

Disclosure Report Cover

Amendment

☐ Yes ☒ No

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

JOINES FOR MAYOR

c. ID Number

000-000000-0-000

b. Mailing Address (include City, State and Zip Code)

PO BOX 20397
WINSTON SALEM, NC 27102

d. Date Filed

07/01/2024

e. Phone Number

(336) 407-3147

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

02/18/2024

4. Period End Date (mm/dd/yy)

06/30/2024

5. Treasurer Full Name

WILLIAM ROSE

6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party
☐ Joint Fundraiser ☐ PAC
☐ Referendum ☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund

☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☒ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

SECOND QUARTER
REPORT

3. Account Information

a. Financial Institution Full Name

FNB

b. Purpose

TO PAY CAMPAIGN
EXPENSES

c. Account Code

JFM001

d. Period Begin Balance

\$ 84,018.23

3. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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



Printed Name of Signer



Signature of Appointed Treasurer

07/01/2024

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

☐ Signer has not received
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

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
JOINES FOR MAYOR		2024 Special		000-000000-0-000	
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 84,018.23		\$ 18,727.66	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 10,700.00		\$ 120,700.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
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	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 10,700.00		\$ 120,700.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 30,790.66		\$ 75,315.75	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 2,900.00		\$ 2,900.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.50		\$ 184.84	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 33,691.16		\$ 78,400.59	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 61,027.07		\$ 61,027.07	
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			
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	

Contributions from Individuals

Pg 1 of 1

Amendment

☐ 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) JOINES FOR MAYOR					2. ID Number 000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LESLIE BAKER 4216 ALISTAIR ROAD WINSTON SALEM, NC 27104			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 6,200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JFM001	Check		02/21/2024	\$ 6,200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HUDNALL CHRISTOPHER 2837 REYNOLDS DRIVE WINSTON SALEM, NC 27104			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 6,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JFM001	Check		04/02/2024	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOEL SCHNEIDER 520 STONEGATE LANE WINSTON SALEM, NC 27104			INVESTMENT ADVISOR			
			c. Employer's Name/Specific Field			
			SELF		e. Election Sum to Date	
					\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JFM001	Check		02/21/2024	\$ 2,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 10,700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 10,700.00	

Disbursements

Amendment
Pg 1 of 1 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR				2. ID Number 000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DD ADAMS FOR COUNCIL PO BOX 17373 WINSTON SALEM, NC 27116			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 1,900.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JFM001	Check	D	02/21/2024	\$ 950.00	
JFM001	Check	D	02/26/2024	\$ 950.00	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) REGINA FOR WINSTON PO BOX 11172 WINSTON SALEM, NC 27105			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
			Forsyth		\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JFM001	Check	D	05/07/2024	\$ 1,000.00	
				\$	
5. Total only this Page					\$ 2,900.00
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2,900.00
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

Amendment
Pg 1 of 8 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JOINES FOR MAYOR						000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLEGRA PRINTING 3250 HEALY DRIVE WINSTON SALEM, NC 27103				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 1,003.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	B	02/21/2024	\$ 501.83	SIGNAGE		
JFM001	Check	B	03/05/2024	\$ 501.83	SIGNAGE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BREATHING ACCESS 918 BRIDGE STREET WINSTON SALEM, NC 27101				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 5,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	02/26/2024	\$ 5,000.00	COMMUNITY SUPPORT -		
				\$	JAIL STAFF YOGA		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHEYENNE COVINGTON 1835 OLD HOLLOW ROAD WALKERTOWN, NC 27051				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 4,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	E	03/05/2024	\$ 1,000.00			
				\$			
5. Total only this Page						\$ 7,003.66	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 30,790.66	
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

Amendment
Pg 2 of 8 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) HOPE DEALERS OF WINSTON SALEM 500 W 5TH STREET WINSTON SALEM, NC 27101				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	03/27/2024	\$ 150.00	COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MASJID AL MUMROON 1510 HARRIETT TUBMAN DRIVE WINSTON SALEM, NC 27105				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	05/14/2024	\$ 100.00	COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MRS TOAST GRAPHIC DESIGN 6002 ROBINHOOD ROAD WINSTON SALEM, NC 27040				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	B	03/01/2024	\$ 200.00	GRAPHIC DESIGN FEE		
				\$			
5. Total only this Page						\$ 450.00	
6. Total of ALL CRO-1310 Pages (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)						\$ 30,790.66	
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

Amendment

Pg 3 of 8 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JOINES FOR MAYOR					000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
JEROME NIXON PO BOX 20397 WINSTON SALEM, NC 27101				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		
				\$ 360.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JFM001	Check	E	02/20/2024	\$ 360.00		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
NORTH STATE LAW ENFORCEMENT OFFICERS ASSOCIATION PO BOX 1556 ROCKY MOUNT, NC 27802				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		
				\$ 400.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JFM001	Check	O	02/20/2024	\$ 400.00	COMMUNITY SUPPORT	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
ALBERT PORTER JR 1228 DUBLIN DRIVE WINSTON SALEM, NC 27101				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		
				\$ 21,000.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JFM001	Check	E	03/04/2024	\$ 2,000.00		
				\$		
5. Total only this Page					\$ 2,760.00	
6. Total of ALL CRO-1310 Pages						
(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)					\$ 30,790.66	
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

Amendment
Pg 4 of 8 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) PROMPT.IO INC. SALE 14419 GREENWOOD AVE N #373 SEATTLE, WA 98133				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 6,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Electric Funds Tran	A	02/28/2024	\$ 6,000.00	ROBO MESSAGING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARVA REID 1414 N CAMERON AVE WINSTON SALEM, NC 27105				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	E	02/22/2024	\$ 500.00			
JFM001	Check	E	03/22/2024	\$ 1,000.00			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RIVER RUN FESTIVAL 305 W 4TH STREET WINSTON SALEM, NC 27101				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 550.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	03/14/2024	\$ 275.00	COMMUNITY SUPPORT		
				\$			
5. Total only this Page						\$ 7,775.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 30,790.66	
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

Amendment
Pg 5 of 8 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JOINES FOR MAYOR						000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SALVATION ARMY 1255 N TRADE STREET WINSTON SALEM, NC 27101				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 500.00	
				f. Account Code		g. Form of Payment	
JFM001		Check		O		04/22/2024	
						\$	
						\$ 500.00	
						COMMUNITY SUPPORT	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NATASHA SMITH 2891 WALNUT VIEW COURT WINSTON SALEM, NC 27103				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 2,500.00	
				f. Account Code		g. Form of Payment	
JFM001		Check		E		03/13/2024	
						\$ 2,500.00	
						FOOD FOR WATCH	
						PARTY	
5. Total only this Page							
						\$ 5,000.00	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 30,790.66	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		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

Amendment
Pg 6 of 8 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TWIN CITY KIWANIS CLUB 1959 N PEACE HAVEN ROAD WINSTON SALEM, NC 27104				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 250.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 02/21/2024	j. Amount \$ 250.00	k. Required Remarks COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNC SCHOOL OF JOURNALISM CARROLL HALL CHAPEL HILL, NC 27599				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,000.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 04/10/2024	j. Amount \$ 1,000.00	k. Required Remarks COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS 200 TOWN RUN LANE WINSTON SALEM, NC 27101				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 200.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code I	i. Date (mm/dd/yyyy) 04/18/2024	j. Amount \$ 200.00	k. Required Remarks		
				\$			
5. Total only this Page						\$ 1,450.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 30,790.66	
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 8 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VETERAN'S CUP 6255 TOWNECENTER DRIVE STE 2 CLEMMONS, NC 27012				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 400.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 04/10/2024	j. Amount \$ 400.00	k. Required Remarks COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VIRTUOUS WOMEN 2188 SCHOOL STREET WINSOTN SALEM, NC 27105				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 150.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 05/13/2024	j. Amount \$ 150.00	k. Required Remarks COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) W MEDIA GROUP 55 S FINLEY AVE BASKIING RIDGE, NJ 07920				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 300.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 03/14/2024	j. Amount \$ 300.00	k. Required Remarks MEDIA CONSULTING		
				\$			
5. Total only this Page						\$ 850.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 30,790.66	
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

Amendment
Pg 8 of 8 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JOINES FOR MAYOR						000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) WINSTON SALEM JOURNAL 418 N MARSHALL STREET WINSTON SALEM, NC 27101				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 3,600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	A	02/21/2024	\$ 3,600.00	CAMPAIGN PRINT		
				\$	ADVERTISING		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) WQMG RADIO 4405 PROVIDENCE LANE STE D WINSTON SALEM, NC 27106				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 1,902.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	A	03/05/2024	\$ 1,902.00	RADIO ADVERTISING		
				\$			
5. Total only this Page						\$ 5,502.00	
6. Total of ALL CRO-1310 Pages						\$ 30,790.66	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</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							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media ExpendituresPage 1 of 1**Amendment**☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JOINES FOR MAYOR					000-000000-0-000	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	03/11/2024	\$ 0.50	ELECTRONIC TRANSFER FEE
4. Total only this Page					\$ 0.50	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 0.50	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other		K* - Office Expenses		Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009