

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

JOINES FOR MAYOR

c. ID Number

000-000000-0-000

b. Mailing Address (include City, State and Zip Code)

PO BOX 20397
WINSTON-SALEM, NC 27102

d. Date Filed

01/06/2020

e. Phone Number

2. Report Year

2019

3. Period Start Date (mm/dd/yy)

07/01/2019

4. Period End Date (mm/dd/yy)

12/31/2019

5. Treasurer Full Name

WILLIAM ROSE

6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party
☐ Joint Fundraiser ☐ PAC
☐ Referendum ☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund
☐ Other:

8. Number of Fundraisers this Report

2

9. Type of Report (check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☒ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

3. Account Information

a. Financial Institution Full Name

FNB

b. Purpose

TO PAY COMMITTEE
EXPENSES

c. Account Code

JFM001

d. Period Begin Balance

\$ 65,709.54

3. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

William Rose

Printed Name of Signer

William Rose

Signature of Appointed Treasurer

1/10/20
01/06/2020

Date

FOR OFFICE USE ONLY

Date Received:

1/10/20

Employee:

[Signature]

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Date Postmarked:

Date Scanned:

Date Data Entered:

Employee:

Employee:

Employee:

☐ Signer has not received
mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

Detailed Summary

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
JOINES FOR MAYOR	2019 Year End Semi-Annual	000-000000-0-000
Start of Election Cycle: January 1, 2019	Total this Reporting Period	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	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 1,000.00	\$ 1,000.00
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
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 27,112.50	\$ 68,912.50
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 3,893.00	\$ 3,893.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 12.00
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) 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, 15, 16 and 17)	\$ 4,918.00	\$ 4,930.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 87,904.04	\$ 87,904.04
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SCOTT BAUER 965 BRYANSPLACE WINSTON-SALEM, NC 27104				BANKING CONSULTANT			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						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	
<input type="checkbox"/>	JFM001	Check		09/10/2019		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GRAHAM BENNETT PO BOX 2736 WINSTON-SALEM, NC 27102-2736				CORPORATE EXEC			
				c. Employer's Name/Specific Field			
				QUALITY OIL			
						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	
<input type="checkbox"/>	JFM001	Check		07/10/2019		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LEE CHADEN 2815 BARTRAM ROAD WINSTON-SALEM, NC 27106				RETIRED			
				c. Employer's Name/Specific Field			
						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	
<input type="checkbox"/>	JFM001	Check		09/03/2019		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 26,112.50	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JAMES CHENEY CLAUSON ROAD RICHMOND, VA 23173		REAL ESTATE DEVELOPMENT			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED		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
<input type="checkbox"/>	JFM001	Check		12/26/2019	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
GEORGE CLELAND ONE SALEM TOWER 119 BROOKSTOWN WINSTON-SALEM, NC 27101		ATTORNEY			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED		e. Election Sum to Date	
				\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		07/14/2019	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DOUG COPELAND 2310 LAFAYETTE AVENUE GREENSBORO, NC 27408		MEDIA			
		c. Employer's Name/Specific Field			
		SELF-EMPLOYED		e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		07/10/2019	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 26,112.50

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PETER DONALDSON 5730 MEADOW LANE PFAFFTOWN, NC 27040				RETIRED			
				c. Employer's Name/Specific Field			
				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	
<input type="checkbox"/>	JFM001	Check		12/26/2019		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DALE DRISCOLL 1084 W FOURTH STREET WINSTON SALEM, NC 27101				INVESTMENTS			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
				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	
<input type="checkbox"/>	JFM001	Check		11/01/2019		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GERALD EVANS JR 4401 BENT TREE FARM RD WINSTON-SALEM, NC 27106-4265				CEO			
				c. Employer's Name/Specific Field			
				HANES APPAREL			
				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	
<input type="checkbox"/>	JFM001	Check		07/14/2019		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,100.00	
5. Total of ALL CRO-1210 Pages						\$ 26,112.50	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KELLY MANN 509 WESTOVER AVE WINSTON-SALEM, NC 27104-2113				ATTORNEY			
				c. Employer's Name/Specific Field			
				WOMBLE BOND DICKINSON			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/10/2019		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN MCCONNELL 140 PLYMOUTH AVE WINSTON-SALEM, NC 27104				PHYSICIAN			
				c. Employer's Name/Specific Field			
				WAKE FOREST BATIST HEALTH			
						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	
<input type="checkbox"/>	JFM001	Check		07/10/2019		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMES MONROE 1101 GLOUSMAN ROAD WINSTON-SALEM, NC 27104				RETIRED			
				c. Employer's Name/Specific Field			
						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	
<input type="checkbox"/>	JFM001	Check		09/10/2019		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 26,112.50	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID MOUNTS 3910 WHITE HAWK LANE WINSTON-SALEM, NC 27106			CEO			
			c. Employer's Name/Specific Field			
			ANALYTIC COMPANY			
					e. Election Sum to Date	
					\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JFM001	Check		07/14/2019	\$ 2,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES PERKINS 807 N TRADE ST WINSTON-SALEM, NC 27101			REALESTATE DEVELOPMENT			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	JFM001	Check		08/23/2019	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ALAN PROCTOR 4225 HOLLY HILL LANE WINSOTN-SALEM, NC 27106			CORP EXECUTIVE			
			c. Employer's Name/Specific Field			
			WELLS FARGO			
					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	
<input type="checkbox"/>	JFM001	Check		08/23/2019	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 4,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 26,112.50	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANDREW SCHINDLER 2575 CLUB PARK ROAD WINSTON-SALEM, NC 27106				RETIRED			
				c. Employer's Name/Specific Field			
				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	
<input type="checkbox"/>	JFM001	Check		09/03/2019		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JIM SHAW 163 STRATFORD CT WINSTON SALEM, NC 27103				PRESIDENT			
				c. Employer's Name/Specific Field			
				ACE ACADEMY			
				e. Election Sum to Date			
						\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	In-Kind	PERSONAL COMPUTER	10/20/2019		\$ 512.50	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
STEVE STRAWSBURG 364 BUCKINGHAM ROAD WINSTON-SALEM, NC 27104-4027				RETIRED			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/10/2019		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,012.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 26,112.50	

Contributions from Individuals

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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BEN SUTTON JR PO BOX 21528 WINSTON-SALEM, NC 27120				INVESTMENT ANALYST			
				c. Employer's Name/Specific Field			
				TEALE INVESTMENTS			
						e. Election Sum to Date	
						\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/14/2019		\$ 2,500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
THOMAS TEAGUE PO BOX 24788 WINSTON-SALEM, NC 27114-4788				PRESIDENT			
				c. Employer's Name/Specific Field			
				SALEM LEASING			
						e. Election Sum to Date	
						\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		12/26/2019		\$ 2,500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ERIC TOMLINSON 3811 RIDGEWAY DRIVE WINSTON-SALEM, NC 27040-8465				TECHNOLOGY DEVELOPMENT			
				c. Employer's Name/Specific Field			
				SELF			
						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	
<input type="checkbox"/>	JFM001	Check		07/10/2019		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 6,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 26,112.50	

Contributions from Individuals

Pg 9 of 9

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONALD VAUGHAN 612 FRIENDLY AVENUE GREENSBORO, NC 27401			ATTORNEY			
			c. Employer's Name/Specific Field			
			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	
<input type="checkbox"/>	JFM001	Check		09/18/2019	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EDWIN WELCH 2812 REYNOLDS DRIVE WINSTON SALEM, NC 27104			PRESIDENT			
			c. Employer's Name/Specific Field			
			IL LONG CONSTRUCTION		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	
<input type="checkbox"/>	JFM001	Check		07/14/2019	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 26,112.50	

Contributions from Other Political Committees Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
JOINES FOR MAYOR			000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
PIEDMONT STONE CENTER PAC PO BOX 25866 WINSTON-SALEM, NC 27114-5866		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date
				\$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
JFM001	Check		12/26/2019	\$ 1,000.00
				\$
				\$
4. Total only this Page				\$ 1,000.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 1,000.00

CRO-1230

NC State Board of Elections

April 2007

Disbursements

Amendment
Pg 1 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) KIMBERLY PARK TENNIS CLUB W 20TH STREET WINSTON SALEM, NC 27105				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 200.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 12/23/2019	j. Amount \$ 200.00	k. Required Remarks COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) OCULAR ACUMEN LLC 315 N SPRUCE STREET WINSTON SALEM, NC 27101				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 375.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 08/24/2019	j. Amount \$ 375.00	k. Required Remarks WEBSITE DESIGN		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) NATASHA SMITH 2891 WALNUT VIEW COURT WINSTON-SALEM, NC 27103				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 2,000.00	
f. Account Code JFM001	g. Form of Payment Check	h. Purpose Code E	i. Date (mm/dd/yyyy) 09/03/2019	j. Amount \$ 1,000.00	k. Required Remarks		
JFM001	Check	E	12/16/2019	\$ 1,000.00			
5. Total only this Page						\$ 2,575.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 3,893.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 2 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JOINES FOR MAYOR						000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SWIFT WATER MEDIA 108 S SPRUCE STREET WINSTON SALEM, NC 27101							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 450.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	A	07/15/2019	\$ 450.00	VIDEO PRODUCTION		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TRIAD SPORTS WEEKLY 2305 ELBON DRIVE WINSTON SALEM, NC 27105							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	12/09/2019	\$ 300.00	ADVERTISING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
US POST OFFICE 200 TOWN RUN LANE WINSTON SALEM, NC 27101							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 268.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	I	10/21/2019	\$ 268.00			
				\$			
5. Total only this Page						\$ 1,018.00	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 3,893.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 3 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JOINES FOR MAYOR					000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) VELA STRATEGIC MARKETING 315 N SPRUCE STREET WINSTON SALEM, NC 27101				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date <div style="text-align: right;">\$ 300.00</div>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JFM001	Check	B	12/06/2019	\$ 300.00	CAMPAIGN LITERATRU	
				\$		
5. Total only this Page					\$ 300.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 3,893.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

CRO-1310

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)			2. ID Number	
JOINES FOR MAYOR			000-000000-0-000	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
JIM SHAW 163 STRATFORD CT WINSTON SALEM, NC 27103		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		h. Original Receipt Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		10/20/2019
				i. Original Receipt Amount
				\$ 512.50
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date
PRESIDENT	ACE ACADEMY	P		\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
JFM001	Check	PERSONAL COMPUTER	10/23/2019	\$ 512.50
4. Total only this Page				\$ 512.50
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 512.50
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kin O* Other * Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

Amendment
Pg 1 of 1 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
JOINES FOR MAYOR		000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments 	
JIM SHAW 163 STRATFORD CT WINSTON SALEM, NC 27103		d. Election Sum to Date <div style="text-align: right;">\$ 0.00</div>	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
PERSONAL COMPUTER	10/20/2019	\$ 512.50	
		\$	
		\$	
4. Total only this Page		\$ 512.50	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 512.50	