Disclosure Re	eport Cover						Amendment
Use this form for ge	eneral report and committee	information	ı, must be	signed and	l submitted :	along with o	Yes X No
Do not use this form	n to update information						and deutiful forms.
1. Committee Info	rmation						
a. Full Name							c. ID Number
Join Johnson f							1
b. Mailing Address (inc	lude City, State and Zip Code)						d. Date Filed
2709 Old Gree Winston-Salen							3/11/2022
Williston-Salen	i, N.C. 27 101						e. Phone Number
2 D		4	Dowland	End Date			980 216 4850
2. Report Year	3. Period Start Date (mm/	UUU VVI	nm/dd/yy)	End Date	5. Tre	easurer Full	Name
2022	1/1/2022		4/30/202	22	Wille	ette A. Nas	h
6. Type of Commit		9. Type or	f Report	(check	k only one ty	pe of report	from one category)
Candidate Campa		Municipal		Sta	te/County		Referendum
PAC Independent	Referendum		ganizational		Organizati	ional	○ Organizational
Expenditure Legal Expense Fu	Joint Fundraiser	Thi	rty-five day	7	Quarterly		Pre-referendum
7. Type of Fund	(if applicable, check one)	☐ Pre-	-primary	X	First		Final
"Booster Fund"		Pre-	-election		Seco	nd	Supplemental Final
Building Fund		Pre-	-runoff		Thire		Annual
		Sem	ni-annual		Four	th	Special
		닏	Mid Year		Semi-annu	al	
Other:		님	Year End		Mid		10. Special Report Name
8. Number of Funda	raisars this Papart	Fina			Year	End	
0	aisers this Report	Spec	ciai		Final Special		
11. Account Inform				11. Accoun	nt Informat	tion	
a. Financial Institution F					Institution Ful		8 0-
Mechanics and							1 40
b. Purpose	c. Account Code			b. Purpose			c. Account Code
Campaign fundi	ing JJFD1						
	d. Period Begin Balance	}					d. Period Begin Balance
	\$ \$100.00						S 11 Same
CERTIFICATION							protes.
I certify that the Com	mittee or Fund is in complia	ance with all	applicab	le provision	as of Article	22A 22B A	22D-22M of Chapter 163 of
the Tre Ocheral Statu	ies and mai no lunds are co	mmingled w	71th nrohit	bited or othe	er non-discl	aced finds I	further certify that this report
is complete, true and Willette	contect and mat I have been	trained by the	he NC St	ate Board of	f Elections	1/	05/09/2022
vvinette /			Wi	exem	10116	WW_	00/03/2022
FOR OFFICE USE OF	Printed Name of Signer		Sign	nature of Appo	ointed Treasure	er:	Date
Date Received:		Emr	oloyee:			D	elivery Method
Date Postmarked		Î					Normal Mail Registered Mail
Date Scanned:			oloyee:	-		Ë	Hand Delivered Electronically Filed
	=	Emp	oloyee:	-			Signer has not received
Date Data Entere	d:	Emp	oloyee:	· -			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
Use this form to summarize all disclosure reporting forms and to total monetary information.

Amen	dment		
	Yes	X	No

	ype of Repor		3. ID Number
Join Johnson for District 1 1s	t Quarter Pl	lus	1
Start of Election Cycle: January 1,	2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 100.00	\$ 100.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 450.00	\$ 450.00
6) Contributions from Individuals	(CRO-1210)	\$ 600.00	\$ 600.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
(0) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
1) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d a	nd IIe)	\$ 1050.00	\$ 1050.00
XPENDITURES			1000.00
3) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 744.40	\$ 744.40
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 400.00	\$ 400.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
7) In-Kind Contributions	(CRO-1510)	\$	\$
B) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	117)	\$ 1144.40	\$ 1144.40
2) Cash on Hand at End (Add lines 4 and 12 together, then subtract line	18)	\$ 5.60	\$ 5.60
DDITIONAL INFORMATION			
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
Debts and Obligations owed By the Committee	(CRO-1610)	\$	
Debts and Obligations owed To the Committee	(CRO-1620)	\$	
Account Transfers Within the Committee	(CRO-1720)	\$	
Administrative Support	(CRO-1710)	\$	\$
) Forgiven Loans	(CRO-1440)	\$	\$
) 48-Hour Notice Reports Sum			
) 40-Hour Nouce Reports Sum	(CRO-2220)	\$	\$

Aggregated Contributions from Individuals

Page

Amendment

tenument	
Ves	Б

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund	l if applicable)			2. IE	Number
Join Johnson for Distric	t 1				1
3. Contributor Information				100	- , -
a. Amend b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy	yy)	f. Amount
Add Remove	Electronic		04/20/	2022	\$ 25.00
Remove WFD1	Electronic		04/21/	2022	\$ 50.00
Add Remove JFD1	Electronic		04/22/	2022	\$ 50.00
Add DFD1	Electronic		04/23/	2022	\$ 50.00
Add DJFD1	Electronic		04/25/	2022	\$ 50.00
Add Remove JJFD7	Electronic		04/26/2	2022	\$ 50.00
Add Nemove NFD1	Electronic		04/30/2	2022	\$ 50.00
Add NEmove NFD1	Electronic		05/03/2	2022	\$ 50.00
Add JJFD2	Electronic		05/04/2	2022	\$ 50.00
☐ Add ☐ ☐ Remove ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Electronic		05/06/2	022	\$ 25.00
Add Remove					\$
Add Remove					\$
Add Remove					\$
Add Remove					\$
Add					\$
Remove Add Remove					\$
Add Remove					\$
Add					\$
Add					
Remove Add					\$
Remove Add					\$
Remove Add					\$
Remove					\$
I. Total only this Page				\$ 4	50.00
5. Total of ALL CRO-1205 Pag (This line must be on line 5 of Detailed Summ				\$ 45	50.00

Disburser	nents				Da	1 .	2	Amendment
Use this form	to report expenditure	es from the comm	ittee fo	r; operating ex	Pg openses	of 1 of 2	o candid	Yes X
continuecs an	d coordinated party	expenditures.		, ,	-T	, commons	o candid	nc/political
1. Committee	Full Name (and Fu	ind if applicable)).					2. ID Number
Join J	ohnson for Distric							
3. Type of Dis		ease use separate	CRO-	1310 forms for	r each	type of Disburs	ement.)	
4. Payee Infor		Contributions to C			ittees		Coordinate	d Party Expenditures
			Ad			Remove		
13	iling Address & Phone		b. C	Coordinated Com	mittee N	Vame	d. Co	mments
(include city, stat	e, & zip)		_	Join Johns	on for	District 1	F	Printing yard signs
37.4 5.4			0.7	ovel Docister 1	D			many jara digno
Vista Prir	nt		C. L	evel Registered (C- 1		
				State		County:	771	
				State		Municipality:	e. Ele	ction Sum to Date
							\$ 27	2.77
f. Account Code	g. Form of Payment	h. Purpose Code	i.	. Date (mm/dd/yy	/yy)	j. Amount	k. Rec	juired Remarks
LIEDI	Debit card	B*		03/29/2022		\$272.77		Printing
00177			_			φ212.11		- Interior
	1					\$		
4. Payee Inform	mation		Add			n		
	ling Address & Phone		-	oordinated Comr	nittee N	Remove	1.0	
(include city, state				orumated Com	mittee 14	ante	d. Con	nments
	,		Jo	oin Johnson	for Dis	strict 1	Pr	inting flyers
Goin Posta	l		c. Le	vel Registered (S	pecify)		-	mang nyoro
				Federal	X	County:		
				State	\Box	Municipality:	e. Elec	tion Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	D. ((22)			\$ 14	15.35
11501			L.	Date (mm/dd/yy	yy)	j. Amount	k. Req	uired Remarks
NHDI	Debit card	B*	_ 4	4/30/2022		\$75.56	Prir	nting flyers
IIFD7	Debit card	B*				_{\$} 69.79	Deli	
2101			;	5/3/2022		\$03.73	Prii	nting flyers
4. Payee Inform			Add			Remove		
	ing Address & Phone		b. Co	ordinated Comm	ittee Na	me	d. Com	ments
include city, state,	& zip)			lain labus	<i>-</i>			
Goin Postal				loin Johnson		ISTRICT 1	Pri	nting flyers
Goin Fostal			c. Lev	el Registered (Sp		~	-	
				Federal State	x	County:	-	
				State		Municipality:		ion Sum to Date
							\$ 75.	56
. Account Code	g. Form of Payment	h. Purpose Code	i. I	Date (mm/dd/yyy	y)	j. Amount	k. Regu	ired Remarks
MILL	Debit card	B*						
NIDI		В	,	5/7/2022		\$75.56	Prir	nting flyers
						\$		
5. Total only thi	n Dago					Ψ.		
	CRO-1310 Pages		_				\$ 493	1.68
(This line goes in	line 13a of Detailed Sum	mary Pago CRO_1100	l if Ana-	ating Evasue 1				
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100) if Cont	uung Expenses) rih to Candidatoo	/Politia-	(Comm)	\$ 114	4.40
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coon	dinated Party Fy	z vuuca renditur	comm)		
. Purpose Code	es (List detailed exp	enditure code in ((h.) abo	ove)	usture	-oj		
* - Media	B* - Printing	C* - Fund				D - To Anoth	er Candide	ate
E - Salaries - Postage	F* - Equipment	G - Politica	al Party			H* - Holding	Public O	ffice Expenses
- rostage D* - Other	J - Penalties	K* - Offic	e Expe	ises		Q* - Donatio	n to Lega	l Expense Fund

* Codes require detailed explanation in required remarks field (k)

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. L. Committee Full Name (and Fund if applicable) Join Johnson for District 1 3. Type of Disbursement (Flease use senarate CRO-310 forms for each type of Disbursement.) Operating Expenses Constitutions to Conditates Political Committees Constitutions of Conditates Political Committees Conditates	Disburser	nents				ъ.	2		Amendment
Committee Full Name (and Fund if applicable) 2. ID Number Join Johnson for District 1 3. Type of Disbursement General Expresses Contributions to Candidact-Political Committees Coordinated Party Expenditures Add Remove A. Payce Information Add Remove Coordinated Committee Name A. Comments Join Johnson for District 1 Printing Printing Federal County: State Municipality: C. Election Sun to Date State Municipality C. Election Sun to Date C. Level Registered (Specify) Federal County: State Printing flyers Printing flyers A. Payce Information Add Remove Printing flyers C. Level Registered (Specify) Federal County: State Printing flyers State Printing flyers C. Level Registered (Specify) Federal County: State Printing flyers State Printing flyer	Use this form	to report expenditure	es from the commi	ittee	for: operating expe	Pg	of <u>Z</u>	. <u>3</u>	Yes X
Join Johnson for District 1 3. Type of Disbursement Coperating Expenses Contributions to Candidates Prolitical Committies Coordinated Party Exposition to Candidates Prolitical Committies Coordinated Party Exposition to Candidates Coordinated Committees Coordinated Party Exposition to Coordinated Committees Coordinated Coordinated Committees Coordinated Coordinated Committees Coordinated Coor	committees an	d coordinated party	expenditures.		, operanag onpo	11502	s, contributions i	o candida	ue/ponticai
3. Type of Disbursement Operating Expenses	1. Committee	Full Name (and Fu	and if applicable)			2,			2. ID Number
A Payee Information									T. I.B. Mander
A Payee Information			ease use separate	CR	O-1310 forms for ea	ach	type of Disburs	ement.)	
A. Palve information Office Depot Add		Expenses	Contributions to C	andi	dates/Political Committe	es			Party Expenditures
Join Johnson for District 1 Printing							Remove		
Office Depot Carel Registered (Specify) Federal County: State					b. Coordinated Commit	tee l	Vame	d. Cor	nments
Conflice Depot C. Level Registered (Specify)	(include city, stat	e, & zip)			Join Johnson	for	District 1		
State County: State State County: State State County: State Stat	Office De							Pi	intina
State	Office De	hor		1					
E. Account Code E. Form of Payment E. Purpose Code E. Account Code E. Form of Payment E. Purpose Code E. Account Code E. Form of Payment E. Purpose Code E. Date (mm/dd/yyyy) E. Amount E. Required Remarks Frinting flyers E. County:					= '	LXI	-		
Account Code g. Form of Payment h. Purpose Code j. Date (mm/dd/yyyy) j. Amount k. Required Remarks				-	State		Municipality:	e. Elec	tion Sum to Date
Debit card B* 3/25/2022 \$ 59.92 Printing flyers				1				\$	160.04
Debit card B* 3/25/2022 \$ 59.92 Printing flyers A Payce Information	f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/vvvv))	i. Amount	k Pen	nirod Damayla
Debit card B* 4/9/2022 \$ 100.12 Printing flyers	11Fn1	Debit card	D*					K. Keq	uneu Remaiks
A Payee Information	00101		Б		3/25/2022		\$ 59.92	Pr	inting flyers
4. Payee Information Add Remove Add Comments Join Johnson for District 1 County: Federal County: State Municipality: Federal Specify Printing flyers Account Code Form of Payment Add Remove Add Add	11EDT	Debit card	B*		4/0/2022		0.400.40		
a. Fall Name, Mailing Address & Phone (include city, state, & zip) Office Depot Depot De	101 101				4/3/2022		\$ 100.12	Pr	inting flyers
Doin Johnson for District 1 Printing flyers				-					
Office Depot C. Level Registered (Specify)				b	. Coordinated Committ	ee N	ame	d. Com	ments
C. Level Registered (Specify) Federal X County: State Municipality: E. Election Sum to Date	(include city, state	, & zip)		4	Join Johnson for	Die	etrict 1		
C. Level Registered (Specify) G. Election Sum to Date	Office Den	oot		-			SHICE I	Prin	iting flyers
State	Office Dep	,Ot		C.	7	_			0 ,
S 90.68 LAccount Code g. Form of Payment h. Purpose Code L. Date (mm/dd/yyyy) j. Amount k. Required Remarks Debit card B* 4/23/2022 \$ 90.68 Printing flyers L. Payee Information Add Remove L. Pull Name, Mailing Address & Phone include city, state, & zip) L. Full Name, Mailing Address & Phone include city, state, & zip) L. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date S. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks S. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks L. Total only this Page Total of ALL CRO-1310 Pages This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) This line goes in line 13b of Detailed Summary Page CRO-1100 if Condinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B*- Printing C*- Fundraising D-To Another Candidate H*- Holding Public Office Expenses K*- Office Expenses L. Date (mm/dd/yyyy) j. Amount k. Required Remarks Salaries F*- Equipment G-Political Party H-Pontage D-To Another Candidate H*- Holding Public Office Expenses				-	= =	즥	-		
Debit card B* L Date (mm/dd/yyyy) j. Amount k. Required Remarks				-	State		Municipality:		
Debit card B* 4/23/2022 \$ 90.68 Printing flyers Pare Information								\$ 90	.68
Debit card B* 4/23/2022 \$ 90.68 Printing flyers Payee Information	f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		i. Amount	k. Regr	ired Remarks
Printing flyers S	11ED7	Debit card	D*				-	10000	AL VILLEGIAND
Add Remove Full Name, Mailing Address & Phone include city, state, & zip)	MINT	Dobit odia	В		4/23/2022		\$ 90.68	Pr	inting flyers
Add Remove Full Name, Mailing Address & Phone include city, state, & zip)							e		
b. Coordinated Committee Name State County: State County: State Municipality: E. Election Sum to Date	A Dames Info	40					\$		
c. Level Registered (Specify) Federal				1				The same	
c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ Total only this Page Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B* - Printing C* - Fundraising D - To Another Candidate - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses K* - Office Expenses				b.	Coordinated Committe	e Na	me	d. Com	nents
Federal County: State Municipality: e. Election Sum to Date	include city, state,	& zip)		1					
Federal County: State Municipality: e. Election Sum to Date					Land Desire 1 Age 1			-	
State Municipality: e. Election Sum to Date \$ Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ Total only this Page \$ Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes * Media B* - Printing C* - Fundraising D - To Another Candidate * Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses				-	1	ty)	<u> </u>	-	
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks S Total only this Page Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) * Media B* - Printing C* - Fundraising D - To Another Candidate - Salaries F* - Equipment G - Political Party - Postage J - Penalties K* - Office Expenses				ᅡ	; =	_	•	771 .4	
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ Total only this Page Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes List detailed expenditure code in (h.) above) *- Media B* - Printing C* - Fundraising - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses Office Expenses Office Expenses				-	I State	1	Municipanty:	e. Electi	on Sum to Date
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Total only this Page Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B*- Printing C*- Fundraising D- To Another Candidate F*- Equipment G- Political Party H*- Holding Public Office Expenses Postage J- Penalties K*- Office Expenses								requi	Avendi VI
Total only this Page Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B*- Printing C*- Fundraising D- To Another Candidate F*- Equipment G- Political Party H*- Holding Public Office Expenses Postage J- Penalties K*- Office Expenses							\$		
Total only this Page Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B*- Printing C*- Fundraising D- To Another Candidate F*- Equipment G- Political Party H*- Holding Public Office Expenses Postage J- Penalties K*- Office Expenses							¢.		
Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B*- Printing C*- Fundraising D- To Another Candidate F*- Equipment G- Political Party H*- Holding Public Office Expenses Postage J - Penalties K*- Office Expenses	7 D. 4 J. 3 3 3	70					Ф		
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(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B*- Printing C*- Fundraising D- To Another Candidate - Salaries F*- Equipment G- Political Party H*- Holding Public Office Expenses - Postage J- Penalties K*- Office Expenses			manu Dana Cho stan						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B* - Printing C* - Fundraising D - To Another Candidate - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses	(This line goes in	ine 13h of Detailed Sum	mary rage CKO-1100 mary Page CDO 1100	if 0	perating Expenses)			\$ 11/	14.40
Purpose Codes (List detailed expenditure code in (h.) above) * - Media B* - Printing C* - Fundraising D - To Another Candidate - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses	(This line goes in	line 13c of Detailed Sum	mary 1 uge UKO-1100 marv Paos CRAL1100	g C FC	onino to Candidates/Pol	utical	(Comm)	- 112	·+U
-Media B-Printing C*-Fundraising D-To Another Candidate - Salaries F*-Equipment G-Political Party H*-Holding Public Office Expenses - Postage J-Penalties K*-Office Expenses	. Purpose Code	S (List detailed ev	enditure code in	h)	shove)	uure	28)		
- Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses	* - Media	B* - Printing					D - To Anoth	on Con did	40
- Tostage J - Penames K* - Office Expenses O* Dending 4. V. J. B.	- Salaries	F* - Equipment	G - Politica	al Pa	rty				
	- Postage)* - Other	J - Penalties	K* - Office	e Ex	penses		Q* - Donatio	n to Legal	Expense Fund

* Codes require detailed explanation in required remarks field (k)

Disburser		_		Pg	3_ of	_3	Amendment Yes X	
Use this form	to report expenditure	s from the commit	ttee for; operating	, expense	s, contributions to	o candida	ate/political	
committees an	nd coordinated party e Full Name (and Fu	expenditures.						
	Johnson for District						2. ID Number	
3. Type of Dis			CDO 1218 Copus	e al	CD: L.		1	
	g Expenses	Contributions to C	CRO-1310 forms Candidates/Political Con	for eucn			10 10	
4. Payee Infor			Add	limacos	Remove	Coordinated	d Party Expenditures	
	ailing Address & Phone		b. Coordinated Co	'ommittee		d Co	mments	
(include city, stat				Papagan	Hame	u. v.	minents	
_						s	Salary for self-employed	
Quamek	da Shavers		c. Level Registere	d (Specify	<i>i</i>)		oll worker	
			Federal Federal	x	County:			
			State		Municipality:	e. Elec	ction Sum to Date	
						\$	400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	1.75.4. (com/d)					
1 1770		H. I at hose cone	i. Date (mm/dd	//уууу)	j. Amount		quired Remarks	
MLNI	Cash	E	5/8/2022	<u>}</u>	\$ 400.00		oll worker: 40 hours @ 0.00 per hour	
4 7 4.6.					\$			
4. Payee Inform			Add		Remove			
	iling Address & Phone		b. Coordinated Co	mmittee N	Name	d. Con	nments	
(include city, state	ż, & zip)							
			- Veral Desigtores	7.70				
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			State		County: Municipality:	- Floor	4 0 1 1 D-4	
					withing pairty.	C. Lieu	tion Sum to Date	
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	go - oan oa a symbol	m r axpost coat	i. Date (mm/dd/	уууу)	j. Amount	k. Requ	uired Remarks	
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4. Payee Inform			Add		Remove	1.		
a. Full Name, Mail	ling Address & Phone		b. Coordinated Cor	mmittee N		d. Com	ments	
(include city, state,	, & zip)						AMA Francis	
		J	c. Level Registered	(Specify)		1		
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			State		Municipality:	e. Electi	ion Sum to Date	
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5. Total only thi						\$ 40	0.00	
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	line 13a of Detailed Summer line 13b of Detailed Summer				• •	\$ 111	44.40	

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

7. Purpose Codes (List detailed expenditure code in (h.) above)

* Codes require detailed explanation in required remarks field (k)

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries

I - Postage

O* - Other

Cont	ributions fro	m Individuals			Pg	2	, 2	Amendmen Yes	
Use this	s form to report ind	ividual contributions	over \$5	0 or contributions	unde	er \$50 if form Cl	RO 1205 is r	not used	, [Ÿ] 140
1. Com	mittee Full Name	(and Fund if applica	ıble)				2. ID Nu		
]]	oin Johson for Di	strict 1						1	
3. Cont	ributor Informati	on		Add \square	Ren	10ve			
a. Full Na	ame, Mailing Address	& Phone		b. Job Title/Profes		1010	d. Commer	nts	
(includ	le city, state, & zip)			Call Center	r Aec	enciato			
Ms.	. Desiree Everet	tte		c. Employer's Nan			-		
Cell	l Phone: (743) 20	7 6422		C. Employer S Ivan	паоре	xmc Field	+		
0011	11 Hone. (143) 20	07-0422					e. Election	Sum to Date	
							\$ 10	00.00	
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	ributor Informatio			T	Rem	ove			
	me, Mailing Address & city, state, & zip)	z Phone		b. Job Title/Profess			d. Commen	ts	
	3,,			Military Vet	terar	1			
Ms. I	Lisa Gladden			c. Employer's Nam	e/Spe	cific Field			
				5			TT 42 0		
				Retired			e. Election S	Sum to Date	
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3. Contri	ibutor Informatio	n		Add [] I	Remo	nve.		Ι Ψ	
	ne, Mailing Address &	Phone		b. Job Title/Professi		•	d. Comment	s	
(include	city, state, & zip)			Call Center	Asso	ciate			
John	etta Roberts			c. Employer's Name					1
Cell P	hone: (336) 341	-3583	Ì	, and the second second	порсе	are Picit			
	` ,						e. Election S	um to Date	
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(This line	must be on line 6 of D	etailed Summary Page CR	0-1100)				Φ		- 1

Cont	ributions fro	m Individuals	}	Pg	1	of 2	Amendment Yes	X No
Use this	form to report ind	lividual contributions	over \$5	0 or contributions und	ler \$50 if form C	RO 1205 is 1	not used	X No
1. Com	mittee Full Name	(and Fund if applic	able)			2. ID Nu		
Jo	oin Johson for Di	istrict 1					1	
3. Cont	ributor Informati	on		Add Re	move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
(includ	e city, state, & zip)			Assist Professo	ЭГ			
Dr. Z	inobia Bennefie	ld		c. Employer's Name/Sp	ecific Field			
Cell	Phone (302) 757	7- 2274						
	, ,			UNC Charlotte/E	ducation		Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
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(include	city, state, & zip)			Executive Direct	ctor			
Mrs.	Kellie Easton			c. Employer's Name/Spe				
1922	N Martin Luthe	r Kina Jr. Dive		A - 1' - 45 - 11 /h				
	ton-Salem, N.C			Action4Equity/No	n-profit	e. Election S	Sum to Date	
						\$ 10	00.00	
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	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Policy Analyst				
	y Johnson 9 Old Greensbor	o Road		c. Employer's Name/Spe	cific Field			
Wins	ston-Salem, N.C	. 27101						
				Action4Equity/No	n-profit	e. Election S		
f. Prior	g. Account Code	h. Form of Payment	i In Vi	ind Description	1.50.4		00.00	
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	mittee Lan Main	e (and rund if appli	cable)		Winds to Asia Take		is not used	
Jo	oin Johson for E	District 1				2.10	1	
3. Cont	ributor Informat	tion	П	The state of the s			<u></u>	
	ame, Mailing Address			Add R	temove			
	e city, state, & zip)					d. Com	nents	
Dr. 7	Zinobia Bennefic	2 14		Assist Profess				
				c. Employer's Name/				
Celi I	Phone (302) 75	7- 2274		LINIO OL LI III	- 300			
				UNC Charlotte/		on Sum to Date		
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	ne, Mailing Address (city, state, & zip)	& Phone		b. Job Title/Profession		d. Comm	d. Comments	
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Mrs.	Kellie Easton			c. Employer's Name/Sp		_		
	N Martin Luthe	r King Ir Divo		- Project o Ramory	bernit Lield			
Winst	ton-Salem, N.C	. 27107		Action4Equity/No	an neaft			
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In-Kind Contributions		Pg of	Amendment Yes	
Use this form to report non-monetary contributions, donations, g Use CRO-1215 if In-Kind Contributions were or will be a	oods or services p		nittee or fund.	No
Use CRO-1215 if In-Kind Contributions were or will be re 1. Committee Full Name (and Fund if applicable)	funded within 7	days.		
Johnson For Distric	1 1		2. ID Number	ill par
3. Contributor Information				
a. Full Name, Mailing Address & Phone	Add 1	Remove		
(include city, state, & zip)	Individual	tributor	c. Comments	10.00
Ricky Johnson JR 2709 Old Greensboro Rd	Candidate Party			•
2709 Old Greensboro Rd	PAC Referendur	,		
W5, NC 27101	Other Rece		d. Election Sum to Date ~	
e. Description	- Land Control of the		\$ 100.00	
Flidans	or to the manual land	f. Date (mm/dd/yy	yy) - g. Fair Market Amou	ınt
Hyers		31712	2 \$ 100.00)
			\$	
3. Contributor Information			\$	
a. Full Name, Mailing Address & Phone		emove		Failer
(include city, state, & zip)	b. Type of Contr	ibutor	c. Comments	138
	Candidate			
	Party			
	PAC Referendum			
	Other Receip	ot Source	d. Election Sum to Date	
e. Description	M. Manusana as	Te s	\$	
		f. Date (mm/dd/yyy	g. Fair Market Amoun	ıt.
			\$	
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		-		_
3. Contributor Information	F -9-		\$	
Full Name Mailing Address C PV		move	NATIONAL PROPERTY.	
(include city, state, & zip)	b. Type of Contril Individual	butor	. Comments	PER
	Candidate	1		
	Party			
	PAC Referendum	5	TOTAL COLUMN TO THE STATE OF TH	
	Other Receipt	Source	Election Sum to Date	250
Description	ACCUSE COMANULA		\$ 	
		f. Date (mm/dd/yyyy)	g. Fair Market Amount	\$
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Total only this Page		100	100.00	\dashv
Total of ALL CRO-1510 Pages		March March	.00.0	\dashv
This line must be on line 17 of Detailed Summary Page CRO-1100)			100.00	