Disclosure Report Cover 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.

a. Full Name	c. ID Number
JOINES FOR MAYOR	
	000-000000-0-000

b. Mailing Address (include City, State and Zip Code) PO BOX 20397 WINSTON SALEM, NC 27102

1. Committee Information

								e.	Phone !	Number	
									(336)) 407-314	47
2. Report Year	3. Period Star	rt Date (mm/dd/y	yy)	4. Period	End Da	nte (mm/dd/yy)	5. Treasu	irer	Full Na	ime	
2024		0/20/2024			12/31/2	2024	WILLIA	MR	OSE		
6. Type of Com				e of Repor	t (c.	heck only one	type of rep	port	from on	e catego	nry)
Candidate Car		-	Munic	-		State/County		Re	ferendu	1 1331	
Joint Fundrais	Annual Contraction			Organizatio		Organizati	onal		Organiz	zational	
Referendum	Separe	gal Expense Fund		Thirty-five	-	Quarterly			Pre-ref	erendum	
7. Type of Fund		le, check one)		Pre-primar	у	🗖 First			Final		
"Booster Fund				Pre-election	n	Second	1		Suppler	nental Fin	al
Building Fund				Pre-runoff		Third			Annual		
	lection Year Can			Semi-annua	1	Fourth		Ī	Special		
NC Public Car	npaign Financing	g Fund		Mid Ye	ar	Semi-annua	ıl		-		
			121	Year E	nd	Mid Ye	ear	10	Specia	l Report	Name
Other:			ō	Final		Year E	nd	-	opeeia	a report	Trance
8. Number of Fu	indraisers this	Report	6	Special		Final					
				1				1			
3. Account Info	0										
a. Financial Inst						ount Informat					
	tution Full 1981	me	_		a. Fina	ncial Institutio	on Full Nar	ne		20	12
FNB									May - 3	ř.	
b. Purpose		c. Account Code	e		b. Purp	ose		c. A	ccount	Code	~
TO PAY CAMI EXPENSES	PAIGN	JFN	4001							8	
		d. Period Begin	Balanc	ce				d. F	eriod B	egin Bala	ance
		\$	5	1,033.66				\$	0	niant damp ani address all all	The second
Chapter 163 of funds. I furthe	ne Committee of f the NC Generative er certify that the	or Fund is in con al Statutes and this report is con CROSC gner	that no nplete,	funds are true and co	commin orrect a	ngled with proj	hibited or o been train	othe	r non-di y the No 01/(isclosed	
FOR OFFICE US	SEONLY										
Date Receive	ed:		-	Employ	/ee: _				y Methormal Ma		
Date Postma	rked:	- Andrew - A	-	Employ	vee:		- 0	-	gistered nd Deliv		
Date Scannee	d:		-	Employ	vee:		. 0	Elec	rronica	lly Filed	
Date Data En			-	Employ				man	datory	not recei training	
Please Note	e: This form ca assistan	nnot be used to t treasurer, cust	o ameno codian o	d committe of books in	e inforr Iformati	nation such as ion, or accoun	the comm t information	ittee on.	addres	s, treasur	rer,

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

01/07/2025

d. Date Filed

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

Amendment Ves X No

1. Committee Full Name (and Fund if applicable)	2. Type of Re			. ID N	lumber
JOINES FOR MAYOR	2024 Year H	End Sen	ni-Annual	000	-000000-0-000
Start of Election Cycle: January 1,2023			Total this orting Period	t	Total this Election Cycle
4) Cash on Hand at Start		\$	51,033.6	5 \$	18,727.66
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.0) \$	0.00
6) Contributions from Individuals	(CRO-1210)	\$	6,184.00) \$	127,484.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00) \$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00) \$	3,000.00
9) Loan Proceeds	(CRO-1410)	\$	0.00) \$	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00) \$	117.00
1) 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
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	6,184.00	\$	130,601.00
EXPENDITURES					
3) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	14,936.50	\$	103,437.25
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	500.00	\$	3,900.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	210.25
5) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	5,984.00	\$	5,984.00
7) In-Kind Contributions	(CRO-1510)	\$	5,984.00	\$	5,984.00
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$	27,404.50	\$	119,515.50
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	29,813.16	\$	29,813.16
ADDITIONAL INFORMATION	,			_	
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
4) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
5) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
6) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00
8) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00

		rom Individual			$\frac{1}{1}$ of $\frac{2}{1}$ nder \$50 if form CRO		Amendmo Ves is not use	X No
1. Com	mittee Full Name	e (and Fund if applicat	e)	Level Marin		2.	ID Number	r
JOINE	ES FOR MAYOR						000-0000	00-0-000
and the second sec	tributor Informati			Add 🗖 Re	emove			
	Name, Mailing Ad			b. Job Title/P	rofession	d. (Comments	
	ude city, state, & z	cip)		RETIRED				
	A BARNES							
	DX 20397			c. Employer's	Name/Specific Field	-		
WINS	TON SALEM, N	C 27102		P			Dection Su	
						e, r	dection Su	m to Date
						\$		0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amoun	t
	JFM001	In-Kind	TEE SHIRTS		11/06/2024		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆 Re	move			
a. Full I	Name, Mailing Add	dress & Phone		b. Job Title/Pi		d. C	Comments	
(inclu	ıde city, state, & z	ip)		RETIRED		\vdash		
MIKE	HORNE							
PO BC	X 20397			c. Employer's	Name/Specific Field]		
WINST	FON SALEM, NO	C 27102						
						e. E	lection Su	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	PAYMENT O			-		
			EXPENSES F		10/31/2024		\$	4,014.00
							\$	
							\$	
3. Cont	ributor Informatio	on		Add 🗆 Rei	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	omments	
	de city, state, & zi	ip)						
	I JOINES							
	X 20397	07100		c. Employer's	Name/Specific Field			
W HNO I	TON SALEM, NO	2/102				0 H	lection Sun	to Data
						C. PA	ection Sun	a to Date
						\$		0.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	ription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	In-Kind	WATCH PAR		11/08/2024		\$	409.90
	JFM001	In-Kind	VICTORY DIN HUNDRED DI	NNER AT SIX	12/18/2024		\$	1,460.10
							\$	
	al only this Pag					\$		5,984.00
	al of ALL CRO	D-1210 Pages 6 of Detailed Summary P	000 1100			\$		6,184.00
[1 112 1	me must be on the c	o of Dennieu Summary P	age CKU-1100)					,

Contributions from Individuals

2 of

2

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

1. Com	mittee Full Name	(and Fund if applicab	le)			2.1	ID Num	ber
JOINE	S FOR MAYOR						000-00	0000-0-000
3. Cont	ributor Informati	ion		Add 🔲	Remove	-		
a. Full I	Name, Mailing Ad	dress & Phone		b. Job Title.	/Profession	d. C	Commen	nts
(inclu	ide city, state, & z	ip)		BUSINES	S CONSULTANT			
STEVI	E LINEBERGER							
2800 C	OUNTRY CLUI	3 ROAD		c. Employer	r's Name/Specific Field			
WINS?	TON SALEM, N	C 27104		SELF EM	PLOYED			
						e. E	lection	Sum to Date
						\$		600.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amo	unt
	JFM001	Check			11/19/2024		\$	200.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		200.00
		O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		6,184.00
CRO-1	210		NC State Bo	ard of Electio	ons			April 2007

 Amendment

 Pg 1 of 1
 Yes

 Yes
 X

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

JOINES FOR MAYOR 000-000000-0-000 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) 000-000000-0-000 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (Include city, state, & zip)	1. Committee H	Full Name (and Fund	if applicable)	and the second second			2. ID Num	har
□ Operating Expenses Image: Contributions to Candidates/Political Committees □ Coordinated Party Expenditures 4. Payee Information □ Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments CLARK FOR CITY COUNCIL 2803 COUNTRY CLUB ROAD c. Level Registered (Specify) e. Beetion Sum to Date Image: State Image: State Image: State Image: State Image: State 2803 COUNTRY CLUB ROAD c. Level Registered (Specify) e. Beetion Sum to Date \$ 250.00 Image: State Image: State Image: State Image: State Image: State Image: State JFM001 Check D 10/28/2024 \$ 250.00 Image: State Im								
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a. Full Name, Mailing Address & Phone (include city, state, & zip) CLARK FOR CITY COUNCIL 2003 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104	the second se	the second se	ributions to Candida	the second s	es 🛛 Co	ordina	ted Party Exp	enditures
(include city, state, & zip) c. Level Registered (Specify) CLARK FOR CITY COUNCIL c. Level Registered (Specify) 2803 COUNTRY CLUB ROAD Pederal State Municipality: * State Municipality: * Bate Municipality: * Coount Code g. Form of Payment I. Purpose Code i. Date (mm/dd/yyyy) J. Am ount k. Required Remarks FFM001 Check D A Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) NORTH FOR NC c. Level Registered (Specify) S197 RIVERWEST ROAD c. Level Registered (Specify) e. Election Sum to Date S State Municipality: e. Election Sum to Date S State Municipality: e. Election Sum to Date S. Total only this Page S S								
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LEWISVILLE, NC 27023 Federal County: e. Election Sum to Date State Municipality: e. Election Sum to Date State Municipality: e. Election Sum to Date \$ 250.00 C. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks JFM001 Check D 10/22/2024 \$ 250.00 S. Total only this Page \$ 500.00 S. Total only this Page \$ 500.00 S. Total of ALL CRO-1310 Pages \$ 500.00 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 500.00 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 500.00 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 500.00 A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses (PO ther * Codes require detailed explanation in required remarks field (k) E - Donation to Legal Expense Fund	NORTH FOR 1	NC						
Image: State Municipality: e. Election Sum to Date Image: State Municipality: e. Election Sum to Date Image: State S 250.00 Image: State Image: State S Image: State Image: State Image: State Image: State Image: State S Image: State Image: State Image: State	5197 RIVERW	EST ROAD		c. Level Regi	stered (Specify)			
C. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Am on nt k. Required Remarks JFM001 Check D 10/22/2024 \$ 250.00 JFM001 Check D 10/22/2024 \$ 250.00 S. Total only this Page \$ 500.00 S. Total of ALL CRO-1310 Pages \$ 500.00 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 500.00 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 500.00 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 500.00 A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses (Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund (Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund	LEWISVILLE,	NC 27023		and the second se				
C. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks JFM001 Check D 10/22/2024 \$ 250.00 S. Total only this Page \$ 500.00 S. Total only this Page \$ 500.00 G. Total of ALL CRO-1310 Pages \$ 500.00 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 500.00 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 500.00 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 500.00 7. Purpose Codes (List detailed expenditure code in (h.) above) \$ 500.00 A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses (P other V Other \$ 00 \$ 00 * Codes require detailed explanation in required remarks field (k) \$ 00 \$ 00				X State	Municip	ality:	e. Election S	oum to Date
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JFM001 Check D 10/22/2024 \$ 250.00 Image: Check D 10/22/2024 \$ 250.00 S. Total only this Page \$ 500.00 S. Total of ALL CRO-1310 Pages \$ 500.00 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 500.00 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 500.00 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 500.00 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate A* - Media B* - Printing C* - Fundraising D - To Another Candidate I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O' Other * Codes require detailed explanation in required remarks field (k)	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Rems	ırks
5. Total only this Page \$ 500.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 500.00 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 500.00 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 500.00 7. Purpose Codes (List detailed expenditure code in (h.) above) \$ 500.00 A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses D* Other V Other Y - Donation to Legal Expense Fund	JFM001	Check	D	10/22/2024	\$ 250.00			
6. Total of ALL CRO-1310 Pages 3 500.00 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 500.00 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 500.00 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 500.00 7. Purpose Codes (List detailed expenditure code in (h.) above) \$ 500.00 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)					\$			
5. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 500.00 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 500.00 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 500.00 7. Purpose Codes (List detailed expenditure code in (h.) above) \$ 500.00 A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund Or Other * Codes require detailed explanation in required remarks field (k) * 100 fill of the Public Office Expense	5. Total only thi	s Page					\$	500.00
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(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) Image: Code State	(This line goes i	n line 13b of Detailed S	ummary Page CRO-	1100 if Contrib to Can	didates/Political C	() () () () () () () () () () () () () (\$	500.00
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) H* - Holding Public Office Expense	(This line goes i	in line 13c of Detailed St	ummary Page CRO-	1100 if Coordinated Pa	rty Expenditures)			
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) H* - Holding Public Office Expense	7. Purpose Co	odes (List detailed	expenditure code	in (h.) above)				
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund D* Other * Codes require detailed explanation in required remarks field (k)	A* - Media	B* - Printin	5	C* - Fundraising	D - To	Anoth	er Candidat	e
Denation to Legal Expense rund * Codes require detailed explanation in required remarks field (k)				•				
* Codes require detailed explanation in required remarks field (k)	-	J - Penalties	ĥ	K* - Office Expense	s Q*-D	onatio	n to Legal E	xpense Fund
		e detailed evolution	in roomined new	owks field ().)				
		s sound a spianalio				1		

Amendment Pg <u>1</u> of <u>3</u> 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	ull Name (and Fund	if applicable)						2. ID Nu	mber	1
JOINES FOR	MAYOR								00000-0-00	0
3. Type of Disb		use separate CR	<u>0-1310</u>	forms for eac	h ty	pe of Disbu	rseme	ent.)	Section 2	-
Operating Ex	penses 🖸 Cont	ributions to Candida	tes/Polit	ical Committees	5	Co	ordinat	ed Party E	Expenditures	
4. Payee Inform	nation			Add 🗖	Re	move				
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d C	ommittee N	ame	d. Comn	ients	
(include city, sta	ate, & zip)									
A BED AND A										
550 N LIBERT				c. Level Regis	tere			-		
WINSTON SA	LEM, NC 27101			Federal State		County				
1				LI State		L Munici	banty:	e. Electio	on Sum to Da	ite
								\$		0.00
	g. Form of Payment	h. Purpose Code			-	Amount	k. Re	quired R	emarks	
JFM001	Check	0	10	0/23/2024	\$	750.00	COM	IMUNI T	Y SUPPPO	RT
					\$					
4. Payee Inform	ation	in the second second		Add 🔲	Re	move	-			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d C	ommittee N	ame	d. Comm	ents	
(include city, sta	ite, & zip)									
BREATHIING	ACCESS									
918 BRIDGE S				c. Level Regis	tere					
WINSTON SA	LEM, NC 27101			Federal		County:				
				State		Municip	ality:	e. Electio	on Sum to Da	te
								\$	10,600	.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks	
JFM001	Check	0		2/03/2024	\$	5,000.00			Y SUPPOR	Т
					\$					
4. Payee Inform	ation			Add 🗖	Re	move	-	-		-
and the second se	ailing Address & Pho	one		b. Coordinate	d Co	ommittee Na	me	d. Comm	ents	-
(include city, sta	te, & zip)									_
CHEYENNE C	OVINGTON									
1835 OLD HOI				c. Level Regist	tere					
WALKERTOW	N, NC 27051		-	Federal		County:				_
				State		L Municip	ality:	e. Electio	n Sum to Dat	te
								\$	5,050	.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Red	quired Re	marks	-
JFM001	Check	Е			\$	550.00	9			
JFM001	Check	Е	11	/18/2024	\$	500.00				
5. Total only thi	s Page							\$	6,800.	00
6. Total of ALL	CRO-1310 Pages				-			-	-,	-
	n line 13a of Detailed S	ummarv Page CRO-	1100 if	Onerating Exper	1505)					_
	n line 13b of Detailed S						mm)	\$	14,936.	.50
	n line 13c of Detailed S						,			
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	bove)						
A* - Media	B* - Printin	the second se		indraising		D-To	Anoth	er Candi	date	-
E - Salaries	F* - Equipme	•		itical Party					ffice Expens	es
I - Postage	J - Penalties			ffice Expenses					l Expense Fu	
O* Other				_				0	-	
	e detailed explanation							12.7.0.	-	
CRO-1310		NC St	ate Boar	d of Elections					December 2	2009

				Am	e n dm	ent
Pg	2	of	3		Yes	D

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 H	ull Name (and Fund	if applicable)		the second s				2. ID Nu	mber	
JOINES FOR									00000-0-	000
3. Type of Disb	ursement <u>(Please</u>	use separate CR	<u>0-1310</u>	forms for eac	h ty	pe of Disbu	rseme	ent.)		
Operating Ex	penses 🖸 Cont	ributions to Candida	tes/Polit	ical Committees	S	🗖 Co	ordinat	ed Party E	xpenditure	s
4. Payee Inform	nation			Add 🔲	Re	move				
	lailing Address & Ph	one		b. Coordinate	ed Co	ommittee N	ame	d. Comm	ents	
(include city, st	ate, & zip)									
DEWEY GEO	RGE PRINTING									
PO BOX 2039	7			c. Level Regis	stere					
WINSTON SA	LEM, NC 27102			Federal		County				
				State		L Munici	pality:	e. Electio	n Sum to	Date
								\$	2,0	86.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks	
JFM001	Check	В	10	0/22/2024	\$	2,086.50	CAN	DIDATE	CARDS	
					\$		1			
4. Payee Inform	ation			Add 🗖	Rer	nove				
a. Full Name, M	ailing Address & Ph	one		b. Coordinate			ате	d. Comm	ents	
(include city, sta	ite, & zip)								_	
ALLEN JOINE	S						1			
PO BOX 2039	7			c. Level Regis	tere	d (Specify)				
WINSTON SA	LEM, NC 27102			Federal		County:				
				State		Municip	ality:	e. Electio	n Sum to	Date
								\$	7	50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. A	mount	k. Re	quired Re		
JFM001	Check	0)/30/2024	\$	750.00		VEL MII		
					\$					
4. Payee Inform		1		4.3.3	-			-		
	ailing Address & Pho	270		Add D. Courdinate		nove		1.0		
(include city, sta		JIIC		b. Coordinate	aco	mmittee Na	imc	d. Comm	ents	
	OMEN OF ACHIEV	TEMENET NIC								
CHAPTER	OMEN OF ACHIE	VENIENI - WS		c. Level Regist	terec	l (Specify)				
PO BOX 20397	,			Federal		County:				
WINSTON SA	LEM, NC 27101			State		Municip	ality:	e. Dection	n Sum to l	Date
								\$	10	00.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	i. A	mount	k. Red	uired Re		
JFM001	Check	0		/18/2024	\$	100.00			Y SUPPO	RT
					\$	100100	0011		. 50110	
5. Total only thi	е Рода				Ψ.			^		
					_			\$	2,93	36.50
	CRO-1310 Pages									
	n line 13a of Detailed S							\$	14.93	36.50
(Inis line goes i	n line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Cand	idate.	s/Political Co	omm)	-	- 1921	
	n line 13c of Detailed S	the second s			rty Ex	(penditures)		_		
	odes (List detailed			-			dist.	-	1.1	
A* - Media	B* - Printin	5		Indraising				er Candid		
E - Salaries	F* - Equipme			itical Party					ffice Expe	
I - Postage	J - Penalties	8	K* - O	ffice Expenses	\$	Q* - Do	onatio	n to Legal	Expense	Fund
O* Other * Codes require	e detailed explanation	in nominal use	owles #	-Li (h)						
Cro-1310	octaneu expanatiatio			eld (K) d of Elections	-				D 1	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		IC OIL	me Dogi	a or Dicchous					Decembe	r 2009

Amendment Pg <u>3</u> of <u>3</u> Yes

🗴 No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund	if applicable)						2. ID N	
JOINES FOR 1	MAYOR							000-	000000-0-000
3. Type of Disb	Irsement (Please	use separate CR	D_1310	forms for and	le to	ne of Diche	110 0100	( )	
Operating Ex	The second se	ributions to Candida							Expenditures
4. Payee Inform	the second se			Add	-	move	oruna	curaity i	experimentes
the second s	ailing Address & Pho	one		b. Coordinate	_	and the second se	ame	d. Com	nents
(include city, sta	-								
ALBERT POR	TER JR			1					
1228 DUBLIN	DRIVE			c. Level Regis	tere	ed (Specify)		1	
WINSTON SA	LEM, NC 27101			Federal		County	:		
				State		🔲 Municip	pality:	e. Election	on Sum to Date
								\$	26,200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	<b>j</b> . A	mount	k. Re	quired R	emarks
JFM001	Check	Е	11	1/04/2024	\$	1,200.00			
JFM001	Check	0	11	1/04/2024	\$	4,000.00	GOT	V CAN	/AS
5. Total only thi	s Page							\$	5,200.00
6. Total of ALL	CRO-1310 Pages				12				
(This line goes i	n line 13a of Detailed S n line 13b of Detailed S n line 13c of Detailed S	ummary Page CRO	-1100 if	Contrib to Cand	lidat	es/Political C	'omm)	\$	14,936.50
	des (List detailed	expenditure code	in (h.) a	above)				1.1.1	
A* - Media	B* - Printing		C* - F	undraising		D - To	Anoth	ner Candi	idate
E - Salaries	F* - Equipme		G - Pol	itical Party		H* - H	olding	Public (	Office Expenses
I - Postage	J - Penalties	\$	K* - 0	ffice Expenses	\$				al Expense Fund
O* Other	8.4.19.9. 8								
	e detailed explanation				_				
CRO-1310		NC S	tate Boa	rd of Elections					December 2009

**Refunds/Reimbursements From the Committee** Pg <u>1</u> of <u>2</u> Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Fu		(and Fund if a	oplicable)			2.	ID Number	
JOINES FOR M	IAYOR					00	0-000000-0-0	00
3. Payee Informa	tion			Add 🗖 R	emove	-		
a. Full Name, Ma		dress & Phone		d. Type of Com		0	Comments	
(include city, s	-			Candidate	PAC	. ·	Johaments	
LINDA BARNE	s			Referendum	Party			
PO BOX 20397	.0			e. Level Registe		h. (	Original Recei	int Date
WINSTON SAL	EM. NO	C 27102		Federal	County:	+	11/06/20	-
	,			State	Municipality:		11/00/20	24
						i. C	riginal Recei	ot Amount
						\$		100.00
b. Job Title/Profes	sion	c. Employer's	Name/Specific Held	f. Purpose Code	2		lection Sum to	
RETIRED						-		
				P		\$		0.00
k. Account Code	I. Forn	n of Payment	m. Required Rema	rks	n. Date (mm/dd/y	ууу)	o. Amount	
JFM001	Check		TEE SHIRTS		11/06/2024		\$	100.00
3. Payee Informa	tion						L°	100.00
a. Full Name, Mai		ress & Phone	<u> </u>	Add Re d. Type of Com	emove			
(include city, st	-			Candidate	PAC	g. (	comments	
MIKE HORNE	,			Referendum	Party	1		
PO BOX 20397				e. Level Registe		h (	riginal Recei	nt Dete
WINSTON SAL	EM NO	27102		Federal	County:	ш. с		
WINDTON SAL	1.141, 140	27102		State	Municipality:		10/31/202	24
						i. 0	riginal Receip	t Amount
						\$		4,014.00
b. Job Title/Profes	sion	c. Employer's N	Name/Specific Field	f. Purpose Code		j. E	ection Sum to	Date
RETIRED				0		\$		0.00
k. Account Code	I. Form	of Payment	m. Required Reman	'ks	n. Date (mm/dd/y	VVV)	o. Amount	
JFM001	Check		RE4IMBURSEMENT WEXPENSE FROM W	FOR MEDIA /S JOURNAL AND	10/31/2024	5551		4,014.00
3. Payee Informat	tion			the second s	move			
a. Full Name, Mail		ress & Phone		d. Type of Comm		G C	omments	
(include city, sta				Candidate	PAC	6.0	om me nus	
ALLEN JOINES				Referendum	Party			
PO BOX 20397				e. Level Register		h. 0	riginal Receip	t Date
WINSTON SALI	EM, NC	27102		Federal	County:		12/18/202	
	-			State	Municipality:	þ.	12/10/202	, <del>4</del>
						i. O	riginal Receipt	Amount
						\$		1,460.10
b. Job Title/Profess	ion	c. Employer's N	ame/Specific Field	f. Purpose Code		j. El	ection Sum to ]	
				Р		\$		0.00
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y	(vv)	o. Amount	
JFM001	Check		VICTORY CELEBRAT	ION		337		
			Here and the second		12/18/2024		\$	1,460.10
. Total only this ]	-					\$	4	5,574.10
5. Total of ALL CI (This line must be	RO-132 on line 1	0 Pages 5 of Detailed Sun	nmary Page CRO-1100	2		\$	4	5,984.00
		the second se	ement code in (f) ab					,
L - Returned to			Overpayment for Ser	and the second se	N - Evoard	od C	ontibution Lim	it.
P* - Reimburse					14 - EXCECC	u U	muouuon Lim	n.
			required remarks	field (m)				-
CRO-1320			NC State Boar			-		July 2007
								-

# **Refunds/Reimbursements From the Committee** Pg 2 of 2 Use this form to report refunds/reimbursements, including contributions returned to the contributor

Amendm	ent	
Yes	Ň	No

1. Committee Full Name (and Fund if applicable)				2.1	2. ID Number		
JOINES FOR MAYOR				000	000-000000-0-000		
3. Payee Informa	tion			Add 🛛 F	Remove		
a. Full Name, Mailing Address & Phone			d. Type of Committee		g. Comments		
(include city, state, & zip)			Candidate PAC		1		
ALLEN JOINES				🔲 Referendum	Party		
PO BOX 20397			e. Level Registered (Specify)		h. Original Receipt Date		
WINSTON SALEM, NC 27102		Federal State	County: Municipality:	11/08/2024			
						i. 0	riginal Receipt Amount
						\$	409.90
b. Job Title/Profession c. Employer's Name/Specific Field		f. Purpose Code		j. Election Sum to Date			
				0		\$	0.00
k. Account Code	I. Form	of Payment	m. Required Reman	rks n. Date (mm/dd/		yyy) o. Amount	
JFM001	Check		WATCH PARTY COSTS AT INDIGO HOTEL		11/12/2024		\$ 409.90
4. Total only this Page				\$	409.90		
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)			\$	5,984.00			
6. Purpose Cod	les (List	detailed disbu	rsement code in (f) al	bove)			
L-Returned to Contributor M - Overpayment for Service		N - Exceeded Contibution Limit					
P* - Reimburs	ement of						
* Codes requir	e detaile	d explanation	in required remarks	field (m)			
CRO-1320			NC State Boa	rd of Elections			July 2007

## **In-Kind Contributions**

Pg <u>1</u> of <u>1</u>

Amendment Ves X No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	ou luiun	laca with	II / uuys,	2. ID	Number		
JOINES FOR MAYOR		000-000000-0-000					
3. Contributor Information	Add	d 🗌 Re	move		100		
a. Full Name, Mailing Address & Phone	b. T	b. Type of Contributor			nments		
(include city, state, & zip)		Individual					
LINDA BARNES PO BOX 20397 WINSTON SALEM, NC 27102							
,	🗖 Refe		Referen dum		d. Election Sum to Date		
		Other Rece	ipt Source	\$ 0.00			
e. Description			f. Date (mm/de	l/yyyy)	g. Fair N	larket Amount	
TEE SHIRTS			11/06/2024		\$	100.00	
					\$		
					\$		
3. Contributor Information							
a. Full Name, Mailing Address & Phone		pe of Con	tributor	c. Con	ments		
(include city, state, & zip)		Individual					
MIKE HORNE		Candidate					
PO BOX 20397		Party					
WINSTON SALEM, NC 27102		PAC					
		<ul> <li>Referendum</li> <li>Other Receipt Source</li> </ul>		d. Election Sum to Date			
				\$		0.00	
e. Description			f. Date (mm/dd	/yyyy)	g. Fair M	farket Amount	
PAYMENT OF MEDIA EXPENSES FROM WS JOURNAL AND WS CHRONICLE			10/31/2024		\$	4,014.00	
					\$		
					\$		
	Add 🛛		nove				
a. Full Name, Mailing Address & Phone		pe of Con	tributor	c. Com	ments		
(include city, state, & zip)		Individual					
ALLEN JOINES		Candidate					
PO BOX 20397		Party PAC					
WINSTON SALEM, NC 27102		Referendum		d Floor	tion Sum	to Data	
		Other Recei			tion Sum to Date		
e. Description			f. Date (mm/dd		o. Fair M	arket Amount	
WATCH PARTY AT INDIGO HOTEL			11/08/202		\$	409.90	
VICTORY DINNER AT SIX HUNDRED DEGREES		12/18/202	24	\$	1,460.10		
					\$		
4. Total only this Page				\$	I	5,984.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page (	CRO-110	0)		\$		5,984.00	
<b>CRO-1510</b> NC State	Board of	f Elections				December 2007	