Disclosure Report Cover

Do not use this i		nformation.		tris	ASTINCU	UNIT	
1. Committee In	nformation			A DA	RD OF ELC	CI I WITH	
a. Full Name							c. ID Number
Joe Piune	ix for Ale	dermes Ca	mys. Hee	2018 6	EB Ø2 PI	M 3: 20	)
b. Mailing Address		te and Zip Code)		p	ECEIV	FD	d. Date Filed
PO Box 8				1	La Charly	to b	
terwersv	:11e, nc. 2725	25					e. Phone Number
	aldi	80					
2. Report Year	3. Period Start	Date (mm/dd/y	y) 4. Period I	End Date (m	um/dd/yy) 5. 7	Freasure	r Full Name
2017	7/11/17		12/51/			seel	L. PINNIX JR
6. Type of Com	mittee (Check C	One) 9	. Type of Rep	ort (check	only one typ	e of repo	rt from one catégory)
Candidate Cam	npaign 🔲 Part		funicipal		te/County		Referendum
D PAC	Ref	erendum	] Organizationa		Organizational		Organizational
Independent Ex	penditure 🗍 Join	t Fundraiser	Thirty-five da		Quarterly		Pre-referendum
Legal Expense	The second second second	ir ir	Pre-primary		First		Final
		li li	Pre-election	H	Second		
7. Type of Fund	(if anylicable	Contraction of the local division of the loc	Pre-runoff	H			Supplemental Final
Patients	(if applicable,	check one)	-		Third		Annual Annual
Booster Fund		-	Semi-annual		Fourth		Special Special
Building Fund			Mid Yea	r	Semi-annual		
		10	Year End		Mid Year		10. Special Report Name
Other:			Final		Year End	1	
8. Number of Fi	undraisers this	Report	Special		Final		
	And the Contract of Star Day Star Deck			H	Special		
		the second se	and the second		THE R. LEWIS CO., LANSING MICH.		and the second
11. Account Inf	a second s			and the same of th	nt Informatio	and the second se	
a. Financial Institut				a. Financial I	Institution Full	Name	
Trulianst H b. Purpose	Federal Cr	ed it Un	iod				
b. Purpose		c. Account Code		b. Purpose		1	c. Account Code
Checking							
Chicoshi							
		d. Period Begin	Balance				d. Period Begin Balance
		\$ 202.	64				\$
CERTIFICATI	ON		<u> </u>				and the second secon
I certify that the	Committee or Fu	nd is in complian	ce with all ann	icable provisi	ions of Article	224 220	& 22D-22M of Chapter 163
							nds. I further certify that this
							nds. I further certify that this
report is complet	te, true and correc	t and that I have	been trained by	the NC State	Board of Elec	ctions.	
_	. 5		(/	1. //	Λ		1 1
Joseph	L. FINN	XIE	tweet	I thy	now for	/	1/22/18
Pi	rinted Name of Sign	er	Sig	nature of Appo	ointed Treasurer		Date
FOR OFFICE U	JSE ONLY	1					
	2	210		t		Deli	very Method
Date Receive	ed:	ano	Employ	/ee:	$\Delta$		Normal Mail
				C			Registered Mail
Date Postma	rked:		Employ	/ee:			-
							Hand Delivered
Date Scanne	d:		Employ	/ee:			Electronically Filed
							Signer has not received
Date Data Er	ntered:		Employ	/ee:			mandatory training
Please Not	e: This form ca	nnot be used to	amend comm	ittee inform	ation such as	the com	mittee address, treasurer,
		treasurer, custo					
v	ou must amend						
	ou must amenu	the Statement C	The second s	other water	the local division in which the local division in which the local division is not the local division in the lo	te commit	
CRO-1000			NC State Boar	d of Elections			August 2008

Detailed Summary			Amendment	2
Use this form to summarize all disclosure reporting forms and				
	2. Type of	Report 3.	ID Number	
Joe PINNix for Aldermed Comm. Hel	1			1
Start of Election Cycle: January 1, 2017	_	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 202.64	\$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 1,9000	\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	111
8) Contributions from Other Political Committees	(CRO-1230)	\$ 75000	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$ ·	K-
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ ,18	\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	1
11c) Outside Sources of Income	(CRO-1250)	\$	\$	1
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	1
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 2.850.82	\$	
EXPENDITURES				1
(3) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2,746.66	\$	1
13b) Contributions to Candidates/Political Committees	(CRO-1310)		\$	1
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	1
(4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	1
5) Loan Repayments	(CRO-1420)	\$	\$	1
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
(7) In-Kind Contributions	(CRO-1510)	\$	\$	1
<ul> <li>(Add lines 13a, 13b, 13c, 14, 1</li> </ul>			\$	1
(19) Cash on Hand at End (Add lines 4 and 12 together, then sul		- Chip - Chip	\$	
ADDITIONAL INFORMATION		2		
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)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	
	rd of Elections		August 200	)8

## **Contributions from Individuals**

Pg

of

Amendm	ent
Yes	

No 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)	2. ID Number				
Joe Piuwix					
3. Contributor Information	Add 🔲 Remove	Service and the service of			
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments			
(include city, state, & zip)	Retired				
& Jim Taylor	c. Employer's Name/Specific Field				
726 Bluff School Rd	Re+1 red				
Kernersville, 71C		e. Election Sum to Date			
27284		\$ 200.00			
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	tion j. Date (mm/dd/yyy	y) k. Amount			
DJP Check	10/30/1	7 \$2000			
		\$			
		\$			
3. Contributor Information	Add 🔲 Remove				
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments			
(include city, state, & zip)	bwwer				
Scott Pope The Popo Companies					
The Popo companies	c. Employer's Name/Specific Field				
1349 S. Park Drive	Pope Compansies	e. Election Sum to Date			
Kerversville, nc	Development	¢			
27284	Leasing	\$ 500.00			
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	tion j. Date (mm/dd/yyy	y) k. Amount			
TP Check	10/30/17	\$ 50000			
	,	\$			
		\$			
3. Contributor Information	Add Remove				
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments			
(include city, state, & zip)	-				
Joe L. Finnix	c. Employer's Name/Specific Field				
	c. Employer's Hand/Specific Field				
		e. Election Sum to Date			
		\$ 1,200 20			
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	ion j. Date (mm/dd/xyy	y) k. Amount			
D TP Check	10/3/1	7 \$ 5000			
DTP Check	1/11/18	\$ 70000			
		\$			
4. Total only this Page		\$ 1,90000			
5. Total of ALL CRO-1210 Pages		\$ 1,900 00			
(This line must be on line 6 of Detailed Summary Page CRO-1100)	the second s	1 100			

1. Committee I	report contributions from		terendum or UA	Committaga	
Joe-	Full Name (and Fund if	and a state of the	rerendum of PA	C committees	2. ID Number
		0.57	$\cap$	15	a ab riunoet
	Information	or Haer.	or the party of the local day of the loc	and the second se	1
	ling Address & Phone		Add Re		d. Comments
(include city, sta	te, & zip)	~	Candidate	PAC	u. comments
DDAR	Realter Tel Executive Pe Lev-Saleno	Jan Andino	Referendum		
KTOIC	ricerier ist	mailip	c. Level Register		
195 2	Xeculise Pe	CK BLYD ;	Federal State	County: Municipality:	e. Election Sum to Date
109: 00.5	Len-Salen	NC	State	iviumerpanty.	
10.000	FC Secremo	27/83			\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount
JP	Chect			10/20/2	\$ 7.00
	nice	1		190011	150
					\$
					\$
3. Contributor	Information		Add 🗖 Re		1. 19 19 19 19 19 19 19
	ing Address & Phone		b. Type of Comm		d. Comments
(include city, sta	te, & zip)		Candidate	PAC	
			c. Level Register	ed (Specify)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount
	<b>B</b>				\$
					Φ
					\$
					\$
3. Contributor	Information	A STATE OF STATE	Add 🗌 Re	move	
	ing Address & Phone		b. Type of Comm	A CONTRACTOR OF A CONTRACTOR O	d. Comments
(include city, sta	te, & zip)		Candidate	PAC	
			Referendum	1/0 10 1	
			c. Level Registere	County:	
			State	Municipality:	e. Election Sum to Date
					e. Election Sum to Date
f Assount C-J-	a Form of Dovincent	h In Kind Descentation	State	Municipality:	\$
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f. Account Code	g. Form of Payment	h. In-Kind Description	State	Municipality:	\$
f. Account Code	g. Form of Payment	h. In-Kind Description	State	Municipality:	\$ y) j. Amount
f. Account Code	g. Form of Payment	h. In-Kind Description	State	Municipality:	\$ y) j. Amount \$
		h. In-Kind Description	State	Municipality:	\$ y) j. Amount \$ \$ \$ \$ \$
4. Total only th		h. In-Kind Description	State	Municipality:	\$ y) j. Amount \$ \$

	eipt Sources		Pg		Amendment Ves	No
	o report income not report		i.e. interest inco	me, not for prof		
	Full Name (and Fund if		1	Street Street Street Street	2. ID Number	10 P. 17
Joet	Frankix for	Alderme	N Comm	Hee		
3. Type of Rec	eipt Source (Please use	separate CRO-1250	) forms for each	type of Receipt	t Source.)	1 TAR
Interest		tions from Not-for-Profit	Organizations	Outside	e Sources of Income	
4. Contributor	South the second state and the second state of the		Add 🗖 Re	move	the state of the second	
a. Full Name, Mai (include city, sta	ling Address & Phone		b. Not-for-Profit	Federal ID #	d. Comments	e da ante
Trulia 500 T	t federall i se view Pr. ersville, 71 27	redit Vo.	C. Outside Source	Explanation		
Kern	ersville, 7	C 284			e. Election Sum to Date	na le
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y)		19-21E-114
		in m-ising Description		. Date (nin/ud/y)	1.10	1
JT	Electrosic	-0-	-	1/17/18	\$189	
				/	\$	
. Contributor	Information		Add 🗌 Rei	move	The state of the s	and the second
. Full Name, Mail	ing Address & Phone		b. Not-for-Profit I		d. Comments	19-12-
(include city, sta	te, & zip)					
			- Outside Source	E-1-C	_	
			c. Outside Source	Explanation		
					e. Election Sum to Date	in strain,
					\$	
. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/y)		
. Account Code	g. Form of Fayment	n. m-Kind Description		I. Date (Init/dd/y)		124 CH
					\$	
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4. Contributor	Information		Add 🗌 Rei	nove	the second s	The Alexander
the second s	ing Address & Phone		b. Not-for-Profit I		d. Comments	MARISHINE .
(include city, stat						
					_	
			c. Outside Source	Explanation		
					e. Election Sum to Date	1
					\$	
				1		
. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy		
					\$	
					\$	
5. Total only		A Real Property and			\$ 184	
(This line goes in (This line goes in	LL CRO-1250 Page line 11a of Detailed Summary line 11b of Detailed Summary	Page CRO-1100 if Inter Page CRO-1100 if Not-	for-Profit Contribu		s 184	
CRO-1250	line 11c of Detailed Summary		rd of Elections	me)	Decem	ber 200

## Disbursements

Pg \_\_\_\_\_ of \_\_\_\_ Yes Z No

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

1. Committee I	Full Name (and Fun	d if applicable)					2. ID Number
Joer	invix for	Alderme	20	w He	0		
3. Type of Dish	ursement (Please	use separate Cl	RO-1310	forms for	each type of I	Dishurs	pment)
Operating Exp	the second	tributions to Candid			(manual states)		ted Party Expenditures
4. Payee Inform		and Personal Party		Add 🔲	Remove	Coordina	the they experiences
the second s	failing Address & Ph	one			ed Committee N	ame	d. Comments
(include city, state,	& zin)						
Board	of Elect:	+NS (Fili.	(2)				
Board 441 N.	D I	c. Level Regi	stered (Specify)				
A las 1	in any iou			State	Muni	icipality:	e. Election Sum to Date
na leig l,	n.c. 276	5					\$ 10.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
JP	Cleck	K	71	11/17	\$ 18 2	-	
					\$		
4. Payee Inform	nation			Add 🔲	Remove		S. S. States and S.
and the second sec	ing Address & Phone			b. Coordinate	ed Committee N	ame	d. Comments
(include city, stat	te, & zip)						
Pura Vid	a						
153 Gr	ali'u st. ville, nc				stered (Specify)		
5000	ville no			Federal	Coun		
Nervers	2728	4		L State	Mum	cipality:	e. Election Sum to Date
		/					\$ 472.92
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	nm/dd/yyyy)	j. Amount	k. R	equired Remarks
JB	Check	K	10		\$ 4729		
					\$		
4. Payee Inform	nation			Add	Remove		
and the second day in the second day of	ing Address & Phone				d Committee N	ame	d. Comments
(include city, stat	te, & zip)						
Stanlor							
210 Ha	-rmow Creek	Rd.			stered (Specify)		
KProles	ville, ne				Count		
1	272	194		State	Muni	cipality:	e. Election Sum to Date
							\$342.24
and the second	g. Form of Payment	h. Purpose Code	i. Date (i	nm/dd/yyyy)	j. Amount	k. R	equired Remarks
JP	Check	K	11/1	117	\$		
			1		\$		
5. Total only th	is Page						\$ 825.16
6. Total of ALL	CRO-1310 Pages						\$ 825.16
and the second se	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	ating Expense	(5)	No. Construction	\$ 7746.66
	line 13b of Detailed Sum					nm)	• -) / · · · ·
(This line goes in	line 13c of Detailed Sum	mary Page CRO-11	00 if Coor	dinated Party	Expenditures)		
7. Purpose Co	odes (List detailed	expenditure code	e in (h.)	above)			
A* - Media	B* - Printin	ıg		indraising	<b>D</b> - 7	To Anot	her Candidate
E - Salaries	F* - Equip			itical Party			g Public Office Expenses
I - Postage	J - Penaltie	es	K* - O	ffice Expen	ses Q*-	Donati	on to Legal Expense Fund
O* Other				e 13 (1)			
* Codes requir CRO-1310	e detailed explanati			d of Elections	NAMES OF TAXABLE PARTY.		December 2009
010-1010		THE	sume Dual	- or Litections			Docomber 2009

## **Disbursements**

Pg 2 of 2 Yes

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

1. Committee I	Full Name (and Fun	d if applicable)					12	ID Number
	inuix for		4.	1D Number				
3. Type of Dish	ursement (Pleas	e use separate C.	PO_131	a forma for	e and h	no of Disk		
Operating Exp	Manual	ntributions to Candic				Manager St.		
4. Payee Inform	State of the state	introductions to Candid		Add	Remo		rdinated	Party Expenditures
Construction and an open statistic to the statistic of the statistic of the	failing Address & Pl	one			THE REAL PROPERTY AND INCOME.		L	Contractor
(include city, state	& zin)			b. Coordinated Committee Name				Comments
KerNer	srille, ne srille, ne	85		Lunip				
300 5	act m. 1			c. Level Regi	stered (S	County:		
900 -	est mount	and		State	Ē	Municipa	lity la	Election Sum to Date
Kerver		had State	Bas	muneipa	s			
f. Account Code	g. Form of Payment	h. Purpose Code	li Data (	mm/dd/yyyy)	j. Amou	t	k Dogu	1, 921. 50 ired Remarks
TP	Check	and apose coue	1. Date				n. nega	area Kemarks
00	Check		11	418	\$4%	21-50		
AND A TO MAN THE OWNER WATER					\$			
4. Payee Inform	nation			Add 🗖	Remo	ve		
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Comm	nittee Name	d.	Comments
(include city, sta	te, & zip)							
				c. Level Regis	stered (S			
				State	-	County: Municipal		Election Sum to Date
				La State		a wumerpa	uty. e. i	checuon sum to Date
							\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amou	int	k. Requ	ired Remarks
TP	-		1		\$			
00		The second second second second			-			
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4. Payee Inform					Remov			
	ing Address & Phone			b. Coordinate	ed Comn	nittee Name	d. (	Comments
(include city, stat	te, & zip)							
				T. I.D!	1. 1.0	10 >		
				c. Level Regis		County:	_	
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				Research of Frank Party State			-	
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					\$			
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		Marken and and and and and and and and and an		A REPORT OF THE PARTY OF THE PA	φ			
5. Total only th							\$	1,921.50
	CRO-1310 Pages						1	·
a second s	line 13a of Detailed Sun			• •	150		\$	7 11/11
A Company of the State of the S	line 13b of Detailed Sun		-					2,746.66
	line 13c of Detailed Sun				Expendi	tures)	-	
	odes (List detailed							
A* - Media	B* - Printin			undraising				Candidate
E - Salaries I - Postage	F* - Equip J - Penalti			litical Party ffice Expen	000			Public Office Expenses
O* Other	J - Penalu	63	<i>v</i> 0	nice Expen	363	Q. • D0	nation	to Legal Expense Fund
	e detailed explanati	on in required a	emarks	field (k)				
* Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009								