Disclosure I	Report Cover
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Amendment  $\boxtimes$ Yes  $\boxtimes$ 

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

1. Committee Informatio		· · · · · · · · · · · · · · · · · · ·	CONTROL SECTION AND ADDRESS OF THE PERSON AN	OT A COLUMN TO A DESCRIPTION OF A PROPERTY O	INSURGING VANCES AND COLUMN TO THE RESERVE OF THE PARTY O
a. Full Name	<b>n</b>				
Committee to Elect John I	Porrow Aldorimon				c. ID Number
Committee to Elect John F	Sarrow Aldertman				
b. Mailing Address (include Cit	y, State and Zip Code)			16	d. Date Filed
518 Bent Creek Trail			/	980/	
Kernersville, NC 27284				· en	9-28-2021
				DIL	e. Phone Number
					336-996-3636
			TE ADV		
2. Report Year 3. Per	riod Start Date (mm/	(dd/yy) 4. Period (mm/dd/yy	d End Date	5. Treasurer F	ull Name
2021	7/14/2021		/21/2021	John J. Barrow	
6. Type of Committee (Ch	neck One)	9. Type of Repo	rt (check o	inly one type of ren	ort from one category)
Candidate Campaign	Party	Municipal		County	Referendum
PAC [	Referendum	Organization		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five of	iay	Quarterly	Pre-referendum
Legal Expense Fund					·
7. Type of Fund (if ap)	olicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Ye		Semi-annual Mid Year	10. Special Report Name
Other,		Final		Year End	10. Special Report Name
8. Number of Fundraisers	this Report	Special	IH	Final	
or riamour of Lundrations	till Acport			Special	2
11. Account Information			11 Account	Information	
a. Financial Institution Full Nan	ne		THE RESIDENCE OF THE PARTY OF T	stitution Full Name	
First Citizens Bank	TOP 194 Bladwin Bylline of Discolar				- 45"
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	1				
			100		
	d. Period Begin Balanc				d. Period Begin Balance
	<b>\$</b> 130.00				\$
CERTIFICATION					
	or Fund is in compl	iance with all annli	cable provisions	of Article 22 A 2	2B, & 22D-22M of Chapter 163 of
the NC General Statutes an	d that no funds are co	ommingled with pro	ohibited or other	non-disclosed fun	ds. I further certify that this report
is complete, true and correct	ct and that I have bee	n trained by the NC	State Board of	Elections.	
John J. Barrow			1		9/28/2021
	ted Name of Signer		Signature of Appoi	rted Treasurer	Date
FOR OFFICE USE ONLY		X			Delivery Method
Date Received:		Employee			Delivery Method  Normal Mail
D. D. J. J. J.		r .			Registered Mail
Date Postmarked:		Employee			☐ Hand Delivered
		Employee			☐ Electronically Filed ☐ Signer has not received
Date Scanned:			Carried High Land Co. Co.		I Signer has not received
Date Scanned:					
Date Scanned:  Date Data Entered:		Employee	:		mandatory training

custodian of books information, or account information.

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

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

Amendment  $\boxtimes$ No

1. Committee Full Name (and Fund if applicable) 2.	Type of Report		3. ID Number
	5 Day nd 9-21-2021		
Start of Election Cycle: January 1,	2021	Total this	Total this
4) Cash on Hand at Start	2021	Reporting Perio	
RECEIPTS		\$ 130.00	\$ 130.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 2500.00	\$ 2500.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		Manka de bale t	
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	ld and 11e)	\$ 2500.00	\$ 2500.00
EXPENDITURES			
13) Disbursements	account on annual control		
13a) Operating Expenditures	(CRO-1310)	\$ 2151.74	\$ 2151.74
13b) Contributions to Candidates/Political Committee	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 2151.74	\$ 2151.74
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	t line 18)	\$ 478.26	\$ 478.26
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0

		m Individuals	over \$50	Pg 0 or contributions unde	_1 of		Amendment Ves	No No
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Num		
Committ	ee to Elkect John	Barrow Alderman					1	
3. Contr	ibutor Informati	on		Add Ren	nove			and the second
100	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
John J. E	e city, state, & zip) Barrow			Attorney				
	t Creek Trail			c. Employer's Name/Sp	ecific Field			
Kernersy	ville, NC 27284			Law Offices of John	n Barrow PA	n		
						e. Election St	A CONTRACTOR OF THE PARTY OF TH	
336-996-			_			\$	2500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy		k. Amount	
	1	check			8/13/20	)21`	\$	1000.00
$\boxtimes$	1	check			9/3/20	021	\$	1500.00
							\$	
3. Contr	ibutor Informatio	on		Add Ren	iove			
	ne, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments		
				c. Employer's Name/Spo	ecific Field	e. Election Su	nm to Date	
	Parameter and a second	To a supplied to the supplied				\$	ME MOST AND THE STATE OF THE ST	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
	ibutor Informatio				nove			
	ne, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments		
(include	tity, state, & Zip)			-				
				c. Employer's Name/Spo	ecific Field			
						e. Election St	ım to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	(yy)	k. Amount	
							\$	
							\$	
							\$	
4. Tota	l only this Pag	e				\$		2500.00

5. Total of ALL CRO-1210 Pages

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

2500.00

\$

## **Disbursements**

Pg

of <u>2</u>

Amendment 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. 1D Number							
	lect John Barrow Al	derman			1		
3. Type of Disb	- Automorphic -	ise use separate (	RO-1310 forms for each t	ype of Disbursen	nent.)		
Operating E			ndidates/Political Committees		pordinated Party Expenditures		
4. Payee Inform		$\boxtimes$	Add	Remove			
a. Full Name, Maili (include city, state, Signs on the Ch 2950 S. Delawa	eap		b. Coordinated Committee N  c. Level Registered (Specify)	ame	d. Comments		
201	ar outer, outer		Federal	County:			
San Mateo, CA	94403		State	Municipality:	e. Election Sum to Date		
USA 1-877-710-1876					\$ 1303.14		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DC	B*	8/24/2021	\$651.57	yard signs		
1	DC	B*	9/16/2021	\$651.57	yard signs		
4. Payee Inform	ation	×	Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state, Daley Professio Solutions			c. Level Registered (Specify)				
211 Cardinal Dr	rive		Federal	County:			
Montgomery, N	Y 12549		State 🖂	Municipality:	e. Election Sum to Date		
1-866-460-0995					\$ 44.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DC	K*	8/25/2021	\$44.00	web site		
				\$			
4. Payee Inform	ation		Add	Remove			
(include city, state,	ng Address & Phone & zip)		b. Coordinated Committee Na	ame	d. Comments		
VistaPrint NA 95 Hayden Ave.			c. Level Registered (Specify)				
Lexington, MA			Federal State	County: Municipality:	e. Election Sum to Date		
866-614-8002				, and a party	\$ 654.60		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DC	B*	9/16/2021	\$157.52	cards		
1	DC	B*	9/17/2021	\$497.08	brochures		
5. Total only thi	is Page				\$ 2001.74		
6. Total of ALL (This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 2151.74		
The second secon	es (List detailed ex			D. T. A. d	on Condidate		
A* - Media E - Salaries I - Postage O* - Other  * Codes requir	B* - Printing F* - Equipment J - Penalties  e detailed explanat	K* - Offi	cal Party ce Expenses	H* - Holdin	ner Candidate g Public Office Expenses on to Legal Expense Fund		
The state of the s	The state of the s	Accomplished to be a second	Control of the Contro				

**Disbursements** 

Amendment Yes

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

	Full Name (and Fun				2. ID Number
CHARLESTON CONTRACTOR OF THE PARTY OF THE PA	Elect John Barrow A				1
3. Type of Disl			CRO-1310 forms for each i		
Operating			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			b. Coordinated Committee N	Remove	
(include city, state First Citizens I 134 South Ma	Bank		c. Level Registered (Specify)	ame	d. Comments
Kernersville, N			Federal County: State Municipality:		e. Election Sum to Date
336-996-1463					\$ 5.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	draft	K*	8/31/2021	\$5.00	paper statement fee
				\$	
4. Payee Inform	nation		Add $\square$	Remove	
	ling Address & Phone	<b>Marie Con</b>	b, Coordinated Committee N		d. Comments
Kernersville Cl	, & zip)		c. Level Registered (Specify)		
136 East Moun	tain Street		Federal	County:	1
Kernersville, N			State 🖂	Municipality:	e. Election Sum to Date
336-993-4521				1 1	\$ 145.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DC	O*	9/7/2021	\$145.00	Spring Folly space
				\$	
4. Payee Inform	nation		Add	Remove	在某类中心 医静产剂 法实际的证法
The second of the second of the second	ing Address & Phone		b. Coordinated Committee No		d. Comments
		c. Level Registered (Specify)  Federal County:			
			State Municipality:		e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	is Page				\$ 150.00
(This line goes in (This line goes in	Action to the Control of the Control	nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 2151.74
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties  re detailed explanat	C* - Fune G - Politic K* - Offic	draising cal Party ce Expenses		er Candidate 3 Public Office Expenses In to Legal Expense Fund