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						c. ID Numb	er	
JOINES FOR MAYOR						000-00	0000-0-	-000
b. Mailing Address (include Cit	ty, State and Zip (Code)				d. Date File	d	
PO BOX 20397 WINSTON-SALEM, NC 27	102					07/2	25/2019)
William Stranger	. 02					e. Phone N	umber	
2. Report Year 3. Period Star	t Date (mm/dd/yy) 4. Peri	od En	nd Date (mm/dd/yy)	5. Treasure	er Full Nar	ne	
2019 0	1/01/2019		06/	5/30/2019	WILLIAM	ROSE		
6. Type of Committee (Check (One) 9	. Type of Rep	ort	(check only one	type of repo	ort from one	e catego	ory)
	-	Aunicipal		State/County		Referendu		
☐ Joint Fundraiser ☐ PA	-	Organiz			nal	Organiz		
		Thirty-				Pre-refe	erendum	
		Pre-prii		First		☐ Final		
Booster Fund"		Pre-elec		Second			ental Fi	aal
Building Fund	Table 1 and	Pre-run Semi-an		Third Fourth		Annual		
☐ Presidential Election Year Can ☐ NC Public Campaign Financing			Year			☐ Special		
Ne i ubne campaign i manem			r End			10. Specia	Depor	t Name
Other:		Final	Lind	Year Er		10. Specia	керы	trame
8. Number of Fundraisers this		Special		Final				
1				Special				
1								
3. Account Information a. Financial Institution Full Na				. Account Informati . Financial Institution		•	3	
	me		a.	. rinanciai institutio	n ruii Nam	e many to	4	27
FNB			- 1			(I)	5	言語
b. Purpose	c. Account Code		b.	. Purpose		c. Account	Code	04
TO PAY COMMITTEE	JFM	1001				[7]	On	T
EXPENSES	31 141					-	TEM	E80
	d. Period Begin l	Balance]	d. Period B	egin Ba	lance
	\$	23,921.5	4			s 🗆	5	
							Q1	i
CERTIFICATION	r 1	1	. 11	attentite acceptatemen	- C A -diala 2	14 22D 6		VI of
I certify that the Committee of Chapter 163 of the NC General								
funds. I further certify that t								
	_	piete, true an	1	feet and that I have		d by the it	Counc	Dourd
William	6205c	6	Jul	Clian CK	De	07/2	25/2019)
Printed Name of S			Signatu	ure of Appointed Trea	surer	-	Date	
FOR OFFICE USE ONLY	5			*				
Date Received:	1/26/19	_ Em	ploye	e: D		very Meth Normal Ma		
Date Postmarked:		_ Em	ploye	ee:		Registered Hand Deliv		
Date Scanned:		Em	ploye	ee:		Electronica		d
Date Data Entered:		Em	ploye	ee:		Signer has mandatory		
Please Note: This form c				information such as	s the commi	ttee addres	A STATE OF THE PARTY OF THE PAR	

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms 1. Committee Full Name (and Fund if applicable)	and to total mor		3 ID	Number	
JOINES FOR MAYOR		ear Semi-Annual	000-000000-0-000		
			<u> </u>	•	
Start of Election Cycle: January 1, 2019		Total this Reporting Perio	xd	Total this Election Cycle	
4) Cash on Hand at Start		\$ 23,921.	54	\$ 23,921.54	
RECEIPTS		-			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.	00	\$ 0.00	
6) Contributions from Individuals	(CRO-1210)	\$ 41,800.	00	\$ 41,800.00	
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	
(2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11	c,11d and 11e)	\$ 41,800.	00	\$ 41,800.00	
EXPENDITURES					
EXPENDITORES					
13) Disbursements					
	(CRO-1310)	\$ 0.	00	\$ 0.00	
13) Disbursements			* 	\$ 0.00 \$ 0.00	
13) Disbursements 13a) Operating Expenditures		\$ 0.	00		
(3) Disbursements 13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee	S (CRO-1310)	\$ 0.	00	\$ 0.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0. \$ 0. \$ 12.	00 00	\$ 0.00 \$ 0.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures	(CRO-1310) (CRO-1310) (CRO-1315)	\$ 0. \$ 0. \$ 12. \$ 0.	00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420)	\$ 0. \$ 0. \$ 12. \$ 0.	00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510)	\$ 0. \$ 0. \$ 12. \$ 0.	00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510)	\$ 0. \$ 0. \$ 12. \$ 0. \$ 0.	00 00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) ubtract line 18)	\$ 0. \$ 12. \$ 0. \$ 0. \$ 0. \$ 12. \$ 65,709.	00 00 00 00 00 00 54	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 19) Cash on Hand at End (Add lines 4 and 12 together, then s	(CRO-1310) (CRO-1315) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) subtract line 18)	\$ 0. \$ 0. \$ 12. \$ 0. \$ 0. \$ 12. \$ 65,709.	00 00 00 00 00 54 00 1	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 19) Cash on Hand at End (Add lines 4 and 12 together, then see ADDITIONAL INFORMATION	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) ubtract line 18)	\$ 0. \$ 12. \$ 0. \$ 0. \$ 0. \$ 12. \$ 65,709.	00 00 00 00 00 54 00 00 00 00 00 00 00 00 00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 19) Cash on Hand at End (Add lines 4 and 12 together, then s ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) ubtract line 18)	\$ 0. \$ 0. \$ 12. \$ 0. \$ 0. \$ 12. \$ 65,709. \$ 0. \$ 0.	00 00 00 00 00 00 00 00 00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 19) Cash on Hand at End (Add lines 4 and 12 together, then see ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) subtract line 18) (CRO-1330)	\$ 0. \$ 12. \$ 0. \$ 0. \$ 0. \$ 12. \$ 65,709. \$ 0. \$ 0.	00 00 00 00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 19) Cash on Hand at End (Add lines 4 and 12 together, then see ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns 22) Debts and Obligations owed by the Committee	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) subtract line 18) (CRO-1330) (CRO-1430) (CRO-1610)	\$ 0. \$ 12. \$ 0. \$ 0. \$ 0. \$ 12. \$ 65,709. \$ 0. \$ 0.	00 00 00 00 00 00 00 00 00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00 \$ 65,709.54	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 19) Cash on Hand at End (Add lines 4 and 12 together, then s ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns 22) Debts and Obligations owed by the Committee 23) Debts and Obligations owed to the Committee	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) ubtract line 18) (CRO-1330) (CRO-1430) (CRO-1610) (CRO-1620)	\$ 0. \$ 12. \$ 0. \$ 0. \$ 0. \$ 12. \$ 65,709. \$ 0. \$ 0. \$ 0.	00 00 00 00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 19) Cash on Hand at End (Add lines 4 and 12 together, then s ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns 22) Debts and Obligations owed by the Committee 23) Debts and Obligations owed to the Committee 24) Account Transfers Within the Committee	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) ubtract line 18) (CRO-1330) (CRO-1430) (CRO-1610) (CRO-1620) (CRO-1720)	\$ 0. \$ 0. \$ 12. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0	00 00 00 00 00 00 00 00 00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00 \$ 65,709.54 \$ 0.00 \$ 0.00	
13a) Operating Expenditures 13b) Contributions to Candidates/Political Committee 13c) Coordinated Party Expenditures 14) Aggregated Non-Media Expenditures 15) Loan Repayments 16) Refunds/Reimbursements from the Committee 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 19) Cash on Hand at End (Add lines 4 and 12 together, then see ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations owed by the Committee 23) Debts and Obligations owed to the Committee 24) Account Transfers Within the Committee	(CRO-1310) (CRO-1310) (CRO-1315) (CRO-1420) (CRO-1320) (CRO-1510) 15, 16 and 17) ubtract line 18) (CRO-1330) (CRO-1430) (CRO-1610) (CRO-1620) (CRO-1720) (CRO-1710)	\$ 0. \$ 12. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0. \$ 0	00 00 00 00 00 00 00 00 00 00 00 00 00	\$ 0.00 \$ 0.00 \$ 12.00 \$ 0.00 \$ 0.00 \$ 12.00 \$ 65,709.54	

Pg 1 of 17 Yes No

3. Contributor Information	1. Comm	nittee Full Name	(and Fund if applicab	(e)			2.	D Numb	er	
A. Pall Name, Mailing Address & Phone (include city, state, & zip)								000-000000-0-000		
RETIRED ADAMS	3. Conti	ributor Informati	on	tr. ACCCATELINATES	Add 🔲 Re	move				
ALFRED ADAMS 539 POWER PLANT CIRCLE APT 248 WS NC 27101, NC E. Bection Sum to D.	a. Full N	lame, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. (Commen	ts	
Substitution Sub	(inciu	de city, state, & z	ip)		RETIRED					
APT 248 WS NC 27101, NC e. Bection Sum to D.	ALFRE	ED ADAMS								
WS NC 27101, NC			IRCLE		c. Employer's	Name/Specific Field				
S SO										
	WS NO	27101, NC					e. E	dection S	Sum to Date	
JFM001 Check							\$		500.00	
	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	int	
\$ 3. Contributor Information Add Remove RETIRED RETIRED		JFM001	Check			06/14/2019		\$	500.00	
Add Remove Refull Name, Mailing Address & Phone (include city, state, & zip) Refull Name, Mailing Address & Phone (include city, state, & zip) Refull Name, Mailing Address & Phone (include city, state, & zip) Refull Name, Mailing Address & Phone (include city, state, & zip) Refull Name, Mailing Address & Phone (include city, state, & zip) Phone Name, Mailing Address & Phone (include city, state, & zip) Phone Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT Refull Name, Mailin								\$		
A. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED RETIRED RETIRED RETIRED R								\$		
Cinclude city, state, & zip) RETIRED C. Employer's Name/Specific Field	3. Contr	ibutor Informati	on		Add □ Re	move				
C. Employer's Name/Specific Field	a. Full N	ame, Mailing Ado	iress & Phone		b. Job Title/Pr	ofession	d. (Commen	ts	
C. Employer's Name/Specific Field C. Employer's Name/Specific	(inclu	de city, state, & z	ip)		RETIRED					
Note			n n			Name/Specific Field				
C. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount										
		_, _, , ,					e. E	lection S	um to Date	
JFM001 Check 06/14/2019 \$ 100							\$ 100.0		100.00	
S Contributor Information a. Full Name, Mailing Address & Phone (iuclude city, state, & zip) MARIE ARCURI 400 ROSLYN ROAD WINSTON-SALEM, NC 27104-2036 f. Prior g. Account Code h. Form of Payment i. In-Kind Description JFM001 Check O5/24/2019 S O6/14/2019 S Add Remove b. Job Title/Profession d. Comments C. Employer's Name/Specific Field FLOWE LEXUS e. Election Sum to Description JFM001 Check O5/24/2019 S S	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	int	
3. Contributor Information		JFM001	Check			06/14/2019		\$	100.00	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) MARIE ARCURI 400 ROSLYN ROAD WINSTON-SALEM, NC 27104-2036 f. Prior g. Account Code h. Form of Payment i. In-Kind Description JFM001 Check D. Job Title/Profession d. Comments PRESIDENT C. Employer's Name/Specific Field FLOWE LEXUS e. Election Sum to Description JFM001 Check 05/24/2019 \$ 2,000 \$ \$								\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT								\$		
(include city, state, & zip) PRESIDENT MARIE ARCURI c. Employer's Name/Specific Field WINSTON-SALEM, NC 27104-2036 FLOWE LEXUS e. Election Sum to Description \$ 2,000 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 05/24/2019 \$ 2,000 □ JFM001 Check \$ \$ \$ □ \$ \$ \$ □ \$ \$ \$ \$	3. Contr	ibutor Informati	on		Add □ Re	move				
MARIE ARCURI 400 ROSLYN ROAD c. Employer's Name/Specific Field WINSTON-SALEM, NC 27104-2036 FLOWE LEXUS 6. Ection Sum to Description \$ 2,000 f. Prior g. Account Code h. Form of Payment I. In-Kind Description J. Date (mm/dd/yyyy) k. Amount State					b. Job Title/Pr	ofession	d. C	Commen	ts	
MARIE ARCURI 400 ROSLYN ROAD	(inclu	de city, state, & z	ip)		PRESIDENT					
400 ROSLYN ROAD	MARIE	E ARCURI		_						
FLOWE LEXUS					c. Employer's	Name/Specific Field				
\$ 2,000 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	WINST	ON-SALEM, NO	C 27104-2036		FLOWE LEX	KUS				
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM001 Check 05/24/2019 \$ 2,000							e. E	Tection S	um to Date	
□ JFM001 Check 05/24/2019 \$ 2,000 □ \$ □ \$ \$ \$				_			Ĺ		2,000.00	
STANOT S	f. Prior	g. Account Code		i. ln-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	int	
□ s		JFM001	Check			05/24/2019		\$	2,000.00	
								\$		
2.60		W =						\$		
4. Total only this Page \$ 2,60	4. Tota	al only this Pa	ge	C. SER WA			\$		2,600.00	
5 Total of ALL CDO 1210 Pages	5. Total of ALL CRO-1210 Pages					\$		41,800.00		

Pg 2 of 17 Amendment Ves No

1. Com	nittee Full Name	(and Fund if applicabl	e)		Have Boyen a Madelland	2.1	D Number
JOINE	S FOR MAYOR						000-000000-0-000
3. Conti	ributor Informati	on		Add 🔲	Remove		
	ame, Mailing Add			b. Job Title	e/Profession	d. (Comments
	de city, state, & z	ip)		PHYSICI	AN/RESEARCHER		
	STRATFORD RO	OAD		c. Employe	r's Name/Specific Field		
	ON-SALEM, NO			WAKE B	APTIST HEALTH		
						e. F	dection Sum to Date
						\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	JFM001	Check			06/14/2019		\$ 1,000.00
							\$
							\$
	ributor Informati			CONTRACTOR OF THE PARTY OF THE	Remove		
	ame, Mailing Add			257 SARS BO 183	e/Profession	d. (Comments
	de city, state, & z	ip)		BANKER			
	BARBOUR ENICE DR			c. Employe	r's Name/Specific Field	1	
	MONS, NC 270	12		FIRST B	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		
0	,					e. E	lection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	JFM001	Check			05/24/2019		\$ 100.00
							\$
							\$
-	ributor Informati			Add 🗆	Remove		
	ame, Mailing Add			ter come established	e/Profession	d. (Comments
	de city, state, & z	ip)		CORPOR	ATE EXEC		
	S BENNETT OODLAND DRI	VE		c. Employe	r's Name/Specific Field	1	
	NSBORO, NC 2'				LIGHTING	L	
	,	v 1/2/2/2				e. F	dection Sum to Date
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	JFM001	Check			05/24/2019		\$ 500.00
							\$
							\$
4. Tota	al only this Pa	ge				\$	1,600.00
		O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$	41,800.00

				Amendm	епт
Pg	3	of	_ 17	☐ Yes	No.

1. Com	nittee Full Name	(and Fund if applicabl	e)	y English		2.1	D Number	
JOINES	FOR MAYOR						000-00000	0-0-000
3. Contr	ibutor Informati	on		Add 🔲 R	lemove			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/I	rofession	d. (Comments	
	de city, state, & z	ip)		PARTNER				
	AM BENTON ROOKSTOWN /	ΔVF		c. Employer's Name/Specific Field				
	ON-SALEM, NO				REAL ESTATE			
	0,1,0,1,0,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1	27.101 2221		DEVELOP		e.E	lection Sur	n to Date
						\$		250.00
f. Prior	g. Account Code	·	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			06/14/2019		\$	250.00
							\$	
							\$	
	ibutor Informati				temove	1 -		
	ame, Mailing Add			b. Job Title/I	Profession	d. (Comments	
	de city, state, & z	i <u>p)</u>		RETIRED				
	OMB BROWN RBOR ROAD			c. Employer's	s Name/Specific Field			
	ON-SALEM, N	3 27104-1104		2000	<u> </u>			
** 11 10 2	On Dillan, in	27.01.774.				e. E	lection Sur	n to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			06/14/2019		\$	250.00
							\$	
							\$	
	ibutor Informati				temove			
	ame, Mailing Ado			b. Job Title/l		d. (Comments	
	de city, state, & z	ip)		PRESIDEN	T			
	H BUDD ERRY ACRES			c. Employer'	s Name/Specific Field	1		
	ON-SALEM, N	C 27106-5752		THE BUDI	O GROUP			
	011 01100111, 111	0 2. 100 0.0-				e. E	dection Sur	m to Date
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	5 g	k. Amoun	1
	JFM001	Check			06/14/2019		\$	1,000.00
			_				\$	
						-	\$	
	al only this Pa					\$		1,500.00
		O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		41,800.00

Amendment

Contributions from Individuals

Pg 4 of 17 Pes

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)	The same			2.	ID Number
JOINE	INES FOR MAYOR							000-000000-0-000
3. Cont	ributor Informati	on		Add	☐ Re	emove		
	Name, Mailing Ad			b. Job	Title/Pr	rofession	d. (Comments
(inclu	ide city, state, & z	ip)		RETIRED				
I beckered a	BURRESS III						-	
	NOLLWOOD ST			c. Emp	loyers	Name/Specific Field	-	
WINS	TON-SALEM, N	C 2/103					e. I	Election Sum to Date
1								
							\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check				05/24/2019		\$ 1,000.00
								\$
								\$
State of the latest and the latest a	ributor Informati			Add	Annual Control	move		
	Name, Mailing Add			31.5.57		rofession	d. (Comments
	ide city, state, & z			RETII	RED			
	ALL CHRISOPH EYNOLDS DRI			c. Emp	lover's	Name/Specific Field	1	
	TON-SALEM, N					. шистористи тист	1	
WIND	OIV-BALLINI, IX	27104					e. F	Election Sum to Date
1							\$	2,000.00
				L		In a second second		
	g. Account Code	h. Form of Payment Check	i. In-Kind Des	cription	l .	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Clieck				05/24/2019		\$ 2,000.00
								\$
								\$
	ributor Informati			Add		move		
	ame, Mailing Add					ofession	d. (Comments
	de city, state, & z	(p)		CORP	EXEC			
9000 CO.	S COOK IDEOUT WAY			c. Emp	lover's	Name/Specific Field		
	ON-SALEM, NO	27105-8755		_	ES BRA	-		
WINS	ON-BALLEM, IN	27103-0733		11/11/1	JO DIG	IIIDS	e. F	Dection Sum to Date
							\$	300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check				06/14/2019		\$ 300.00
								\$
								\$
4. Tota	al only this Pa	ge					\$	3,300.00
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$	41,800.00		

Pg 5 of 17 Amendment Yes No

1. Com	nittee Full Name	(and Fund if applicabl	e)			2.1	D Number
JOINES	S FOR MAYOR		000-000000-0-000				
3. Conti	ributor Informati	on		Add Re	move		
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. (Comments
(inclu	de city, state, & z	ip)		RETIRED			
JOHN I						Į	
Park and the second second	ENT PLACE LA			c. Employer's	Name/Specific Field	-	
WINST	ON-SALEM, NO	27104				- 10	lection Sum to Date
						e. r	rection Sum to Date
						\$	500.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			05/24/2019		\$ 500.00
							\$
							\$
Control Inc.	ibutor Informati						
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments
(include city, state, & zip) WILLIAM DAVIS II							
WILLIAM DAVIS II 2577 CLUB PARK RD c. Employer's Name/Specific Field							
WINSTON-SALEM, NC 27104							
						e. E	lection Sum to Date
						\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			05/24/2019		\$ 250.00
							\$
							\$
A STATE OF THE STA	ributor Informati				move		
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (Comments
	de city, state, & z	ip)		RETIRED			
	Y DUNN	O.T.		c. Employer's	Name/Specific Field	1	
	MBRICK COUI ON-SALEM, N						
WINSI	ON-BALLINI, IN	27100				e. F	lection Sum to Date
						\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			06/14/2019		\$ 250.00
							\$
							\$
	al only this Pa					\$	1,000.00
	Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 41,800.00						
				The state of the s			

Amendment

Contributions from Individuals Pg $\underline{}$ of $\underline{}$ 17 $\underline{}$ Yes 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 applicable	e)				2.1	D Number
JOINE	S FOR MAYOR		000-000000-0-000					
3. Cont	ributor Informati	on		Add	☐ Re	move	Was in	
a. Full N	Name, Mailing Add	dress & Phone		b. Job	Title/Pr	ofession	d. (Comments
(inclu	de city, state, & z	ip)		RETIF	RED			
	Y EISENBERG			-		10 10 11		
100000000000000000000000000000000000000	MARSHALL STE			c. Emp	loyer's	Name/Specific Field	-	
WINS	TON-SALEM, NO	C 27101					0 E	Dection Sum to Date
							C. I	a service description
							\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check				05/24/2019		\$ 1,000.00
								\$
								\$
	ributor Informati			A CONTRACTOR OF THE PARTY OF TH	☐ Re			
	Name, Mailing Add			b. Job	Title/Pr	ofession	d. (Comments
(inclu	ide city, state, & z	ip)		CEO				
DON F				a. E	l a su a ml a	Name/Specific Field	1	
	OSLYN ROAD	0.07104.1020					1	
WINS	TON-SALEM, N	C 27104-1932		FLOV	V COM	PANIES	e. F	Dection Sum to Date
							\$	2,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check				05/24/2019		\$ 2,000.00
								\$
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3. Cont	ributor Informati	on		Add	Annual Inches	move		
a. Full N	Name, Mailing Ado	dress & Phone		b. Job	Title/Pr	ofession	d. (Comments
(inclu	ide city, state, & z	ip)		PRES	DENT		1	
	FREISCHLAG			. F	l ul -	Name/Specific Field	1	
	BARRINGTON W			_			-	
WINS	FON-SALEM, N	C 27106		THE SECTION		EST BAPTIST CENTER	e. I	Dection Sum to Date
				MED	ICAL C	LENTER	\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check				05/24/2019		\$ 1,000.00
								\$
								\$
4. Tot	al only this Pa	ge				的形式的	\$	4,000.00
5. Tot	. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	41,800.00

Pg <u>7</u> of <u>17</u> Amendment □ Yes **∑** No

1. Com	nittee Full Name	(and Fund if applicabl	e)			2.1	D Number
JOINE	S FOR MAYOR						000-000000-0-000
3. Conti	ributor Informati	on		Add R	emove	4	
Secretary and the second	ame, Mailing Add			b. Job Title/P	rofession	d. (Comments
	de city, state, & zi	ip)		RETIRED			
	FULTON	CLUTTE (10		c Employer's	Name/Specific Field	1	
	OLLWOOD ST ON-SALEM, NO			c. Employer s	Name/Specific Field	1	
WIND	ON-SALEM, IN	2/103				e. F	lection Sum to Date
						\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			05/24/2019		\$ 1,000.00
							\$
							\$
	ributor Informatio			The State of the S	emove		
	ame, Mailing Add			b. Job Title/P	rofession	d. C	Comments
	de city, state, & zi	(p)		PRESIDEN'	Γ		
ALCOHOLD STATE	Y GARDNER	DIVE		c. Employer's	Name/Specific Field	1	
The state of the s	TONERIDGE DE GH. NC. 27612	CIVE		SHELCO	,		
RALEIGH, NC 27612				on Ee o		e. E	lection Sum to Date
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			06/14/2019		\$ 500.00
							\$
							\$
3. Cont	ributor Informati	on		Add R	emove		
and the same of	ame, Mailing Add			b. Job Title/F	rofession	d. (Comments
	de city, state, & z	ip)		RETIRED			
	GLENN X 2736			c. Employer's	s Name/Specific Field	1	
	TON-SALEM, NO	27102					
11110						e. F	dection Sum to Date
						\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			06/14/2019		\$ 1,000.00
							\$
							\$
4. Tot	al only this Pa	ge				\$	2,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	41,800.00

Pg 8 of 17 Amendment Yes No

1. Com	mittee Full Name	(and Fund if applicab	le)	THE PERSON NAMED IN		2.1	ID Number	
JOINE	S FOR MAYOR						000-000000-0-000	
3. Conti	ributor Informati	on		Add R	emove			
	ame, Mailing Add			b. Job Title/P	rofession	d. Comments		
	de city, state, & z	ip)		INVESTMENT ADVISOR				
	AK SPRINGS C	OURT		c. Employer's	Name/Specific Field	1		
	TON-SALEM, NO			BRIGHTLE	AF ASSET			
				MANAGEN	MENT	e. I	dection Sum to Date	
						\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			05/24/2019		\$ 1,000.00	
							\$	
							\$	
	ributor Informati			and the second second second second	emove			
	ame, Mailing Add de city, state, & z			b. Job Title/P		d. (Comments	
				ATTORNEY	(
	AY GREASON . OURTH STREET			c. Employer's	Name/Specific Field	1		
	TON-SALEM, N			WOMBLE	BOND DICKINSON			
WINDFON-BALLM, NC 27101						e. F	dection Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			05/24/2019		\$ 500.00	
							\$	
							\$	
The State of the S	ributor Informati				emove			
	ame, Mailing Add			b. Job Title/P		d. (Comments	
-	de city, state, & z	(p)		BOARD CH	AIRMAN			
(45-140) 54-140	HANCOCK RING TREE CO	URT		c. Employer's	Name/Specific Field	1		
Company of the Company	ON-SALEM, NO			BLUM CON	NSTRUCTION			
						e. I	dection Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount	
	JFM001	Check			06/14/2019		\$ 500.00	
							\$	
							s	
4. Tota	al only this Pa	ge				\$	2,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	41,800.00		
(Inis l	ine must be on line	o of Delauea Summary I	age CRO-1100)					

Pg 9 of 17 Amendment Yes No.

1. Com	mittee Full Name	e (and Fund if applicab	le)				2.	ID Number
JOINE	ES FOR MAYOR							000-000000-0-000
	tributor Informati				☐ Re		189	
	Name, Mailing Add				- Anna and Anna	rofession	d. (Comments
	ude city, state, & z	.ip)		PART	ΓNER			
The second	DEN HANES NOLLWOOD ST	C CTE 570		c. Em	olover's	Name/Specific Field	4	
	TON-SALEM, N					IANES & CO	1	
- P.O. Gallerine -		- MI. Se		0	Ju.	ANDOCCO	e. J	Dection Sum to Date
							\$	1,000.00
f. Prior			i. In-Kind Des	criptio	п	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check				06/14/2019		\$ 1,000.00
								\$
								\$
Complete Service Street, Stree	ributor Informati				☐ Re			
	Name, Mailing Add					rofession	d. (Comments
	ude city, state, & z			RETII	RED	1		
0.00	LOTTE HANES TRADE ST			c. Emp	oloyer's	Name/Specific Field	1	
	TON-SALEM, NO	C 27101				<u></u>		
							e. F	Election Sum to Date
							\$	400.00
f. Prior	g. Account Code		i. In-Kind Des	cription	A.	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check				05/24/2019		\$ 400.00
								\$
								\$
	ributor Informatio			U. A. S.	☐ Rei			
	Name, Mailing Add						d. (Comments
	ade city, state, & zi	ip)		PRES	IDENT	1		
	AN HATCH CEARNS AVE			c. Emp	loyer's	Name/Specific Field		
	TON-SALEM, NO	C 27106		WFU				
						1	e. F	Election Sum to Date
						/	\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	n	j. Date (mm/dd/yyyy)	,	k. Amount
	JFM001	Check				05/24/2019		\$ 1,000.00
								\$
								\$
4. Tot	al only this Pa	σe			in was		\$	2,400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							\$	41,800.00
(This !	line must be on line	6 of Detailed Summary 1	Page CRO-1100)			A. C. A. S. C. P. C. S.	4	

Pg 10 of 17 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) 2. ID Number JOINES FOR MAYOR 000-000000-0-000 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED DENNIS HATCHELL c. Employer's Name/Specific Field 1875 RUNNYMEADE RD WISNTON-SALEM, NC 27104 e. Election Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check JFM001 05/24/2019 \$ 1,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) INVESTOR JAMES HELVEY III c. Employer's Name/Specific Field 1916 GEORGIA AVE WINSTON-SALEM, NC 27104 SELF EMPLOYED e. Election Sum to Date 1,000.00 j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment i. In-Kind Description f. Prior Check JFM001 06/14/2019 1,000.00 \$ \$ [∗] □ Add □ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) PRESIDENT CHRISTOPHER HENSON c. Employer's Name/Specific Field 550 BELMEADE WAY TRAIL LEWISVILLE, NC 27023 BB&T e. Election Sum to Date 1.000.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description Check JFM001 05/24/2019 \$ 1.000.00 \$ \$ П 3,000.00 \$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 41,800.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Pg 11 of 17 Amendment Ves No

1. Com	mittee Full Name	(and Fund if applicab	le)			2.1	ID Number	
JOINES FOR MAYOR							000-000000-0-000	
	ributor Informati			Add Re	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (Comments	
	de city, state, & z AM HOLLAN JE			REAL ESTATE DEVELOPER				
	4TH STREET			c. Employer's	Name/Specific Field	1		
	TON-SALEM, NO	C 27101		SELF EMPL	OYED			
						e. F	Election Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			05/24/2019		\$ 500.00	
							\$	
							\$	
	ributor Informati			Add Re				
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & z	ip)		PRESIDENT				
JOSE I				c. Employer's Name/Specific Field				
3989 HUDDINGTON WINSTON-SALEM, NC 27106-6362				QUE PASA				
							Election Sum to Date	
						0	2,000,00	
						\$	2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			06/14/2019		\$ 2,000.00	
							\$	
							\$	
3. Conti	ributor Informati	on		Add Re	move			
	ame, Mailing Add			b. Job Title/Profession			d. Comments	
	de city, state, & z	ip)		PRESIDENT				
HAL K PO BO	APLAN X 609			c. Employer's Name/Specific Field				
Contraction of the Contraction	VILLE, NC 270	23-0609		KAPLAN EA	ARLY LEARNING			
						e. E	Dection Sum to Date	
						\$	400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			06/14/2019		\$ 400.00	
							\$	
							\$	
4. Tota	al only this Pa	ge				\$	2,900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	41,800.00		
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Pg 12 of 17 Amendment Ves No

		(and Fund if applicab	le)			2.	ID Number		
JOINE	S FOR MAYOR						000-000000-0-000		
3. Cont	ributor Informati	ion		Add Re	move				
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	rofession	d. (Comments		
(inclu	ide city, state, & z	ip)		PRESIDENT					
	KELLY					1			
	ENLEIGH CIRCI				Name/Specific Field	-			
WISN	TON-SALEM, N	C 27106-5605		PIEDMONT		L.	D 4 - 6 - 4 D 4		
				PARTNERS	HIP	e. I	Election Sum to Date		
						\$	1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount		
	JFM001	Check			06/14/2019		\$ 1,000.00		
							\$		
							\$		
3. Cont	ributor Informati	on		Add □ Re	move		Tate Far Cold to the		
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. (d. Comments		
(inclu	de city, state, & z	ip)		RETIRED					
TOM I	AMBETH								
700 YORKSHIRE ROAD				c. Employer's Name/Specific Field					
WINSTON-SALEM, NC 27106-5518							e. Election Sum to Date		
						e. Election Sum to Date			
						\$	500.00		
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
	JFM001	Check			05/24/2019		\$ 500.00		
							\$		
							\$		
	ributor Informati				move				
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments		
	de city, state, & z	ip)		ATTORNEY					
	AEL LEONARD			c Employer's	Name/Specific Field				
	EST FOURTH S			c. Employer's Name/Specific Field WOMBLE BOND DICKINSON					
WINSI	ON-SALEM, NO	2/101		WOMBLE B	OND DICKINSON	e. F	Dection Sum to Date		
						\$	1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
	JFM001	Check			05/24/2019		\$ 1,000.00		
							\$		
							\$		
4. Tota	al only this Pa	ge				\$	2,500.00		
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO_1100\			\$	41,800.00		
(I mis t	me must be on time	o of Detailed Sammary I	"Se CHO-1100)	The state of the s					

Pg 13 of 17 Yes No

		(and Fund if applicable	le)			2.1	ID Number		
JOINE:	S FOR MAYOR						000-000000-0-000		
3. Conti	ributor Informati	on		Add 🔲 Re	move				
4777	ame, Mailing Ad			b. Job Title/Profession		d. (Comments		
(inclu	de city, state, & z	ip)		PARTNER					
The second second	ST LOGEMANN					-			
Description of the second	LOVERDALE A				Name/Specific Field	1			
WINST	TON-SALEM, N	C 27104		GRAY, CAL	LISON & CO	. 1	Dection Sum to Date		
						e. r	gettion Sum to Date		
						\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount		
	JFM001	Check			05/24/2019		\$ 500.00		
							\$		
							\$		
the late of the second	ributor Informati			Add 🔲 Re	move				
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (Comments		
(inclu	de city, state, & z	ip)		PRESIDENT					
	NEILL				N 10 10 11	1			
	NESTOWN ROA				Name/Specific Field	-			
WINSTON-SALEM, NC 27103				MERCEDES	BENZ OF WS	e. Election Sum to Date			
						\$	2,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	JFM001	Check			05/24/2019		\$ 2,000.00		
							\$		
							\$		
3. Contr	ibutor Informati	on		Add Re	move	ij.			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. (Comments		
(inclu	de city, state, & z	ip)		PHYSICIAN					
	PETERS								
	NDSAY STREET			c. Employer's Name/Specific Field					
HIGH I	POINT, NC 2720	62		BETHANY (GROUP	o E	Lection Sum to Date		
						e. E	rection Sum to Date		
						\$	1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	JFM001	Check			06/14/2019		\$ 1,000.00		
							\$		
							\$		
4. Tota	al only this Pa	ge				\$	3,500.00		
5. Tota	al of ALL CR	O-1210 Pages				\$	41,800.00		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Pg 14 of 17 Amendment Yes X No

1. Com	nittee Full Name	(and Fund if applicabl	e)			2.1	ID Number		
JOINES	S FOR MAYOR						000-000000-0-000		
Contraction of the Contraction o	ributor Informati			Add Re	move				
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. (Comments		
(inclu	de city, state, & z	ip)		CORPORATE EXEC					
ANN P	HILLIPS								
	HICKASHA DR			c. Employer's	Name/Specific Field				
WINSTON-SALEM, NC 27040			CAPITAL IN	IVESTMENTS	_				
						e. I	dection Sum to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	JFM001	Check			06/14/2019		\$ 250.00		
							\$		
							\$		
	ibutor Informati			Add Re	move				
a. Full N	ame, Mailing Add	Iress & Phone		b. Job Title/Pro	ofession	d. (Comments		
(inclu	de city, state, & zi	ip)		ATTORNEY					
ELIZA	BETH QUICK								
55017 KNOB VIEW TRAIL				c. Employer's Name/Specific Field					
WINST	ON-SALEM, NO	27104		WOMBLE BOND			e. Election Sum to Date		
						e. Mection Sum to Date			
						\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	JFM001	Check			06/14/2019		\$ 500.00		
							\$		
							\$		
3. Contr	ibutor Informati	on			move				
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. (Comments		
(inclu	de city, state, & z	ip)		CORPORATI	E EXECUTIVE				
The same and the same	RUFFIN			a Employarie	Nama/Spacific Field	-			
20 110 110 110 110 110	ALSWORTHY I			c. Employer's Name/Specific Field					
WINST	ON-SALEM, NO	2/106		LANDMAKI	K BUILDERS	e. F	Dection Sum to Date		
						\$	1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	JFM001	Check		-	06/14/2019		\$ 1,000.00		
							\$		
							\$		
4. Tots	al only this Pa	ge				\$	1,750.00		
5. Tota	al of ALL CR	O-1210 Pages				\$	41,800.00		
(This I	ine must be on line	6 of Detailed Summary I	Page CRO-1100)						

Pg 15 of 17 Yes No

1. Com	mittee Full Name	(and Fund if applicabl	e)			2. I	ID Number
JOINES	S FOR MAYOR						000-000000-0-000
	ributor Informati			Add 🔲 Re	emove	246	
	ame, Mailing Add			b. Job Title/Pi	rofession	d. (Comments
-	de city, state, & z	ip)		VP			
Sant Comment of the	COTTOWN OF C	corma		a Employer's	Name/Specific Field	1	
	COTTSWOOD C					1	
LEWIS	SVILLE, NC 270	23		COOK MED	DICAL	e. F	Dection Sum to Date
						\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			06/14/2019		\$ 250.00
							\$
							\$
CALL CONTRACT OF THE	ributor Informatio					F A	
	ame, Mailing Add			b. Job Title/Pr		d. C	Comments
	de city, state, & zi	(p)		PRESIDENT			
	P SHUGART	P		c. Employer's Name/Specific Field			
	VINDSOR ROAD			CAROLINA LIQUID CHEMISTRIES			
MIN21	CON-SALEM, NO	2/104					Dection Sum to Date
				CHEMISTRIES			
						\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			05/24/2019		\$ 1,000.00
							\$
							\$
The state of the s	ributor Informati				emove		
100	ame, Mailing Add			b. Job Title/Pr		d. C	Comments
_	de city, state, & z	ip)		ATTORNEY			
	AYLOR			a Employer's	Name/Specific Field	-	
	RBOR RD	27104			Name/Specific Fierd	-	
WINSI	TON SALEM, NO	27104		SELF		e. F	Dection Sum to Date
						\$	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	Check			06/14/2019		\$ 1,000.00
							\$
							\$
4. Tot	al only this Pa	ge				\$	2,250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	41,800.00	

Pg 16 of 17 Yes X No

1. Com	mittee Full Name	(and Fund if applicabl	(e)			2.1	D Numbe	er
JOINE	S FOR MAYOR						000-000	000-0-000
3. Cont	ributor Informati	on		Add R	temove	100	care in	
a. Full N	iame, Mailing Add	iress & Phone		b. Job Title/I	Profession	d. (d. Comments	
	de city, state, & z	ip)		CORPORATE EXEC				
	ALL TUTTLE			c. Employer's Name/Specific Field				
635 TRADE STREET WINSTON-SALEM, NC 27101					Metal Product	1		
			Manufactur		e. I	dection S	um to Date	
					5	\$		1,000.00
6 D :		li E en .	T. 1. 10. 10		It not a superior			
		h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amou	nt
	JFM001	CHECK			05/24/2019		\$	1,000.00
							\$	
							\$	
3. Cont	ributor Informati	on			emove			
	ame, Mailing Add			b. Job Title/Profession		d. (d. Comments	
	de city, state, & z	ip)		INIVESTO	R			
Property and a second second	WHITAKER AYLYN PLACE			c. Employer's Name/Specific Field				
0.00 000.000	TON-SALEM, N			SELF EMP				
WIII	1011 BILLIN, 11	27.00					e. Election Sum to Date	
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
	JFM001	Check			06/14/2019		\$	1,000.00
			-					1,000.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆 R	emove			
100 00000-00	ame, Mailing Add			b. Job Title/I	Profession	d. (Comment	s
_	de city, state, & z	ip)		MANAGIN	G PARTNER			
	SON WILSON	D		c. Employer'	s Name/Specific Field	1		
	AST KENT ROA FON-SALEM, NO			-	NE STRATEGIC			
WINS	OIT BILLEIN, IN	271071113		PARTNER		e. I	Dection S	um to Date
						\$		2,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amou	nt
	JFM001	Check			05/24/2019		\$	2,000.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		4,000.00
5. Tot	al of ALL CR	O-1210 Pages				\$		41,800.00
(This	line must be on line	6 of Detailed Summary	Page CRO-1100)					

Contributions from Indiv	idual	S
---------------------------------	-------	---

X No

Contributions from Individuals

Pg 17 of 17 Pves

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

1. Com	2. ID Nu	2. ID Number						
JOINES FOR MAYOR						000-0	000-000000-0-000	
3. Cont	ributor Informati	on		Add 🔲	Remove	Valle No. V		
a. Full Name, Mailing Address & Phone b. Job Title/Profession						d. Comm	ents	
(inclu	ide city, state, & z	ip)		PRESIDEN	NT			
	AM WILSON III					_		
		REET STE 1300			's Name/Specific Field	1		
WINSTON-SALEM, NC 27101				MAGNOL	LIA PARTNERS	e. Election Sum to Date		
						\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. An	nount	
	JFM001	Check			05/24/2019	\$	1,000.00	
						\$		
						\$		
4. Tota	al only this Pa	ge				\$	1,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						s	41,800.00	
CRO-12	(A)	April 200						

Aggrega	ated Non-M	ledia Expendi	Page _	of	1	☐ Yes	X	No	
Optional fo	orm used to repo	ort NC Non-Media	Expenditures o	f \$50 or less.					
1. Committe	ee Full Name (and	2, ID N	2. ID Number						
JOINES FO	JOINES FOR MAYOR						000000-0-000	ı	
3. Payee Inf				es de la companya de	<u>,, </u>				
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amo	unt	g. Required Re	emark	S
Add JFM001 Electric Funds Tran K 06/18/2019						\$ 12.00 BANK CHARGE			
4. Total only this Page								13	2.00

	CRO-1315 Pages line 14 of Detailed Summary P	± _{1,4} → \$	12.00	
6. Purpose Code	s (List detailed expenditu	re code in (d) above)		
	B* - Printing	C* - Fundraising	D - To Another Cand	idate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public	Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to L	egal Expense Fund
O* - Other		<u></u>		
* Codes requir	e detailed explanation	<u>in required remarks field (</u>	g)	
CRO-1315	NC S	ate Board of Elections		December 2009

5. Total of ALL CRO-1315 Pages

Amendment