |         | ☐ Mun            | ic <del>i</del> pality | : e. Dect   | ion Sum to Date |
|                                     |  |                      |           |              |         |                  |                        | \$          |                 |
| f. Account Cod                      | le g. Form of Paymen                               | t h. Purnose Code    | i Dad     | 17.77        |         |                  |                        | 11/         | 4,195.05        |
| JFM001                              | Check  | B                    |           |              |         |                  |                        | lequired F  | dem arks        |
|                                     | Chock  | В                    | -         | 01/24/2024   | 4       | \$ 4,195.0       | 5 YA                   | RD SIGN     | 1S              |
|                                     |  |                      |           |              |         | \$               |                        |             |                 |
| 4. Payee Infor                      | mation   |                      |           | Add          |         | Remove           | _                      | 200         |                 |
| a. Full Name, N                     | Mailing Address & Pl                               | one                  |           |              |         | Committee        | Name                   | d. Com      | mante           |
| (include city, st                   |  |                      |           |              |         |                  |                        | u. Com      |                 |
| WOOTEN GR                           |  |                      |           |              |         |                  |                        |             |                 |
| 172 HINKLE                          |  |                      |           |              |         | ered (Specify    | )                      | 1           |                 |
| WELCOME, 1                          | NC 2/3/4   |                      |           | Federa       | al      | Count            | -                      |             |                 |
|                                     |  |                      |           | ☐ State      |         | ☐ Munic          | ipality:               | e. Electic  | on Sum to Date  |
|                                     |  |                      |           |              |         |                  |                        | S           | 925.55          |
| . Account Code                      | g. Form of Payment                                 | h. Purpose Code      | i. Date   | (mm/dd/y     | (vvv)   | Amount           | b D.                   | quired Re   |                 |
| JFM001                              | Check  | В                    |           | 1/22/2024    |         |                  |                        |             |                 |
|                                     |  |                      | -         | ., 20, 2027  | _       |                  | YAI                    | RD SIGN     | S               |
| . Payee Inform                      | 204  |                      |           |              | 19      | 5                |                        |             |                 |
|                                     | ailing Address & Pho                               |                      |           | Add 🔲        |         | Remove           |                        |             |                 |
| nclude city, sta                    | andig Address & Pho                                | one                  |           | b. Coordin   | ated    | Committee N      | ame                    | d. Comm     | ents            |
| VTOB                                | ite, & zip)  |                      |           |              |         |                  |                        |             |                 |
|                                     | RADE STREET  |                      | }         | a Yazal D    |         | 1.00             |                        |             |                 |
| VINSTON SA                          | LEM, NC 27101                                      |                      | ŀ         | Federal      |         | red (Specify)    |                        |             |                 |
|                                     | ,  |                      |           | State        |         | County  Municit  |                        | . 101       | -               |
|                                     |  |                      | 1         |              |         | - Willief        | Janty:                 | e. Election | n Sum to Date   |
| A                                   |  |                      |           |              |         |                  | - 1                    | \$          | 1,224.00        |
| Account Code                        | g. Form of Payment                                 | h. Purpose Code      | i. Date ( | (mm/dd/yy    | yy) j.  | Amount           | k. Rec                 | juired Rei  | marks           |
| JFM001                              | Check  | A                    |           | 30/2024      | \$      | 1,224.00         |                        | IO ADS      |                 |
|                                     |  |                      |           |              | \$      | ,                | 14.10                  |             |                 |
| Total only this                     | Page   |                      | -         |              | 1.0     |                  |                        |             |                 |
|                                     |  |                      |           |              |         |                  |                        | \$          | 6,344.60        |
| This line open 2                    | CRO-1310 Pages                                     |                      |           |              |         |                  |                        |             |                 |
| ( une goes in<br>(This line page in | t line 13a of Detailed Su                          | mmary Page CRO-1     | 100 if O  | perating Ex  | cpense: | s)               |                        | \$          | 26.204.4.       |
| (This line goes in                  | line 13b of Detailed Su<br>line 13c of Detailed Su | mmary Page CRO-1     | 100 if C  | ontrib to Ca | ındida  | tes/Political Co | mm)                    | Ф           | 36,304.44       |
| Purpose Co                          | des diet det il 1                                  | 1'                   | too if Co | orainated .  | Party I | Expenditures)    |                        |             |                 |
| - Media                             | des (List detailed e                               |                      |           |              |         |                  |                        |             |                 |
| - Salaries                          | B* - Printing<br>F* - Equipmen                     | `                    |           | draising     |         |                  |                        | er Candida  |                 |
| Postage                             | J - Penalties                                      | -                    |           | ical Party   |         | H* - Ho          | lding 1                | Public Of   | fice Expenses   |
| 0.1                                 | - A VIIIIIIOS                                      | .B                   | v Offi    | ice Expens   | ses     | O* - Do          | nation                 | to Logal    | Demond of       |

| Aggregated No | n-Media | <b>Expenditures</b> |
|---------------|---------|---------------------|
|---------------|---------|---------------------|

Page 1 of 1 Amendment Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less

| Add JFM001 Electric Funds Tran K 01/04/2024 \$ 3.00 BANK SERV CHARGE  Remove JFM001 Electric Funds Tran O 01/09/2024 \$ 5.34 BANK FEE  Add JFM001 Electric Funds Tran O 02/09/2024 \$ 6.34 BANK CHAR  Total only this Page  Total of ALL CRO-1315 Pages  (This line must be on line 14 of Detailed Summary Page CRO-1100)  Purpose Codes (List detailed expenditure code in (d) above)  B*-Printing C*-Fundraising D-To Another Candidate  E-Salaries F*-Equipment G-Political Party H*-Holding Public Office Exp   | TOINES EC                               | D MAYOR              | d Fund if applicable)                  |   |                             |              | 2. ID | Number   |                    |
|---|---|----------------------|--|---|-----------------------------|--------------|-------|----------|--------------------|
| Amend b. Account Code c. Form of Payment d. Purpose Code e. Date (mm/dd/yyyy) f. Amount g. Required Remove   JFM001   Electric Funds Tran   O   02/05/2024   \$ 3.00   BANK SERV   Add   JFM001   Electric Funds Tran   O   01/04/2024   \$ 3.00   BANK SERV   CHARGE   Add   JFM001   Electric Funds Tran   O   01/09/2024   \$ 5.34   BANK FEE   Add   JFM001   Electric Funds Tran   O   02/09/2024   \$ 6.34   BANK CHAR   BANK CHAR   CTOTAL Only this Page   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$  |   |                      |  |   |                             |              |       | 000      | -000000-0-000      |
| Add Remove JFM001 Electric Funds Tran O 02/05/2024 \$ 3.00 BANK SERV.  Add JFM001 Electric Funds Tran K 01/04/2024 \$ 3.00 BANK SERV.  Add JFM001 Electric Funds Tran O 01/09/2024 \$ 3.00 BANK SERV.  CHARGE CHARGE  Add JFM001 Electric Funds Tran O 01/09/2024 \$ 5.34 BANK FEE  Add JFM001 Electric Funds Tran O 02/09/2024 \$ 6.34 BANK CHAR  Total only this Page \$ \$  Total of ALL CRO-1315 Pages  (This line must be on line 14 of Detailed Summary Page CRO-1100)  Purpose Codes (List detailed expenditure code in (d) above)  B*-Printing C*-Fundraising D-To Another Candidate  F*-Equipment G-Political Party H*-Holding Public Office Exp   |   |                      |  |   |                             |              |       |          |                    |
| Remove JFM001 Electric Funds Tran O 02/05/2024 \$ 3.00 BANK SERV.  Add JFM001 Electric Funds Tran K 01/04/2024 \$ 3.00 BANK SERV.  Add JFM001 Electric Funds Tran O 01/09/2024 \$ 5.34 BANK FEE  Add JFM001 Electric Funds Tran O 02/09/2024 \$ 6.34 BANK CHAR  Total only this Page \$ \$  Total of ALL CRO-1315 Pages  (This line must be on line 14 of Detailed Summary Page CRO-1100)  Purpose Codes (List detailed expenditure code in (d) above)  B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Exp   |   | b. Account Code      | c. Form of Payment                     | d. Purpose Code                         | e. Date (mm/de              | l/yyyy)      | f. Am | mat      | g Degwined Demants |
| Remove JFM001 Electric Funds Tran K 01/04/2024 \$ 3.00 BANK SERV CHARGE  Add JFM001 Electric Funds Tran O 01/09/2024 \$ 5.34 BANK FEE  Add JFM001 Electric Funds Tran O 02/09/2024 \$ 6.34 BANK CHAR  Total only this Page \$ \$  Total of ALL CRO-1315 Pages  (This line must be on line 14 of Detailed Summary Page CRO-1100)  Purpose Codes (List detailed expenditure code in (d) above)  B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Exp   |   |                      |  |   |                             |              |       |          | BANK SERVICE FEE   |
| Remove JFM001 Electric Funds Tran O 01/09/2024 \$ 5.34 BANK FEE  Add JFM001 Electric Funds Tran O 02/09/2024 \$ 6.34 BANK CHAR  Total only this Page \$  Total of ALL CRO-1315 Pages  (This line must be on line 14 of Detailed Summary Page CRO-1100)  Purpose Codes (List detailed expenditure code in (d) above)  B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Exp  | Remove                                  | JFM001               | Electric Funds Tran                    | K                                       | 01/04/202                   | 24           | \$    | 3.00     | BANK SERVICE       |
| Remove   SPM001   Electric Funds Tran   O   02/09/2024   \$ 6.34   BANK CHAR    Total only this Page   \$   \$    Total of ALL CRO-1315 Pages   \$    (This line must be on line 14 of Detailed Summary Page CRO-1100)   \$    Purpose Codes (List detailed expenditure code in (d) above)   B* - Printing   C* - Fundraising   D - To Another Candidate   C* - Fundraising   C* - Fundrais | Remove                                  | JFM001               | Electric Funds Tran                    | 0                                       | 01/09/202                   | 24           | \$    | 5.34     |                    |
| Total of ALL CRO-1315 Pages  (This line must be on line 14 of Detailed Summary Page CRO-1100)  Purpose Codes (List detailed expenditure code in (d) above)  B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Exp   | Remove                                  |                      | Electric Funds Tran                    | 0                                       | 02/09/202                   | 24           | \$    | 6.34     | BANK CHARGE        |
| This line must be on line 14 of Detailed Summary Page CRO-1100)  Purpose Codes (List detailed expenditure code in (d) above)  B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Exp   |   |                      | 115 D                                  |   |                             |              | \$    |          | 17.68              |
| B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Exp   | (This line mi                           | ust be on line 14 of | Detailed Summary Pag                   | ge CRO-1100)                            |                             |              | \$    |          | 17.68              |
| B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Exp   | Purpose                                 | Codes (List d        | etailed expenditur                     | e code in (d) al                        | nove)                       |              |       |          |                    |
| O* - Other  * Codes require detailed explanation in required remarks field (g)  | E - Salarie<br>I - Postage<br>O* - Othe | B* es F*  e J- er    | - Printing<br>- Equipment<br>Penalties | C* - Fundra G - Political 1 K* - Office | nising<br>Party<br>Expenses | H* -<br>Q* - | Holdi | ng Publi | ic Office Expenses |