**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.

| 1. Committee Information                        |                     |                             |                  |                    |              |                            |              |            |
|---|---------------------|-----------------------------|------------------|--------------------|--------------|----------------------------|--------------|------------|
| a. Foll Name                                    |                     |                             |                  |                    |              | c. ID Number               |              |            |
| Joe Piwnix for                                  | Alderme             | Com                         | iffee            |                    |              |                            | <u>.</u>     |            |
| b. Mailing Address (include City, State         | and Zip Code)       |                             |                  |                    |              | d. Date Filed              |              |            |
|   |                     |                             |                  |                    |              | 10/26/1                    | 5            |            |
|   |                     |                             |                  |                    |              | e. Phone Number            |              |            |
|   |                     |                             |                  |                    |              | 336-928-9                  | ice 4        | 1 -        |
|   |                     |                             |                  |                    |              | 376-993                    | 5-52 9       | -          |
| 2. Report Year 3. Period Start                  | Date (mm/dd/yy)     | 4. Period E                 | nd Date (mn      | n/dd/yy) 5.        | Treasure     | r Full Name                |              |            |
| 2015 7/16/1                                     | 5                   | 10/26                       | , 2015           |                    |              | PINNY                      |              |            |
| 6. Type of Committee (Check O                   | ne) 9. 7            | Lype of Rep                 |                  |                    |              | rt from one cal            | egory)       |            |
| 🗹 Candidate Campaign 🔲 Party                    | / Mu                | nicipal                     |                  | County             |              | Referendum                 |              |            |
|   | rendum              | Organizational              | <b></b>          | Organization       | al           | Organization Pre-referendu |              |            |
| 🔲 Independent Expenditure 🔲 Joint               | Fundraiser          | Thirty-five day             |                  | Quarterly<br>First |              | Final                      | <b>1</b> 11  |            |
| Legal Expense Fund                              |                     | Pre-primary<br>Pre-election | H                | Second             |              | Supplementa                | l Final      |            |
| 7. Type of Fund (if applicable,                 |                     | Pre-runoff                  |                  | Third              |              |                            |              |            |
| 7. Type of Fund (if applicable,<br>Booster Fund |                     | Semi-annual                 | Б                | Fourth             |              | Special                    |              |            |
| Building Fund                                   |                     | Mid Year                    |                  | Semi-annual        |              |                            |              |            |
|   |                     | Year End                    |                  | Mid Ye             | ar           | 10. Special Re             | eport Na     | me         |
| Other:  |                     | Final                       |                  | Year E             | nd           |                            |              |            |
| 8. Number of Fundraisers this                   | Report 📃            | Special                     |                  | Final              |              |                            |              |            |
|   |                     |                             |                  | Special            |              |                            |              |            |
| 11. Account Information                         |                     |                             | 11. Accoun       | t Informa          | tion         |                            | - (;)<br>    |            |
| a. Financial Institution Full Name              |                     |                             | a. Financial I   | nstitution Fr      | ull Name     |                            |              |            |
| Truliant Federal C                              | redit Vi            | UGO                         |                  |                    |              | Ċ                          |              | Ciù<br>Ciù |
| b. Purpose                                      | c. Account Code     |                             | b. Purpose       |                    |              | c. Account Code            | on           | 11-2       |
| Check: Ng                                       |                     |                             |                  |                    |              |                            | 7.88<br>- 19 | 00.10      |
| Checking  |                     |                             |                  |                    |              | <u> </u>                   |              | <u> </u>   |
|   | d. Period Begin B   | alance                      |                  |                    |              | d. Period Regin l          |              | <u> </u>   |
|   | \$ -0-              |                             |                  |                    |              | \$                         | 2            |            |
| CERTIFICATION                                   |                     |                             |                  |                    |              |                            |              |            |
| I certify that the Committee or Fun             | nd is in complianc  | e with all appl             | icable provisi   | ions of Artic      | cle 22A, 22H | 3 & 22D-22M of             | f Chapter    | 163<br>(b) |
| of the NC General Statutes and the              | at no funds are con | nmingled with               | prohibited o     | r other non-       | disclosed fu | inds. I further ce         | ertiry that  | uns        |
| report is complete, true and correct            | t and that I have b | een trained by              | the NC State     | $\sim 10000$       | accions.     | ,                          | ,            |            |
| ()  | JUNIAR !            | J.                          | and y b          | 1                  | ils.         | 10/2                       | e / 17       |            |
| Printed Name of Sign                            | <u></u>             |                             | nature of Appo   | ointed Treasu      | rer          | D                          | ate          |            |
| FOR OFFICE USE ONLY                             |                     | / 515                       |                  |                    |              |                            |              |            |
| i i. 1  | 71 10-              | F. 1                        | A.               | -                  |              | ivery Method               |              |            |
| Date Received: 0                                | 2615                | Employ                      | yee: <u>~</u> [_ | (7)-               |              | Normal Mail                |              |            |
| Date Postmarked:                                |                     | Employ                      | vee:             |                    | □            | Registered Ma              |              |            |
| Date rosultained.                               |                     | Din più                     | ····             | <u> </u>           | ਂ ਪੁ         | Hand Deliver               |              |            |
| Date Scanned:                                   |                     | Employ                      | yee:             |                    | . <b>ப</b>   | Electronically             | ruca         |            |
|   |                     | <br>                        |                  |                    |              | Signer has not             | received     | t          |
| Date Data Entered:                              |                     | Employ                      |                  |                    | •            | mandatory tra              | _            |            |
| Please Note: This form ca                       | unnot be used to    | amend comn                  | nittee inform    | ation such         | as the com   | mittee address             | , treasure   | er,        |
| assistan  | t treasurer, custo  | dian of book                | s informatio     | п, ог ассоц        | int informa  | tion.                      |              |            |
| You must amend                                  | the Statement of    | Organizatio                 | n (CRO-210       | 0A-E) to r         | nake comn    | nittee changes.            |              |            |

2

| Detailed Summary<br>Use this form to summarize all disclosure reporting forms and | to total mor    | netary information                    | Amendment<br>Yes No                      |
|---|-----------------|---------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                                   | 2. Type of      | Report 3. I                           | D Number                                 |
| Joseph & Proving for Alderner   | Pre. 2/e        | ation Report                          |  |
| Start of Election Cycle: January 1, 2015  |                 | Total this                            | Total this<br>Election Cycle             |
| 4) Cash on Hand at Start  |                 | Reporting Period                      | Election Cycle                           |
| RECEIPTS  |                 | ·····                                 |  |
| 5) Aggregated Contributions from Individuals                                      | (CRO-1205)      | S                                     | \$                                       |
| 6) Contributions from Individuals   | (CRO-1210)      | · · · · · · · · · · · · · · · · · · · | \$                                       |
| 7) Contributions from Political Party Committees                                  | (CRO-1220)      | \$ 1,600-00<br>\$ 500.00              | \$                                       |
| 8) Contributions from Other Political Committees                                  | (CRO-1230)      |                                       | \$                                       |
| 9) Loan Proceeds  | (CRO-1410)      | \$                                    | \$                                       |
| 10) Refunds/Relmbursements to the Committee                                       | (CRO-1240)      | \$                                    | \$                                       |
| 11) Other Receipt Sources   | . ,             |                                       |  |
| 11a) Interest on Bank Accounts  | (CRO-1250)      | S                                     | \$                                       |
| 11b) Contributions from Not-For-Profit Organizations                              | , ,             |                                       | \$                                       |
| 11c) Outside Sources of Income  | (CRO-1250)      |                                       | \$                                       |
| 11d) Legal Expense Fund - Other Sources   | (CRO-1270)      |                                       | \$                                       |
| 11e) Exempt Purchase Price Sales  | (CRO-1265)      | · · · · · · · · · · · · · · · · · · · | \$                                       |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,                       |                 |                                       | \$ 2,100,00                              |
| EXPENDITURES  |                 | + - /1 00 m                           | <u> </u>                                 |
| 13) Disbursements   |                 |                                       | an a |
| 13a) Operating Expenditures   | (CRO-1310)      | \$ 471.38                             | \$ 471.58                                |
| 13b) Contributions to Candidates/Political Committees                             | (CRO-1310)      |                                       | \$                                       |
| 13c) Coordinated Party Expenditures   | (CRO-1310)      |                                       | \$                                       |
| 14) Aggregated Non-Media Expenditures   | (CRO-1315)      | \$                                    | \$                                       |
| 15) Loan Repayments   | (CRO-1420)      | \$                                    | \$                                       |
| 16) Refunds/Reimbursements from the Committee                                     | (CRO-1320)      | \$                                    | \$                                       |
| 17) In-Kind Contributions   | (CRO-1510)      | \$ 10.00                              | \$ 10.00                                 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, t                            | 5, 16 and 17)   | \$ 481.38                             | \$ 481 38                                |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then suf                    | btract line 18) | \$1678.62                             | \$ 1,67862                               |
| ADDITIONAL INFORMATION  |                 |                                       |  |
| 20) Non-Monetary Gifts Given to Other Committees                                  | (CRO-1330)      | \$                                    |  |
| 21) Outstanding Loans (incl. ones from other campaigns)                           | (CRO-1430)      | \$                                    |  |
| 22) Debts and Obligations owed by the Committee                                   | (CRO-1610)      | \$                                    |  |
| 23) Debts and Obligations owed to the Committee                                   | (CRO-1620)      | \$                                    |  |
| 24) Account Transfers Within the Committee  | (CRO-1720)      | \$                                    |  |
| 25) Administrative Support  | (CRO-1710)      | \$                                    | \$                                       |
| 26) Forgiven Loans  | (CRO-1440)      | \$                                    | \$                                       |
| 27) 48-Hour Notice Reports Sum  | (CRO 2220)      | <u></u>                               | <u>s</u>                                 |
| 28) Contributions to be Refunded  | (CRO-1215)      | \$                                    | \$                                       |

of

Aggregated Contributions from Individuals Page \_\_\_\_\_ Optional form used to report NC Contributions From Individuals of \$50 or less

| Optional form used to report the constructions from internet to the |               |   |                                   |                        |                     | 2, ID Number       |  |  |
|---|---------------|---|-----------------------------------|------------------------|---------------------|--------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) 2.                  |               |   |                                   |                        |                     | 44 117 × 1011103×1 |  |  |
|   |               |   |                                   |                        |                     |                    |  |  |
| <b>a</b> -  |               | ton Information                               | <u></u>                           |                        |                     |                    |  |  |
|   |               | tor Information<br>b. Account Code            | c. Form of Payment                | d. In-Kind Description | e. Date (mm/dd/yyyy | 7) f. Amount       |  |  |
| a. A  |               | ns raccount cone                              | a a vini vi i ayment              |                        |                     | \$                 |  |  |
| d   | Remove        |   |                                   | <u> </u>               |                     | Ψ<br>              |  |  |
|   | Add           |   |                                   |                        |                     | \$                 |  |  |
|   | Remove<br>Add | <b>├</b> ──────────────────────────────────── | <u> </u>                          | +                      | <u> </u>            | \$                 |  |  |
|   | Remove        | 1   |                                   |                        |                     |                    |  |  |
|   | Add           |   |                                   |                        |                     | \$                 |  |  |
|   | Remove<br>Add | <b>├────</b> ─                                | <u> </u>                          | +                      |                     | ¢                  |  |  |
| F   | Add<br>Remove | l   |                                   |                        |                     | \$                 |  |  |
|   | Add           |   |                                   |                        |                     | \$                 |  |  |
|   | Remove<br>Add |   | <u> </u>                          | <u>+</u>               |                     |                    |  |  |
|   | Remove        |   |                                   | <u> </u>               |                     | \$                 |  |  |
|   | Add           |   |                                   |                        |                     | \$                 |  |  |
|   |               | <u> </u>                                      | <del> </del>                      |                        |                     | \$                 |  |  |
|   | Remove        |   |                                   | <u> </u>               |                     | <u> </u>           |  |  |
|   | Add           |   |                                   | 1                      |                     | \$                 |  |  |
|   | Remove<br>Add |   | <del> </del>                      |                        |                     | <br>\$             |  |  |
|   |               |   | <u> </u>                          | <u>_</u>               |                     |                    |  |  |
|   | Add<br>Remove |   |                                   |                        |                     | \$                 |  |  |
| Ē   | Add           | <u> </u>                                      | <u> </u>                          |                        |                     | \$                 |  |  |
| F   | Remove        | <b> </b>                                      | <u> </u>                          | <u></u>                |                     |                    |  |  |
| E   | Add<br>Remove |   |                                   |                        |                     | \$                 |  |  |
| Ē   | Add           |   |                                   |                        |                     | \$                 |  |  |
| E   | Remove<br>Add | <u> </u>                                      | <u> </u>                          | +                      |                     | \$                 |  |  |
| Ľ   | Add<br>Remove | <b></b>                                       | <u> </u>                          | ·                      | _ <b>_</b>          |                    |  |  |
|   | Add<br>Remove | 1   |                                   |                        |                     | \$                 |  |  |
| Ē   | Add           | <b> </b>                                      |                                   |                        |                     | \$                 |  |  |
| Ę   | Remove<br>Add | ┫   | ╂────                             |                        |                     |                    |  |  |
| ╞   | Add Remove    |   |                                   |                        |                     | \$                 |  |  |
| É   | Add           | <u> </u>                                      |                                   |                        |                     | \$                 |  |  |
| F   | Remove<br>Add | <del> </del>                                  | <u> </u>                          |                        |                     | \$                 |  |  |
| Ē   | Remove        | <u> </u>                                      | <u></u>                           | <u></u>                |                     |                    |  |  |
| F   | Add<br>Remove |   |                                   |                        |                     | \$                 |  |  |
| Ē   | Add           | <u> </u>                                      | <u> </u>                          | -                      |                     | \$                 |  |  |
| Ľ   | Remove        | <u> </u>                                      | <u> </u>                          | <u> </u>               | 1                   | <u> </u>           |  |  |
| 4.  | <u> </u>      | only this Page                                | 1005 5                            |                        |                     |                    |  |  |
| 5.  | . Total (     | of ALL CRO                                    | -1205 Pages Detailed Summary Page | CR0.1100)              |                     | \$                 |  |  |
|   | This line n   | ust be on line 5 of k                         | veratiea Summary Page             | СТО-1100)              |                     | <u> </u>           |  |  |

| ~ (        | *1 - 4*                               | an Individua                | la                       | _                       |                                   | Amendment               |   |  |
|------------|---------------------------------------|-----------------------------|--------------------------|-------------------------|-----------------------------------|-------------------------|---|--|
| Conti      | ributions in                          | om Individua                | 15<br>16 ouer \$50 or of | Pg<br>optributions unde | of                                |                         |   |  |
|            |                                       | dividual contribution       |                          |                         | 1 400 II 1011II CI                | 2. ID Number            |   |  |
|            |                                       | e (and Fund if appl         |                          |                         |                                   |                         |   |  |
| Joe        | Pission                               | or Alderne                  | 20                       |                         |                                   |                         |   |  |
|            | ributor Informa                       |                             |                          | Add 🗖 Ren               |                                   |                         |   |  |
| a. Full Na | ame, Mailing Addres                   | ss & Phone                  |                          | b. Job Title/Profes     | sion                              | d. Comments             |   |  |
| (Includ    | e city, state, & zlp)                 |                             |                          | BUSINESS                | ran                               |                         |   |  |
| Jel        | PC HUNT                               | e                           | a de c                   | c. Employer's Nam       | w/Specific Field                  | •                       |   |  |
|            | 10 500d                               | L Park Pri                  | 30,40                    | Pore Co.                |                                   |                         |   |  |
| Ko         | - secoult                             | e, nc 27                    | ルンダイ                     | Fore Co.                | n-grantes                         | e. Election Sum to Date |   |  |
|            |                                       | ,                           |                          |                         |                                   | \$ 500.00               |   |  |
| f. Prior   | g. Account Code                       | h. Form of Payment          | I. In-Kind Descrip       | otion                   | j. Date (mm/dd/yyy                | yy) k. Amount           |   |  |
|            | 1                                     | )                           |                          |                         | 10/5/20                           | 15 \$ 500.00            |   |  |
|            | · · · · · · · · · · · · · · · · · · · | Check                       | <u> </u>                 |                         | 1015100                           | \$                      |   |  |
|            |                                       |                             | <del> </del>             | ··                      |                                   | \$                      |   |  |
|            |                                       |                             | <u> </u> _               | <u> </u>                |                                   |                         |   |  |
| 3. Cont    | ributor Informa                       | tion                        |                          |                         | nove                              |                         |   |  |
| a. Full Na | ame, Mailing Addre                    | ss & Phone                  |                          | b. Job Tille/Profes     |                                   | d. Comments             |   |  |
| (includ    | le city, state, & zip)                |                             |                          | Refired 7               |                                   |                         |   |  |
| 300        | - best a                              | Brown<br>Brown<br>FWN COURT |                          | c. Employer's Nan       | <u>しいことて</u><br>ne/Specific Field | 4                       |   |  |
| 421        | lian E;                               | Drown                       | +                        |                         |                                   | -<br>-                  |   |  |
| 5-1        | 7 Kiugst                              | PWNLOUT                     | ,<br>                    | 1.3 ASOTADI             | 1 planner                         | e. Election Sum to Date |   |  |
| WA         | HLaw,                                 | nc 2812                     | 5                        | IF WENCIN               | . , ,                             | \$ 1,808 00             |   |  |
| f. Prior   | g. Account Code                       | h. Form of Payment          | i. In-Kind Descri        | ption                   | j. Date (mm/dd/yy                 |                         |   |  |
|            | )                                     | Check                       |                          |                         | 10/20/20,                         | 15 \$ 1,000.00          | _ |  |
|            |                                       |                             |                          |                         |                                   | \$                      |   |  |
|            |                                       |                             |                          |                         |                                   | \$                      |   |  |
| 3. Cont    | tributor Informa                      | ation                       |                          | Add 🔲 Ren               | nove                              |                         |   |  |
| a. Full N  | ame, Mailing Addre                    | ess & Phone                 |                          | b. Job Title/Profes     | ssion<br>erector charg            | d. Comments             |   |  |
| (includ    | le city, state, & zip)                |                             |                          | Kethed 15               | A i                               |                         |   |  |
| R          | e Li Vin                              | NIX, JR<br>I/e, M.C. 2      |                          | c. Employer's Nan       | Cara / Lucis 10                   | in Ny                   |   |  |
| P (        | e por si                              | ile me a                    | 7285                     | Prodenstie              | 1 Carolines to                    | 2 min / Y >             |   |  |
| I Ke       | 0000000                               |                             |                          | /                       |                                   | e. Election Sum to Date |   |  |
|            |                                       |                             |                          |                         |                                   | \$ 180.00               | _ |  |
| f. Prior   | g. Account Code                       | h. Form of Payment          | I. In-Kind Descri        | ption                   | j. Date (mm/dd/yy                 | yy) k. Amount           |   |  |
|            | 1                                     | Cherk                       |                          |                         | 7/25/201                          | 5 \$ 180.00             |   |  |
|            |                                       |                             |                          |                         |                                   | \$                      |   |  |
|            | <u> </u>                              |                             |                          |                         |                                   | \$                      |   |  |
| 4 Tot      | al only this P                        |                             | <u></u>                  |                         | <u></u>                           | 1\$                     |   |  |
|            |                                       | RO-1210 Pages               |                          |                         |                                   |                         |   |  |
|            |                                       | S of Detailed Summary H     | Page CRO-1100}           |                         |                                   | \$                      |   |  |
| 1 1 1110 6 | and manue to the sense of             |                             |                          |                         | كبنناب ويستعملهم ويعنده           |                         |   |  |

CRO-1210

2

## **Disbursements**

Pg \_\_\_\_ of \_\_\_\_ Yes

Amendment No No

| Use this form to report expenditures from the committee for operating expen | nses | , contributi | ons to candidate/po | olitical |
|---|------|--------------|---------------------|----------|
| committees and coordinated party expenditures                               |      |              | -                   |          |

| 1. Committee  | Full Name (and                                     | Fund if applicable                           | e)                                    |                      |                          | 2. ID Number   |
|---|--|--|---------------------------------------|----------------------|--------------------------|--|
| Jee   | Pin Uix  | Cor Akles                                    | rmer                                  | ·)                   |                          |  |
| 3. Type of Dis  |  | Please use separate                          | <u>CRO-131</u>                        | 0 forms for (        | each type of Dis         | bursement.)  |
| Operating Ex  |  | Contributions to Cana                        | didates/Polit                         | ical Committee       |                          | ordinated Party Expenditures   |
| 4. Pay <del>ce</del> Infor  |  |  |                                       | Add 🗖                | Remove                   |  |
| a. Full Name, N   | Aailing Address                                    | & Phone                                      |                                       | b. Coordinat         | ed Committee Nan         | ne d. Comments   |
| (include city, state  | , & zlp)   |  |                                       | 4                    |                          |  |
| Pune V  | ida tri  | e me tion 19<br>n C 2728                     | TUC                                   | c. Level Regi        | istered (Specify)        |  |
| $\uparrow e e > \gamma$   | 16 5   | 1  | I                                     | Federal              | County:                  |  |
| KERNA   | soille, J  | $\gamma \subset \mathcal{F}/\mathcal{C}$     | У                                     | State                | Municip                  | pality: e. Election Sum to Date  |
| f. Account Code   | g. Form of Paym                                    |  |                                       | (mm/dd/yyyy)         | j. Amount                | k. Required Remarks  |
| Ľ   | Skeet  | C B-SIGN                                     | 16                                    | 6/2015               | \$ 471.38                | 4 Prover +15 mg 4070   |
|   | <u> </u>   |  |                                       |                      | \$                       |  |
| 4. Payee Inform   |  |  |                                       | Add 🗖                | Remove                   |  |
| -   | ling Address & Ph                                  | one  |                                       | b. Coordinat         | ed Committee Nam         | e d. Comments  |
| (include city, ste  | ite, & zip)  |  |                                       |                      |                          |  |
|   |  |  |                                       | c. Level Regi        | stered (Specify) County: |  |
|   |  |  |                                       | State                | Municip                  |  |
|   |  |  |                                       |                      | - Winnerp                |  |
|   |  |  |                                       |                      |                          | \$   |
| f. Account Code   | g. Form of Payme                                   | ent h. Purpose Code                          | e i. Date (                           | (mm/dd/yyyy)         | j. Amount                | k. Required Remarks  |
| _   | ļ  |  |                                       |                      | \$                       |  |
|   |  |  |                                       |                      | \$                       |  |
| 4. Payee Inform   | nation   | · · · · · · · · · · · · · · · · · · ·        |                                       | Add                  | Remove                   |  |
| a. Full Name, Mail  | ling Address & Pho                                 | one  |                                       | b. Coordinate        | ed Committee Nam         | e d. Comments  |
| (include city, sta  | te, & zip)   |  | · · · · · · · · · · · · · · · · · · · |                      |                          |  |
|   |  |  |                                       | c. Level Regis       | stered (Specify)         |  |
|   |  |  |                                       | State                |                          | ality: e. Election Sum to Date   |
|   |  |  |                                       |                      |                          | \$   |
| . Account Code  | g. Form of Payme                                   | nt h. Purpose Code                           | i. Date ()                            | mm/dd/yyyy)          | ·                        | k. Required Remarks  |
|   |  |  | <b>_</b>                              |                      | \$                       | · · · · · · · · · · · · · · · · · · ·  |
|   |  |  |                                       |                      | \$                       |  |
| 5. Total only th  | is Page  |  |                                       |                      |                          | \$   |
| 5. Total of ALI   | CRO-1310 Pa  | ges  |                                       |                      |                          |  |
|   |  | d Summary Page CRO-1                         | 1100 if Ope                           | rating Exnense       | s)                       |  |
| A ms ane goes m   |  | d Summary Page CRO-                          |                                       |                      |                          | \$   |
|   | 100 03 200000                                      |  |                                       |                      |                          |  |
| (This line goes in  |  | d Summary Page CRO-1                         | 1100 1 000                            | runnalea Larry       | Expenditates)            |  |
| (This line goes in<br>(This line goes in                                | line 13c of Detailed                               |  |                                       |                      | Expenditures)            |  |
| (This line goes in<br>(This line goes in<br>7. Purpose C                | <i>line 13c of Detailed</i><br>Odes (List deta     | ailed expenditure co                         | de in (h.)                            | above)               |                          | Another Candidate  |
| (This line goes in<br>(This line goes in<br>7. Purpose Co<br>A* - Media | line 13c of Detailed<br>Odes (List deta<br>B* - Pi | ailed expenditure co                         | de in (h.)<br>C* - Fu                 |                      | D - To                   | Another Candidate<br>olding Public Office Expense                                |
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## Use this form to report contributions from a multi-Use this fo

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

🗌 Yes 🔀 No

| Use     | uns | IOFM | to repor | rt contri | butions | from a | a polit | lical | part | Ļ |
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| Joe Pinnix for A                            | ull Name (and Fund  | f.applicable)                         | 1. A.   | . ID Number          |
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| 3. Contributor                              |                     | Add /                                 | Remove  |                      |
| a. Full Name, Mail<br>(include city, stat   | ing Address & Phone |                                       |   | . Comments           |
| NC Realtors PA                              |                     |                                       |   |                      |
| 4511 Weybridge                              |                     |                                       |   |                      |
| Greensboro, NC                              | 27407               |                                       |   | Election Sum to Date |
|   |                     |                                       |   |                      |
|   |                     |                                       |   | \$ 500.00            |
| I. Account Code                             | e. Form of Payment  | f. In-Kind Description                | g. Date<br>(mm/dd/yyyy)   | h. Amount            |
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| 1 OTAL OI ALA<br>This line must be or       | CRO21220 Page       | Page CRO 1100                         | \$  | 500                  |
| RO-1220                                     |                     | NC State Doord of                     |   |                      |

## **In-Kind** Contributions

of

Amendment

No No

Pg 🔲 Yes 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.

| Ad    |   |  |   |  |  |
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