# **Disclosure Report Cover**

Amendment

J	Yes	X	N
_		-	-

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this	torin to update	e information.						LITTUUN	LY.	
1. Committee In	formation						F - W(1)27 [3]	LLEUN	ONS,	
a. Full Name						20	70 1611		c. ID	Number
JOINES FOR N	MAYOR					£U;	20 JAN 1	U AH 9.	38	000-0000000-0-000
b. Mailing Addre	ss (include Ci	ty, State and Zij	Code)			-	FELF	TVER	d. Da	ate Filed
PO BOX 2039' WINSTON-SA		102	i						- Di	_01/06/2020_1//4
									e. Fi	ione Number
2. Report Year	3. Period Star	t Date (mm/dd/	yy)	4. Period	End Dat	WW	MLNOSBE G	. Treasur	er F	ull Name
2019	0.	7/01/2019			12/31/2	019	)	WILLIAM	I RO	SE
6. Type of Comr	nittee (Check (			e of Repor	t (ch	eck	only one	type of rep	ort fr	om one category)
Candidate Can			Munic	-		_	te/County			rendum
Joint Fundrais	Beauti			Organizatio			Organizatio	nal		Organizational
Referendum	Gernel	gal Expense Fund		Thirty-five			Quarterly			Pre-referendum
7. Type of Fund		le, check one)		Pre-primar			First		Romanil	Final
Booster Fund	**			Pre-election	n		Second		-	Supplemental Final
☐ Building Fund				Pre-runoff			Third		-	Annual
Presidential E			_	Semi-annua	1		Fourth			Special
NC Public Can	npaign Financing	g Fund		Mid Ye			Semi-annua			
-				Year E	nd		Mid Ye		10.5	Special Report Name
Other:				Final			Year Er	nd		
8. Number of Fu	ndraisers this	Report		Special	1		Final			
	2					Ц	Special			
3. Account Infor						_	t Informati			
a. Financial Insti	tution Full Na	me			a. Fina	ncia	l Institutio	n Full Nam	e	
FNB										
b. Purpose		c. Account Cod	e		b. Purp	ose			c. Ac	count Code
TO PAY COMP EXPENSES	MITTEE	JF	M001							
		d. Period Begin	n Balan	ce					d. Pe	riod Begin Balance
		\$	6	5,709.54					\$	
CERTIFICATIO	N						A CONTRACTOR OF THE PARTY OF TH			
I certify that th	ne Committee	or Fund is in co	mpliano	e with all a	pplicab	le p	rovisions	of Article 2	2A, 2	22B & 22D-22M of
Chapter 163 o	f the NC Gener	al Statutes and	that no	funds are	commir	igle	d with prol	hibited or o	ther	non-disclosed
funds. I furth	er certify that t	his report is co	mplete,	true and c	orrect a	nd t	hat I have	been traine	d by	the NC State Board
Is. I.	000			, 1	711-		10			1/10/20
	am CRO			Wi	lena	n	-40	20	_	01/06/2020
Marine Office Committee	inted Name of S	Signer	In the second	Sign	ature of	App	ointed Treas	surer	2000	Date
FOR OFFICE U	SEONLY	1 1					1			
Date Receive	ed:	10/20		Emplo	yee: _	a	5		Norr	Method mal Mail
Date Postma	rked:		-	Emplo	yee: _			- 📴	Han	stered Mail d Delivered
Date Scanne	d:			Emplo	yee: _					tronically Filed
Date Data Er	ntered:			Emplo	yee: _					er has not received datory training
Please Not		annot be used nt treasurer, cus								address, treasurer,
192					ana .	00.	T			The state of the s

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

Amendment

☐ Yes 🏿 No

Use this form to summarize all disclosure reporting forms a				
1. Committee Full Name (and Fund if applicable)	2. Type of Re	<del>~</del> _	<del></del>	Number
JOINES FOR MAYOR	2019 Year E	and Semi-Annual	00	00-000000-0-000
Start of Election Cycle: January 1, 2019		Total this Reporting Peri	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 65,709	.54	\$ 23,921.54
RECEIPTS				- ~
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 26,112	.50   :	\$ 67,912.50
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	.00 5	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 1,000.	.00   9	\$ 1,000.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	.00	\$ 0.00
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	.00   5	\$ 0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00 3	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.	00 5	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	.00   5	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.	00 5	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.	00   5	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 27,112.	50 3	68,912.50
EXPENDITURES		· · · · · · · · · · · · · · · · · · ·		
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 3,893.	00 5	3,893.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.	00   \$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00   1	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.	00   5	12.00
15) Loan Repayments	(CRO-1420)	\$ 0.	00   1	0.00
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 512.	50 \$	512.50
17) In-Kind Contributions	(CRO-1510)	\$ 512.	50 \$	512.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13		\$ 4,918.	00 \$	4,930.00
(9) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 87,904.	04 9	87,904.04
ADDITIONAL INFORMATION	(CDO 1220)		00	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330) (CRO-1430)	•	00 00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1610)		00	
22) Debts and Obligations owed by the Committee	(CRO-1620)		00	<del></del> -
23) Debts and Obligations owed to the Committee	(CRO-1720)		00	
24) Account Transfers Within the Committee 25) Administrative Support	(CRO-1710)		00 \$	0.00
63 I AGIBUISURUVE SUBDICE	TURU-1/10/	ι <b>φ </b>	מטן 🕽	0.00
		6 0	00 4	0.00
26) Forgiven Loans	(CRO-1440)		00 \$	
		\$ 0.	00 \$ 00 \$	0.00

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Pg	1	of	9	☐ Yes	No.

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1. Comr	nittee Full Name	(and Fund if applicabl	le)			2. 1	D Number	
JOINE	S FOR MAYOR						000-00000	0-0-000
	ibutor Informati			Add 🔲 Re	move			Call Control
	ame, Mailing Ado			b. Job Title/Pa	rofession	d. C	Comments	
	de city, state, & z	ip)		BANKING C	CONSULTANT			
	`BAUER YANSPLACE			c. Employer's Name/Specific Field				
	ON-SALEM, N	C 27104		SELF EMPLOYED				
	, , , , , , , , , , , , , , , , , , , ,					e. E	lection Sun	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			09/10/2019		\$	100.00
							\$	
							\$	
3. Conti	ibutor Informati	on		Add Re	move	100		
	ame, Mailing Ado			b. Job Title/Pr	rofession	d. C	Comments	
	de city, state, & z	ip)		CORPORAT	E EXEC			
GRAHA PO BO	AM BENNETT			c. Employer's	Name/Specific Field			
	ON-SALEM, NO	27102-2736		QUALITY C	OIL			
	,			`		e. E	lection Sun	to Date
	_					\$		1,000.00
ſ. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			07/10/2019		\$	1,000.00
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							\$	
3. Conti	ibutor Informati	on		Add 🔲 Re	move		·	
	ame, Mailing Ado			b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & z	ip)		RETIRED				
2815 B	HADEN ARTRAM ROAI			c. Employer's	Name/Specific Field			
WINST	ON-SALEM, N	27106				e. F	dection Sun	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			09/03/2019		\$	1,000.00
							\$	
		_		_	-		\$	
4. Tot	al only this Pa	ge				\$		2,100.00
		O-1210 Pages				s		26,112.50
	line must be on line	3		40,114.30				

						Am	enan	1030	
Pg	2	_	of	9	_		Yes	X	No
	i de			~~					

1. Com	nittee Full Name	(and Fund if applicabl	e)			2.1	ID Number	
10IME:	S FOR MAYOR						000-000000-0-0	)00
3. Contr	ributor Informati	оп		Add R	emove			
ı	ame, Mailing Ado			b. Job Title/P	rofession	d. (	Comments	
(inclu	de city, state, & z	ip)		REAL ESTA				
ı	CHENEY			DEVELOPA	MENT	-		
1	SON ROAD				Name/Specific Field	-		
RICHN	10ND, VA 2317	73		SELF EMP	LOYED	e ¥	Dection Sum to D	lata
						C. I	zection Sum to D	7#10
						\$	10	00.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	-	k. Amount	
	JFM001	Check			12/26/2019		\$ 10	00.00
							\$	
							\$	
3. Conti	ributor Informati	Ott		Add R	emove	ā		186
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/P	rofession	d. (	Comments	
(inclu	de city, state, & z	ip)		ATTORNE	<b>'</b>			
GEORG	GE CLELAND							
I		119 BROOKSTOWN	t		Name/Specific Field	-		
พเพรา	ON-SALEM, N	C 27101		SELF EMP	LOYED	_ F	Dection Sum to D	loto
						C. 1	Jethon Sam to b	7411
						\$	50	00.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check			07/14/2019		\$ 50	00.00
							\$	
							\$	
3. Conti	ributor Informati	on		Add 🔲 R	emove			
a. Full N	iame, Mailing Add	iress & Phone		b. Job Title/P	rofession	d. (	Comments	
(inclu	de city, state, & z	ip)		MEDIA				
1	COPELAND				N	-		
1	AFAYETTE AV				Name/Specific Field	-		
GREEN	NSBORO, NC 2	7408		SELF-EMP	LOYED	c. F	Dection Sum to D	Date
						\$		00.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JFM001	Check	_		07/10/2019		\$ 20	00.00
							\$	
						200	\$	
4. Tot	al only this Pa	ge				\$	80	00.00
	<del>-</del>	O-1210 Pages				_		
		6 of Detailed Summary 1	Page CRO-1100)			\$	26,11	12.50

Amendment 9 Yes No

lea this form to monart is	adicidual contributions	over \$50 or contributions	under \$50 if form (	TRO 1205 is not used.
ise this form to report i	norganal contanultions	over you or contributions	THICK SOUTH ROTHER	ACCULATION IN HOLUSCO

		om Individuals		P	· — —	205	☐ Yes	. No No
				intributions u	nder \$50 if form CRO 1		D Number	
	The state of the s	(and Fund if applicabl	(e)				000-0000	
JOINES	FOR MAYOR							00-0-000
3. Contr	ibutor Informatio			Add 🔲 R	emove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/P	rofession	d. C	omments	
-	de city, state, & zi	(p)		RETIRED				
	DONALDSON			c Employer's	Name/Specific Field			
ı	EADOW LANE	40		C. Employer	, тамето рости от того			
PFAFF	TOWN, NC 270	40				e. E	lection Su	m to Date
						\$		100.00
f Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	ıt
	JFM001	Check	III III III III	· · · p·····	12/26/2019	-		
	JI 141001				12/20/2019		\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on .		Add R	emove		View end	
	ame, Mailing Add			b. Job Title/P	rofession	d. C	omments	
(inclu	de city, state, & zi	ip)		INVESTME	NTS			
	DRISCOLL			a Employer's	Name/Specific Field	-		
	FOURTH STR			SELF EMP		-		
WINST	ON SALEM, NO	3 2/101		SELF EIVE	LOTED	e. E	lection Su	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)		k. Amour	ıt
	JFM001	Check			11/01/2019		\$	1,000.00
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				<del>-</del>			\$	
3 Conti	ributor Informati	on		Add 🔲 R	emove			
	iame, Mailing Add			b. Job Title/I	rofession	d. C	Comments	
	de city, state, & z			CEO				
	LD EVANS JR			a Carabayaal	s Name/Specific Field			
	ENT TREE FAR					-		
WINST	ron-salem, N	C 27106-4265		HANES A	PAREL	c. I	Jection S	ım to Date
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	seription	j. Date (mm/dd/yyyy)	)	k. Amou	o t
	JFM001	Check			07/14/2019		\$	1,000.00
		-					\$	
		_					\$	
4 Tot	al only this Pa	ge session				- \$		2,100.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary				\$		26,112.50

Pg 4 of 9 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) CORPORATE EXECUTIVE JOIA JOHNSON c. Employer's Name/Specific Field 2625 BITTING ROAD WINSTON-SALEM, NC 27104 HANES BRANDS e. Dection Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (m m/dd/yyyy) k. Amount Check JFM001 09/03/2019 \$ 1.000.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MEDICAL ADMINISTRATOR JEFFERY LINDSAY c. Employer's Name/Specific Field 613 SUMMIT STREET WINSTON-SALEM, NC 27101 **NOVANT HEALTH** e. Election Sum to Date 2,000.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description J. Date (mm/dd/yyyy) Check JFM001 07/10/2019 \$ 2,000.00 \$  $\Box$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMUNITY VOLUNTEER ADRIENNE LIVENGOOD c. Employer's Name/Specific Field 605 SPRING TREE COURT WINSTON-SALEM, NC 27104-1214 e. Election Sum to Date 1,500.00 k. Amount f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check JFM001 07/17/2019 1,500.00  $\Box$ \$ \$ \$ 4,500.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 26,112.50 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment 5 of ☐ Yes

X 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) **ATTORNEY KELLY MANN** c. Employer's Name/Specific Field **509 WESTOVER AVE** WINSTON-SALEM, NC 27104-2113 WOMBLE BOND DICKINSON e. Dection Sum to Date 500.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check JFM001 07/10/2019 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **PHYSICIAN** JOHN MCCONNELL c. Employer's Name/Specific Field 140 PLYMOUTH AVE WINSTON-SALEM, NC 27104 WAKE FOREST BATIST e. Election Sum to Date **HEALTH** 2,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check JFM001 07/10/2019 \$ 2,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED JAMES MONROE c. Employer's Name/Specific Field 1101 GLOUSMAN ROAD WINSTON-SALEM, NC 27104 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check JFM001 09/10/2019 100.00 \$ \$ S 4. Total only this Page 2,600.00 \$

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detalled Summary Page CRO-1100)

\$

Amendment 6 of ☐ Yes Pg

\$

\$

4,750.00

Contributions from Individuals X 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 ☐ Remove ☐ Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CEO DAVID MOUNTS c. Employer's Name/Specific Field 3910 WHITE HAWK LANE WINSTON-SALEM, NC 27106 ANALYTIC COMPANY e. Election Sum to Date 2,500.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check JFM001 07/14/2019 \$ 2,500.00 \$ П \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) REALESTATE JAMES PERKINS <u>DEVELOPMENT</u> c. Employer's Name/Specific Field 807 N TRADE ST WINSTON-SALEM, NC 27101 SELF EMPLOYED e. Election Sum to Date 2,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check JFM001 08/23/2019 \$ 2,000.00 \$ П \$ ☐ Add ☐ Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) CORP EXECUTIVE ALAN PROCTOR c. Employer's Name/Specific Field 4225 HOLLY HILL LANE WINSOTN-SALEM, NC 27106 **WELLS FARGO** e. Dection Sum to Date 250.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check JFM001 08/23/2019 250.00 \$ \$ 

CRO-1210

4. Total only this Page

Pg 7 of 9 Yes No

1. Com	mittee Full Name	(and Fund if applicab	le)			2. 3	ID Number
	S FOR MAYOR					_	000-000000-0-000
3. Cont	ributor Informati	OB		Add 🔲 Re	emove		
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pi	rofession	d. (	Comments
	ide city, state, & z			RETIRED			
1	EW SCHINDLEI LUB PARK ROA			c. Employer's	Name/Specific Field	1	
WINS?	TON-SALEM, N	C 27106				L	
						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			09/03/2019		\$ 1,000.00
							\$
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	ributor Informati			Add 🔲 Re	move		
ı	iame, Mailing Add			b. Job Title/Pr	ofession	q (	Comments
	de city, state, & z	lp)		PRESIDENT			
JIM SH				c Employer's	Name/Specific Field	-	
I	RATFORD CT FON SALEM, NO	~ 27103		ACE ACAD	-	1	
MIMO	ON SALEWI, INC	27103		ACE ACAD	DIVI I	e. E	Dection Sum to Date
						\$	0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	<u>eription</u>	j. Date (mm/dd/yyyy)		k. Amount
	JFM001	In-Kind	PERSONAL C	OMPUTER	10/20/2019		\$ 512.50
							\$
							\$
3. Conti	ributor Informatio	on		Add 🔲 Re	move		
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/Pr	ofession	d. (	Comments
(Inclu	de city, state, & zi	íp)		RETIRED			
I	E STRAWSBURG			a Francisco	Name/Specific Field	-	
I	CKINGHAM RO			c. Employer's	Name/Specific Field	1	
MTW2T	CON-SALEM, NO	3 2/104-402/				e. F	Dection Sum to Date
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	ЉМ001	Check			07/10/2019		\$ 500.00
							\$
							\$
4. Tota	al only this Pa	ge				\$	2,012.50
	al of ALL CR	The second secon					07.110.50
		6 of Detailed Summary 1	Page CRO-1100)			\$	26,112.50

Pg 8 of 9 Amendment No

1. Com	mittee Full Name	(and Fund if applicable	le)			2.	ID Number	
JOINE	S FOR MAYOR						000-000000-0-000	
3. Cont	ributor Informati	on		Add 🔲	Remove			
a. Full N	iame, Mailing Add	dress & Phone		b. Job Title	/Profession	d. (	d. Comments	
-	ide city, state, & z	ip)		INVESTMENT ANALYST				
	UTTON JR IX 21528			c. Employer	r's Name/Specific Field	1		
1	ΓON-SALEM, N	C 27120		TEALE IN	NVESTMENTS	L		
						e. E	Dection Sum to Date	
						\$	2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
	JFM001	Check			07/14/2019		\$ 2,500.00	
							\$	
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	ributor Informati				Remove			
	lame, Mailing Add			b. Job Title	Profession	d. C	Comments	
<u> </u>	de city, state, & z	ip)		PRESIDEN	1T			
1	AS TEAGUE			c Employer	's Name/Specific Field	1		
1	X 24788 FON-SALEM, NO	C 27114_4788		SALEM L		1		
MTM2	ON-SALEM, IN	2/11/4-4/00		SALEMIL	EMSING	e. F	Election Sum to Date	
						\$	2,500.00	
f Prior	a Account Code	h. Form of Payment	i, In-Kind Desc	erintion	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
	JFM001	Check	I, In-Kind Desi	cription			<u> </u>	
	JF W1001				12/26/2019		\$ 2,500.00	
							\$	
							\$	
	ributor Informati				Remove	1	_	
	ame, Mailing Add			b. Job Title		d. C	Comments	
<u> </u>	de city, state, & z	1b)		TECHNOL				
1	OMLINSON	v.c		DEVELOP	'MENI 's Name/Specific Field	1		
1	IDGEWAY DRI FON-SALEM, N			SELF		1		
771107	1011-5/120M, 14	5 27040 0405		J D D I		e. F	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			07/10/2019		\$ 1,000.00	
							\$	
							\$	
4. Tot	al only this Pa	ge		"-th(		\$	6,000.00	
	-	O-1210 Pages	24-00-00-00-00-00-00-00-00-00-00-00-00-00			T #	06.110.60	
152151 151 1554		6 of Detailed Summary 1	Page CRO-1100)			\$	26,112.50	

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VU	шии				I V IUE 182	118

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Pg 9 of 9 Yes X No

1,250.00

26,112.50

\$

\$

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) ATTORNEY DONALD VAUGHAN c. Employer's Name/Specific Field 612 FRIENDLY AVENUE GREENSBORO, NC 27401 SELF EMPLOYED e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check JFM001 09/18/2019 \$ 250.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Witle/Profession d. Comments (include city, state, & zip) PRESIDENT **EDWIN WELCH** c. Employer's Name/Specific Field 2812 REYNOLDS DRIVE WINSTON SALEM, NC 27104 IL LONG CONSTRUCTION e. Election Sum to Date 1,000.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Check JFM001 07/14/2019 1,000.00 \$ \$ \$ 

Contributi	ions from Othe	r Political C	ommittees	Pg l of	1	Amendm Yes	ent No
	report contributions						
1. Committee F	ull Name (and Fund if	applicable)			2. I	D Number	11.1 (1) 1 11
JOINES FOR I	MAYOR					000-0000	00-0-000
3. Contributor l	Information		Add 🔲	Remove			
a. Full Name, M:	ailing Address & Phon	;	b. Type of Com	mittee	d. C	Comments	
(include city,	state, & zip)		Candidate	X PAC		_	
PIEDMONT S	TONE CENTER PAC		Referendum				
PO BOX 2586			c. Level Registe	ered (Specify)			
WINSTON-SA	LEM, NC 27114-586	66	☐ Federal	County:			
	,	-	■ State	Municipality:	e. E	lection Su	m to Date
					\$		1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Descri	ption	i. Date (mm/dd/y	ууу)	j. Amoun	t
JFM001	Check			12/26/2019		\$	1,000.00
						\$	
						\$	
4. Total only thi	s Page				\$		\$1,000.00
5. Total of ALL	CRO-1230 Pages				•		#1 000 00

NC State Board of Elections

(This line must be on line 8 of Detailed Summary Page CRO-1100)

CRO-1230

\$

\$1,000.00

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₽.	13	υu	1130	11116	111.5

				Am	enam	ent	
Pg	1_	of	3		Yes	X	No

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

1. Committee Fo	ill Name (and Fund	if applicable)				_		2. ID Nu	mber
JOINES FOR N	MAYOR							-000-0	00000-0-000
3. Type of Disbu	rsement (Please	use separate CRO	<u>)-1310</u>	forms for eac	h ty	pe of Disbu	rseme	nt.)	w see a least a
Operating Exp	enses Cont	ributions to Candida	tes/Polit	ical Committees		Coc	rdinat	ed Party E	xpenditures
4. Payee Inform				Add 🔲	Re	move		77	
a. Full Name, Ma	iiling Address & Ph	one		b. Coordinate	d C	ommittee Na	ame	d. Comm	ients
(include city, sta	te, & zip)								
	ARK TENNIS CLU	В		L					
W 20TH STREI				c. Level Regis	tere				
WINSTON SAL	LEM, NC 27105			☐ Federal ☐ State		County:		o Electiv	on Sum to Date
				State		IVILITATION	ансу.	e. Detti	ou sum to Date
								\$	200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
JFM001	Check	0		2/23/2019	\$	200.00	CON	MUNIT	Y SUPPORT
	-				\$				
4. Payee Informa	ation	<u> </u>		Add 🔲	Re	move			
	iling Address & Ph	one		b. Coordinate			ım e	d. Comm	ents
(include city, stat	_								
OCULAR ACU	MEN LLC								
315 N SPRUCE	STREET			c. Level Regis	te re				
WINSTON SAL	LEM, NC 27101			☐ Federal		County:		~	
				☐ State		Municip	ality:	e. Electio	on Sum to Date
								\$	375.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	emarks
JFM001	Check	Α	0.	8/24/2019	\$	375.00	WEE	BSITE D	ESIGN
					\$				
4. Payee Inform	ation			Add 🔲	Re	move			
	iling Address & Ph	one		b. Coordinate	đ C	ommittee Na	тте	d. Com m	ents
(include city, stat	te, & zip)								
NATASHA SM	ITH								
2891 WALNUT	VIEW COURT			c. Level Regis	tere				
WINSTON-SAI	LEM, NC 27103			Federal Control		County:		. El-asia	on Sum to Date
				State		☐ Municip	анту.	e. mecut	on Sum to Date
								\$	2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	emarks
JFM001	Check	E	0	9/03/2019	\$	1,000.00			
JFM001	Check	Е	1:	2/16/2019	\$	1,000.00			
5. Total only this	Page	大小力 在 60 <b>特</b> 国60				risi garan		\$	2,575.00
-	CRO-1310 Pages								
	line 13a of Detailed	Summarv Page CRO	-1100 H	Operating Expe	nses	e in die state 200 J		•	2 902 00
	line 13b of Detailed						omm)	\$	3,893.00
(This line goes in	line 13c of Detailed	Summary Page CRO	-1100 if	Coordinated Pa	rty E	xpenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)	Nell			K I JE I TO	
A* - Media	B* - Printis	MERCHANISM STORY OF THE PROPERTY OF	and the second	undraising		<b>D</b> - To	Anotl	her Cand	idate
E - Salaries	F* - Equipm	_	G - Po	litical Party		H* - He	olding	Public (	Office Expenses
I - Postage	J - Penaltie	es	K* - 0	Office Expense	S	Q* - D	onatio	on to Leg	al Expense Fund
O* Other		Testeral many							
* Codes require	e detailed explanation	on in required ren	narks f	neld (k)				To the last	

1	n.	10	L		rs	_		_	-	40	
	Ш	IS	n	Ш	rs	e	m	e	n	Tς	

				Authon	CBI	
Pg	2	of	3	☐ Yes	X	No

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

1. Committee F	ull Name (and Fund	if applicable)	JAN CO.	30. 5. 111 O. 15			2. ID No	ımber
JOINES FOR M	MAYOR						000-	000000-0-000
3. Type of Disbu	rsement (Please	use separate CRO	<i>7-1310</i>	forms for eac	h type of Disbu	rseme	nt.)	www.minuter.
Operating Exp	oenses Cont	ributions to Candida	tes/Polit	ical Committees	Co	ordinat	ed Party B	Expenditures
4. Payee Inform	ation			Add 🔲	Remove		_	
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Committee N	am e	d. Com	nents
(include city, sta	te, & zip)							
SWIFT WATE	R MEDIA							
108 S SPRUCE					tered (Specify)			
WINSTON SAI	LEM, NC 27101			☐ Federal	County			
				☐ State	iviumicų	anty:	e. Becti	on Sum to Date
							\$	450.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired R	emarks
JFM001	Check	A	0,	7/15/2019	\$ 450.00	VID	EO PRO	DUCTION
					\$			
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Committee N	am e	d. Com n	rents
(include city, sta	te, & zip)							
TRIAD SPORT	'S WEEKLY							
2305 ELBON D					tered (Specify)			
WINSTON SAI	LEM, NC 27105			Federal State	County  Municir		a Flastic	on Sum to Date
				Scarc	- Marier	anty.	e. Mectin	DO SUM TO DATE
							\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Code	I. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired R	emarks
JFM001	Check	0	12	2/09/2019	\$ 300.00	ADV	ERTISI	NG
					\$		_	
4. Payee Inform	ation			Add 🔲	Remove	<u> </u>		
	ailing Address & Ph	one			d Committee N	am e	d. Com n	nents
(include city, sta	_							
US POST OFFI	CE							
200 TOWN RU	N LANE				tered (Specify)			
WINSTON SAI	LEM, NC 27101			Federal	County:			
				State	Municip	auty:	e. Blectie	on Sum to Date
							\$	268.00
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired R	emarks
JFM001	Check	i		0/21/2019	\$ 268.00			
					\$			
E Total only this	n Dogo				Ψ		\$	1,018.00
5. Total only this							Φ	1,018.00
l	CRO-1310 Pages							
_	n line 13a of Detailed 3					·	\$	3,893.00
l ' ~	n line 13b of Detailed S n line 13c of Detailed S					vmm)		
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)				
A* - Media	B* - Printic			undraising	<b>D</b> - To	Anotl	her Cand	idate
E - Salaries	F* - Equipm	~		litical Party	H* - H	olding	Public (	Office Expenses
I - Postage	J - Penaltie	S	K* - C	Office Expense	s Q* - D	onatio	on to Leg	al Expense Fund
O* Other								
* Codes require	e detailed explanatio	n in required ren	aarks f	ielď (k)	man rate our Calaborations	-	AVICLE VILATERA	WIN THE PROPERTY OF THE PROPER

Dis	bursement	S
<b>D</b> 13	Daisement	

				Amendmo	ent	
Pg	3	of	3	Yes	X	No

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

	Full Name (and Fund			Sal Vice	= (///		Wall.	2. ID Nu	mber
JOINES FOR									00000-0-000
3. Type of Disb  Operating Ex		use separate CR		The second secon					xpenditures
4. Payee Inforn		, rout rought of Cum Cum		Add	and the same	move	Ordinat	ed Faity Ex	cpenarures
	ailing Address & Ph	one		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT	29/237	ommittee N	am e	d. Comm	ents
(include city, st	-								
VELA STRAT	EGIC MARKETING								
315 N SPRUC				c. Level Reg	gistere	d (Specify)			
WINSTON SA	LEM, NC 27101			Federal		☐ County	:		
				State		Munici	pality:	e. Dectio	n Sum to Date
								\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyy	y) j. /	Amount	k. Re	quired Re	marks
JFM001	Check	В	12	2/06/2019	\$	300.00	CAN	TPAIGN I	LITERATRUE
					\$	_			
5. Total only thi	is Page		SUN	1 (4 S T				\$	300.00
6. Total of ALL	CRO-1310 Pages						in a R		
(This line goes	in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO	-1100 if	Contrib to Ca	ndida	tes/Political C	,	\$	3,893.00
7. Purpose C	odes (List detailed	expenditure code	in (b.) :	above)					
A* - Media	B* - Printin	g	C* - F	undraising		<b>D</b> - To	Anotl	ner Candio	date
E - Salaries	F* - Equipar			litical Party			_	•	ffice Expenses
I - Postage	J - Penaltie	S	K* - C	ffice Expen	ses	Q* - D	onatio	n to Lega	l Expense Fund
O* Other		, , ,							
	e detailed explanatio				1557 mill		is diversity) i		
CRO-1310		NC S	state Boa	rd of Election	15				December 2009

1. Committee Fu					med to the contrib	2. ID Nur	nher
JOINES FOR M						000-0000	
3. Payee Informs	ition			Add □ Re	emove		
a. Full Name, Ma	iling Add	iress & Phone		d. Type of Comr	nittee	g. Comme	ots
(include city, s	tate, & zi	ip)		Candidate	PAC		
JIM SHAW				Referendum	☐ Party		
163 STRATFO	RD CT			e. Level Registe	red (Specify)	h. O rigina	al Receipt Date
WINSTON SALEM, NC 27103			☐ Federal☐ State	County:  Municipality:	10/20/2019		
						i. Origina	l Receipt Amount
						\$	512.50
o. Job Title/Profe	ssion	c. Employer's	Name/Specific Field	f. Purpose Code		j. Election	Sum to Date
PRESIDENT		ACE ACADEM	Ϋ́Υ	P		\$	0.00
c. Account Code	l. Form	of Payment	m. Required Remai	ks	n. Date (mm/dd/y)	yy) o. Am	оилт
FM001	Check		PERSONAL COMPUT	TER	10/23/2019	\$	512.50
I. Total only this	Page				ı	\$	512.50
5. Total of ALL (	CRO-132	20 Pages				S	512.50

\* Codes require detailed explanation in required remarks field (m)

CRO-1320

NC State Board of Elections

July 2007

N - Exceeded Contibution Limit

M - Overpayment for Service

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor

P\* - Reimbursement of In-Kine O\* Other

					Amendm	ent
In-Kind Contributions	Pg	<u>l</u>	of	1	☐ Yes	No No
Use this form to report non-monetary contributions, donation	ns, goods or sen	vices pro	vided to	the con	nmittee or f	fund.
Use CRO-1215 if In-Kind Contributions were or will be	refunded within	17 days				
1. Committee Full Name (and Fund if applicable)				2. ID N	Number	
JOINES FOR MAYOR				000-0	00000-0-0	000
3. Contributor Information	Add 🔲 Rei	move				
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor		c. Com	ments	_
(include city, state, & zip)	M Individual					
JIM SHAW	☐ Candidate					
163 STRATFORD CT	☐ Party					
WINSTON SALEM, NC 27103	□ PAC					
WINSTON SALEM, NC 27103	Referendum	ı		d. Dec	tion Sum (	o Date
	Other Recei	int Source	ė			
		,	_	\$		0.00
e. Description		f. Date	(mm/dá	l/yyyy)	g. Fair M	arket Amount
PERSONAL COMPUTER		10	/20/20	19	\$	512.50
					\$	
					\$	
4. Total only this Page				\$		512.50
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CR	0-1100)			s		512.50

CRO-1510

NC State Board of Elections

December 2007