Disclosure Report Cover

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 Inform	ation						_		
a. Full Name									c. ID Number
JOINES FOR MAY	OR								
b. Mailing Address (in	iclude (City, State and Z	in Code)					000-000000-0-000
PO BOX 20397			r oout	,					d. Date Filed
WINSTON-SALEM	, NC 2	7102							01/16/2024
									e. Phone Number
2 D									
2. Report Year 3. Pe			/yy)	4. Perio	d End D	ate (mm/dd	/yy) 5.	Treasur	er Full Name
2023		07/01/2023			12/31/	2023	W	TLLIAM	ROSE
6. Type of Committee			9. Typ	e of Repo	rt (c	heck only	one tw	ne of ren	ort from one category)
X Candidate Campaign	☐ Pa	arty	Munic			State/Cou	intv	re of rept	Referendum
Joint Fundraiser	☐ P.	AC		Organizati	ional	Organi			Organizational
Referendum		gal Expense Fund		Thirty-fiv		Quarte		1	
7. Type of Fund (if	applicat	ble, check one)	10	Pre-prima	-	☐ Fü	-		
Booster Fund"			ī	Pre-election	-			- 1	Final
Building Fund			旨	Pre-runoff			cond	1	Supplemental Final
Presidential Election	Year Car	ndidatae Fand				I=	ird	1	Annual
NC Public Campaign	Financia	a Em J	l	Semi-annu		☐ Fo	urth		Special
1.0 1 done Campaign	т шанси	g runu		Mid Y	ear	Semi-a	nnual		
CT Out			X	Year F	end	☐ Mi	d Year	1	10. Special Report Name
Other:				Final		Ye	ar End	1	rot preciat Report Maill
8. Number of Fundrais	ers thi	s Report		Special		Final		1	
	0	•	_	•		=			
						☐ Special			
3. Account Information	n				3. Acc	ount Infort	nation	-	
. Financial Institution	Full Na	me			a. Fina	ncial Instit	ntion F	ull Nama	
FNB							THE PARTY IN	uii itame	25
. Purpose		T. 4							~ ·
TO PAY COMMITTE	מוני	c. Account Code			b. Purp	ose		c	. Account Code
EXPENSES	e.e.		1001						
		d. Period Begin	Balanc	e				d	. Period Begin Balance
		\$	14	1,519.11					6
ERTIFICATION									
I certify that the Com Chapter 163 of the NO	mittee o	r Fund is in con	mliance	with all a	1: 1- 1				
Chapter 163 of the NO	Gener	al Statutes and t	phance	wiin an a	ppncab.	le provisioi	ns of A	rticle 22A	A, 22B & 22D-22M of
minds. I fulther certif	y that ti	his report is com	plete, t	rue and co	rrect ar	id that I ha	ve beer	n trained	by the NC State Board
18/10	P	Rose		11	7		0		Jan 1 10 State Bound
VYIIIan				Wu	La	~(1	CA	e	01/16/2024
Printed Na		gner	-	Signa	ture of A	ppointed Tr	reasurer		Date
OR OFFICE USE ONL	Y					-			Date
D. (D									
Date Received:	_		=	Employ	ee: _				ery Method
Data Dantus 1 1									ormal Mail
Date Postmarked:	_		-:	Employ	ee:				egistered Mail
								☐ Ha	and Delivered
Date Scanned:	-			Employ	ee:			☐ Ek	ectronically Filed
Date Data Entered:				Employ	ee:			☐ Sig	gner has not received
The								1770	ndatom: training
Please Note: This	form cai	nnot be used to	amend	committee	inform	ation such	00 46-	20.000	
as	ssistant	treasurer, custo	dian of	hooke in	62mm4:-	actor sucil	as ine	committe	e address, treasurer,
Von much	aman J	the Cteter	CO.	OCOV2 III	OHRHO	ii, or accou	ınt info	rmation.	1
TOU HRUST	amend	the Statement o	r Organ	ization (C	RO-2100	A-E) to me	ake con	nmittee al	hanaoa

Detailed Summary

Amendment ☐ Yes 🛛 No

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR	2. Type of			3.1	D Nu	mber
	2023 Yea	r End S	Semi-Annual	_		00000-0-000
Start of Election Cycle: January 1, 2023		R	Total this Reporting Perio	nd l	TÉ.	Total this lection Cycle
4) Cash on Hand at Start		\$	14,519.	THE REAL PROPERTY.	\$	18,727.6
RECEIPTS						10,727.0
5) Aggregated Contributions from Individuals	(CRO-120	(5) \$	0.0	00	\$	0.0
6) Contributions from Individuals	(CRO-121	0) \$	108,100.0	-	\$	109,600.0
7) Contributions from Political Party Committees	(CRO-122	0) \$	0.0	\rightarrow	\$	
8) Contributions from Other Political Committees	(CRO-123)		0.0	-	\$	0.0
9) Loan Proceeds	(CRO-141)			\dashv		0.0
(0) Refunds/Reimbursements to the Committee	(CRO-1246		0.0	-	\$	0.0
11) Other Receipt Sources	(====	, ,	0.0	0	\$	0.0
11a) Interest on Bank Accounts	(CRO-1250	2) 0				
11b) Contributions from Not-For-Profit Organizations		-	0.0	+	\$	0.00
11c) Outside Sources of Income			0.00	-	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1250)		0.00) 3	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1270)	<u> </u>	0.00) 5	§ 	0.00
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	(CRO-1265)	\$	0.00) 3	\$	0.00
EXPENDITURES	, IId and Ile)	\$	108,100.00	9	3	109,600.00
3) Disbursements						
13a) Operating Expenditures	(CD C 1011)					
13b) Contributions to Candidates/Political Committees	(CRO-1310)	-	2,550.00	\$		8,220.65
13c) Coordinated Party Expenditures	(CRO-1310)	-	0.00	\$		0.00
	(CRO-1310)		0.00	\$		0.00
Aggregated Non-Media Expenditures	(CRO-1315)	\$	128.76	\$		166.66
5) Loan Repayments	(CRO-1420)	\$	0.00	\$		0.00
Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$		0.00
) In-Kind Contributions	(CRO-1510)	\$	0.00	\$		0.00
TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	2,678.76	\$		8,387.31
Cash on Hand at End (Add lines 4 and 12 together, then subs DDITIONAL INFORMATION	tract line 18)	\$	119,940.35	\$		119,940.35
) Non-Monetary Gifts Given to Other Committees						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(CRO-1330)	\$	0.00			
Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00			
Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00			
	(CRO-1620)	\$	0.00			
	(CRO-1720)	\$	0.00			
	(CRO-1710)	\$	0.00	\$		0.00
Forgiven Loans	(CRO-1440)	\$	0.00	\$		0.00
48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$		0.00
Contributions to be Refunded	(CRO-1215)	\$	0.00	\$		0.00

Aggreg.	ated Contri	butions from]	Individuals Pag	e <u>1</u> of	1	Amendm Ves	No No
1. Committe	Full Name (and	rt NC Contribution	s From Individuals of S	50 or less			110
- Committee	OR MAYOR	Fund if applicable)			2. ID	Number	
						000-000000)-0-000
	tor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	a Data (m. /)	**		
☐ Add ☐ Remove	JFM001	Check	The state of the s	e. Date (mm/de		f. Amoun	t
Add	TED 500s			10/03/202	23	\$	0.00
Remove	JFM001	Check		11/08/202	12		
4. Total or	ly this Page			11/06/202	43	\$	0.00
5. Total of	ALL CRO-12	05 Pages			\$		\$0.00
(This line mi	ust be on line 5 of Di	etailed Summary Page (~PA 1100)		\$		00.01
CRO-1205			C State Board of Elections		Ф		\$0.00
		110	State Board of Elections				April 2007

Committee Full Name (and Fund if applicable) 2.10 Number 000-000000-0-00	TT II		om marvidua			Pg 1 of	23	☐ Yes	X No
DOINES FOR MAYOR	Use th	is form to report in	ndividual contribution	ns over \$50 or	contributions	under \$50 if form C	RO 12	205 is not no	sed
S. Contributor Information	A. COII	WHEN THE PART MANEE	e (and rund if applica	ble)					
S. Contributor Information	TOTAF	ES FOR MAYOR					1		
A PATH Name, Mailing Address & Phone (include city, state, & zip) A PATHONY ATALA A STRATFORD ROAD ATRIUM BAPTIST HEALTH A PRODUCT A PRODU	3. Cont	tributar Informat	ion						
Contributor Information							- 172		
MARIE ARCURI 400 ROSLYN ROAD	(incl	ude city, state, & 2	cip)				d	. Comment	S
ADD ROSLYN ROAD					PRESIDE	NT	- 1		
WINSTON-SALEM, NC 27104-2036 FLOW LEXUS c. Election Sum to Day					c. Employe	r's Name/Specific Fiel			
e. Election Sum to Date JFM001 Check I. In-Kind Description J. Date (mm/dd/yyyy) K. Amount	WINS	TON-SALEM, N	C 27104-2036				<u>"</u>		
S 1,000					130 W DE	2105	e.	Dection S	um to Date
F. Prior g. Account Code D. Form of Payment I. In-Kind Description J. Date (mm/dd/yyyy) R. Amount	1								
	f. Prior	g. Account Code	h. Form of Payment	i In Kind De	1	1		>	1,000.00
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Contributor Information								-	
S								\$	
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	(This line	must be on line 6 o	1410 rages	ra CPO 1100			\$	10	8 100 00

Amendment

Pg 1 of 23

1000	Committee Full Na	me (and Fund if appli	anhla	or contribution	$P_g = \frac{2}{100}$ of under \$50 if form	CRO	1205 is no	Yes 🔀 :
JO	INES FOR MAY	OR	cable)				2. ID Nu	
								00000-0-0
3. (Contributor Inform	nation		□ Add □	Remove			
a. F	ull Name, Mailing nclude city, state, a	Address & Phone		b. Job Title	e/Profession	-	d Com	
	MES BENNETT	& zip)		SELF EM			d. Comm	ents
605	WOODLAND D	DIVID						
GR	EENSBORO, NC	27408			r's Name/Specific Fi	eld		
	, -			INVEST	MENTS			
						1	e. Dection	Sum to D
Pri	or g. Account Cod	le h. Form of Paymen				- 1	\$	50
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<u> </u>	J1 1/1001	Check			08/30/202			
							\$	50
_	-						\$	
							-	
Co	ntributor Informa	4:a=					\$	
Ful	l Name, Mailing A	uon ddress & Dhan-			Remove			
(inc	clude city, state, &	zio)		b. Job Title/	Profession	d.	Commer	nts
	NA BOSWELL	Ρ/		RETIRED				
8 /	ARBOR ROAD			- TC 1				
IN:	STON SALEM, N	C 27104		c. Employer	s Name/Specific Fiel	d		
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							Dection S	Sum to Dat
rio	r g. Account Code		1					
		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyy	e. \$		2,000.
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Contributions from Individuals Amendment Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used No No 1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR 2. ID Number 000-000000-0-000 3. Contributor Information a. Full Name, Mailing Address & Phone ☐ Add ☐ Remove b. Job Title/Profession (include city, state, & zip) d. Comments PRESIDENT JOSEPH BUDD 815 MERRY ACRES c. Employer's Name/Specific Field WINSTON-SALEM, NC 27106-5752 THE BUDD GROUP e. Hection Sum to Date f. Prior g. Account Code h. Form of Payment 2,000.00 i. In-Kind Description j. Date (mm/dd/yyyy) JFM001 Check k. Amount 08/30/2023 \$ 2,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) d. Comments RETIRED JOHN BURRESS III 380 KNOLLWOOD ST SUITE 610 c. Employer's Name/Specific Field WINSTON-SALEM, NC 27103 e. Election Sum to Date f. Prior g. Account Code h. Form of Payment 2,000.00 i. In-Kind Description j. Date (mm/dd/yyyy) JFM001 k. Amount Check 07/13/2023 \$ 2,000.00 \$ \$ 3. Contributor Information ☐ Add a. Full Name, Mailing Address & Phone ☐ Remove b. Job Title/Profession (include city, state, & zip) d. Comments **EXEC** JENNIFER BYRNE 450 N PATTERSON AVE c. Employer's Name/Specific Field WINSTON SALEM, NC 27101 JAVARA BIO TECH e. Election Sum to Date f. Prior g. Account Code h. Form of Payment 2,000.00 i. In-Kind Description j. Date (mm/dd/yyyy) JFM001 k. Amount Check 07/20/2023 \$ 2,000.00 \$ \$ 4. Total only this Page

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Contributions from Individuals Amendment Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used X No 1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR 2. ID Number 000-000000-0-000 3. Contributor Information a. Full Name, Mailing Address & Phone ☐ Add ☐ Remove (include city, state, & zip) b. Job Title/Profession d. Comments DOUG COPELAND MEDIA 2310 LAFAYETTE AVENUE c. Employer's Name/Specific Field GREENSBORO, NC 27408 SELF-EMPLOYED e. Election Sum to Date f. Prior g. Account Code h. Form of Payment 250.00 i. In-Kind Description j. Date (mm/dd/yyyy) JFM001 Check k. Amount 08/30/2023 \$ 250.00 \$ П 3. Contributor Information \$ ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession d. Comments DALE DRISCOLL **INVESTMENTS** 1084 W FOURTH STREET c. Employer's Name/Specific Field WINSTON SALEM, NC 27101 SELF EMPLOYED e. Election Sum to Date f. Prior g. Account Code h. Form of Payment 2,000.00 i. In-Kind Description j. Date (mm/dd/yyyy) JFM001 Check k. Amount 08/30/2023 \$ 2,000.00 \$ 3. Contributor Information \$ a. Full Name, Mailing Address & Phone ☐ Add ☐ Remove b. Job Title/Profession (include city, state, & zip) d. Comments RETIRED BARRY EISENBERG 411 S MARSHALL STREET c. Employer's Name/Specific Field WINSTON-SALEM, NC 27101 e. Dection Sum to Date f. Prior g. Account Code h. Form of Payment 2,000.00 i. In-Kind Description j. Date (mm/dd/yyyy) JFM001 Check k. Amount 08/30/2023 \$ 2,000.00 \$ 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 4,250.00 (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ CRO-1210 108,100.00

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Contributions from Individuals

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

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Contributions from Individuals Amendment 18 of 23 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used ☐ Yes X No 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) **EXECUTIVE EDWIN ROSE** 8516 GREEN CASTLE DR c. Employer's Name/Specific Field CHARLOTTE, NC 28210-4205 **SHELCO** 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 08/08/2023 \$ 2,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CORPORATE EXECUTIVE JAMES RUFFIN 2871 GALSWORTHY DRIVE c. Employer's Name/Specific Field WINSTON-SALEM, NC 27106 LANDMARK BUILDERS 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 08/30/2023 \$ 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 ANDREW SCHINDLER 2575 CLUB PARK ROAD c. Employer's Name/Specific Field e. Election Sum to Date 2,000.00

Contributions from Individuals Amendment 19 of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used X No 1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR 2. ID Number 000-0000000-0-000 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) d. Comments VP SCOTT SEAWELL 1205 SCOTTSWOOD COURT c. Employer's Name/Specific Field LEWISVILLE, NC 27023 COOK MEDICAL e. Dection Sum to Date f. Prior g. Account Code h. Form of Payment 250.00 i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM001 Draft 08/21/2023 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) d. Comments INVESTMENT ANALYST BEN SUTTON JR PO BOX 21528 c. Employer's Name/Specific Field WINSTON-SALEM, NC 27120 TEALE INVESTMENTS e. **Election Sum to Date** f. Prior g. Account Code h. Form of Payment 2,000.00 i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM001 Check 08/21/2023 \$ 2,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) d. Comments ATTORNEY DAN TAYLOR 700 ARBOR RD c. Employer's Name/Specific Field WINSTON SALEM, NC 27104 SELF e. Election Sum to Date f. Prior g. Account Code h. Form of Payment 2,000.00 i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount JFM001 Check 08/21/2023 \$ 2,000.00 \$ \$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 4,250.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Contributions from Individuals Amendment 21 of 23 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used ☐ Yes X No 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) EXEC LOU TIPPETT 3008 UNIVERSITY ROAD c. Employer's Name/Specific Field WINSTON SALEM, NC 27104 TRUIST e. Dection 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 09/06/2023 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED THACKER TOWNSEND III 3900 CAMMERILLE FARM ROAD c. Employer's Name/Specific Field WINSTON SALEM, NC 27106-3501 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 Check JFM001 10/10/2023 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CORPORATE EXEC RANDALL TUTTLE 635 TRADE STREET c. Employer's Name/Specific Field WINSTON-SALEM, NC 27101 Fabricated Metal Product Manufacturing 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 08/30/2023 \$ 2,000.00

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

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

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	2/10/			State				o Mantie	on Sum to Date
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f Account Code	g. Form of Payment	h D	T					\$	400.00
JFM001			i. Date (mm/dd/yyyy) j. Amount k		k. Re	. Required Remarks			
31 1/10/01	Check	0		2/26/2023	\$ 400.00		CON	IMUNIT	Y SUPPORT
					\$				
4. Payee Inform		Sa Sa La		Add 🔲	Ren	ove			
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee N	ame	d. Comm	ents
(include city, sta									
WSSU FOUND									
601 S MLK DR				c. Level Registered (Specify)					
WINSTON SAI	LEM, NC 27110		Federal County:						
				State		Municip	ality:	e. Electio	n Sum to Date
								\$	1,000.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/www)	i An	20004	h Da		
JFM001	Check O							equired Remarks	
				712312023	_	,,,,,,,,,,		COMMUNITY SU	
					\$				
5. Total only this	Page						-	\$	1,400.00
. Total of ALL	CRO-1310 Pages				_				1,100.00
(This line goes in	line 13a of Detailed Si	ımmarv Page CRO-	1100 if	Oneratina Evnes	ege)				
(This line goes in	line 13b of Detailed Si	ımmary Page CRO-	1100 if	Contrib to Candi	dates	Political Co		\$	2,550.00
(This line goes in	line 13c of Detailed Su	mmary Page CRO-1	100 if	Coordinated Par	ty Exp	enditures)	mm)		
. Purpose Co	des (List detailed e								
* - Media	B* - Printing			ındraising		D-To	Anoth	er Candid	ate
E - Salaries	F* - Equipme							fice Expenses	
- Postage	J - Penalties			ffice Expenses		O* - Do	nation	to Legal	Expense Fund
* Other				_		₹ D0		. Tregai	expense rung
Codes require	detailed explanation	in required rema	rks fi	eld(k)					
RO-1310		NC Sta	to Door	A of Clarking	_		_		-

Aggregated	Non-Media	Expenditures
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Amendment Page __1_ of __1_ ☐ Yes 🛛 No

Optional form used to report NC Non-Media Expenditu

Optional form u	ised to rep	ort NC Non-Media	Expenditures of	f \$50 or less.					
1. Committee Full Name (and Fund if applicable)						2. ID Number			
JOINES FOR MAYOR						000-000000-0-000			
3. Payee Informa						_			
	count Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd	І/уууу)	f. Amoun	t	g. Required Remarks	
Remove	JFM001	Electric Funds Tran	0	09/05/202	23	\$	4.50	TRANSACTION FEE	
Remove	FM001	Electric Funds Tran	0	09/06/202	23	\$	8.19	TRANSACTION FEE	
Remove	FM001	Electric Funds Tran	0	09/08/202	23	\$	3.00	TRANSACTION FEE	
Remove	FM001	Electric Funds Tran	0	10/03/202	23	\$ 3	3.00	TRANSACTION FEE	
Remove	FM001	Electric Funds Tran	0	11/09/202	23	\$	3.00	TRANSACTION FEE	
Add J. Remove	FM001	Electric Funds Tran	0	11/09/202	23	\$	6.34	TRANSACTION FEE	
Add J	FM001	Check	0	07/26/202	23	\$ 2	5.00	COMMUNITY SUPPORT	
Remove	FM001	Electric Funds Tran	0	10/11/2023		\$ 3	9.89	TRANSACTION FEE	
Add J	FM001	Electric Funds Tran	0	12/11/202	3	\$	5.84	TRASACTION FEE	
l. Total only th						\$		128.76	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 128.76				
		etailed expenditur		ove)					
	B*	- Printing	C* - Fundra	ising	D - To	Anothe	r Can	didate	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expense						ic Office Expenses			
I - Postage J - Penalties O* - Other				Office Expenses Q* - Donations to Legal Expense Fu				Legal Expense Fund	
* Codes requ	ire detaile	ed explanation in	required rems	rks field (a)	ì				
CRO-1315		NC Stat	e Board of Elections	HOILE (E)				December 2009	

December 2009