Disclosure Report Cover

Amendment

X Yes D 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.

Do not use tins	and the second	minimation.		- Antipation	OFFL	ECTIONS		And a support of the second
1. Committee In	formation			A REPART				
a. Full Name				2010 IA1	120	DM 2. 20		c. ID Number
JOINES FOR M	MAYOR			2010 JA	122	PM 2: 39		000-000000-0-000
b. Mailing Addre	ess (include Cit	ty. State and Zin	Code)	PF	CFT	VED		d. Date Filed ,
PO BOX 2039		.,,	/ Couc)	2 have	the sea i	V loss bar		1/22/18
WINSTON-SA		102						/ 01/14/2018
								e. Phone Number
						-		336-765-2645
2. Report Year	3. Period Star	t Date (mm/dd/	yy)	4. Period	End Dat	e (mm/dd/yy)	1.3-12-11-11-1-11-12-15-17-19-19-1	er Full Name
2017	0	1/01/2017			06/30/2	017	WILLIAN	1 ROSE
6. Type of Com		Construction of the second	9. Typ	e of Report			type of rep	ort from one category)
X Candidate Can	npaign 🔲 Par	ty	Munic	ipal		State/County		Referendum
Joint Fundrais	er 🗖 PA	С		Organizatio	nal	Organizatio	nal	Organizational
Referendum		gal Expense Fund		Thirty-five		Quarterly		Pre-referendum
Frend	County of the local division of the local di	le, check one)		Pre-primary				Final
7. Type of Fund		ie, check one)			2			
Booster Fund	1.			Pre-election		Second Second		Supplemental Final
Building Fund				Pre-runoff		Third		Annual
Presidential E	lection Year Can	didates Fund		Semi-annua	1	Fourth		Special
NC Public Car	npaign Financing	Fund	X	Mid Ye		Semi-annua	1	-
	npuign i muneme	5 T und		Year E		Mid Ye		10.0 110
					na	terest and		10. Special Report Name
Other:				Final		Year E	nd	
8. Number of Fu	indraisers this	s Report		Special		🗖 Final		
	0					Special		
3. Account Info	rmation				3 Acce	ount Informati	ion	
a. Financial Inst	and the second se	me	45.1.41			ncial Institutio	and the second se	1e
	itution Full Na	me			a. rinas	aciai institutio	Ju Full Ivan	
FNB					_			
b. Purpose		c. Account Cod	le		b. Purp	ose		c. Account Code
TO PAY COM EXPENSES	MITTEE	JF	M001					
2.11 2.102.0		d. Period Begin	n Balan	ice				d. Period Begin Balance
		S						\$
CERTIFICATIO	DN	1						
and the second sec		or Fund is in co	molian	ce with all a	nnlicah	le provisions	of Article 2	2A, 22B & 22D-22M of
								other non-disclosed
funds. I furth	er certify that t	this report is co	mplete.	, true and c	orrect ai	nd that I have	been traine	ed by the NC State Board
1.1.1	1. P	0		11	nn.	CP	-	1/22/18
(VV)	name	Lose		will	lin	male	1 he	01/14/2018
P	rinted Name of S	Signer		Sign	ature of a	Appointed Trea	surer	Date
FOR OFFICE U	SEONLY	1 1						
Date Receiv	ed:	12218		Emplo	yee: C	top	- Del	livery Method Normal Mail
Date Postma	arked:			Emplo	yee:	0	- 1	Registered Mail Hand Delivered
Date Scanne	ed:			Emplo	yee:			Electronically Filed
Date Data E	ntered:		_	Emplo				Signer has not received mandatory training
Diagon N-4	to a This Com				in Co	mation and a	a tha same	
riease Not		annot be used nt treasurer, cu						iittee address, treasurer, on.
3	ou must amen	d the Statemen	tofOrg	ganization (CRO-21	00A-E) to mal	ce committe	e changes.
the second se	the second se	THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDR		and the second second second	CONTRACTOR DATE: NOT	and the second se	and the second	

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

Amendment

Use this form to summarize all disclosure reporting forms a 1. Committee Full Name (and Fund if applicable)	2. Type of Re	STATISTICS IN CONTRACTOR OF A DESCRIPTION OF A DESCRIPTIO	3.1	D Numb	er
JOINES FOR MAYOR	2017 Mid Ye	ear Semi-Annual	000-000000-0-000		
Start of Election Cycle: January 1,2017		Total this Reporting Perio	od	10-00	otal this tion Cycle
4) Cash on Hand at Start		\$ 44,520.	-	\$	44,520.78
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.	.00	\$	0.00
6) Contributions from Individuals	(CRO-1210)	\$ 800.	.00	\$	800.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	.00	\$	0.00
0) 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)	\$ 250.	00	\$	250.00
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)	\$ 1,050.	00	\$	1,050.00
EXPENDITURES	_				
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 11,536.	60	\$	11,536.60
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 2,000.	00	\$	2,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00	\$	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.	00	\$	0.00
15) Loan Repayments	(CRO-1420)	\$ 0.	00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 1,050.	00	\$	1,050.00
17) In-Kind Contributions	(CRO-1510)	\$ 1,050.	00	\$	1,050.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 15,636.	60	\$	15,636.60
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$ 29,934.	18	\$	29,934.18
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.	00		4- S.M. 24
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.	00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.	00		ngi - P man
23) Debts and Obligations owed to the Committee	(CRO-1620)		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)		00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.	00	\$	0.00

CRO-1100

NC State Board of Elections

Other Receipt Sources

Pg <u>1</u> of

1

Amendment X Yes I No

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

1. Committee Fr	ull Name (and Fund if	applicable)	* *	n ga an	2. ID Nun	nber
JOINES FOR M	MAYOR				000-00	0000-0-000
3. Type of Recei	pt Source (Please u	se separate CRO-1	250 forms for	reach type of Reco	eipt Source	e.) V v
Interest	Contri	butions from Not-for-	Profit Organiza	tions 🔲 Outside So	urces of Inco	ome
4. Contributor I	nformàtion		Add 🗋 R	émove		v. 1
	ailing Address & Phone	;	b. Not-for-Pro	ofit Federal ID #	d. Comme	nts
(include city, s	state, & zip)		1			
WINSTON-SA	LEM IDEAALLIANC	Œ			ļ	
MEDICAL CE	NTER BOULEVARD)	c. Outside So	ource Explanation	4	
WINSTON-SA	LEM, NC 27157					
					e. Election	Sum to Date
					\$	0.00
f. Account Code	g. Form of Payment	h. In-Kind Descri	ption	i. Date (mm/dd/yy	yy) j. Amo	punt
JFM001	In-Kind	POP WARNER FO	OOTBALL	04/14/2017	\$	250.00
					\$	
5. Total only	this Page	79 K 1 7 7 8	· 4	,	\$	250.00
(This line goes i (This line goes i	LL CRO-1250 Pa n line 11a of Detailed Sun n line 11b of Detailed Sun n line 11c of Detailed Sun	mmary Page CRO-11 mmary Page CRO-11	00 if Not-for-Pr		\$	250.00
CRO-1250		NC State Bo	ard of Elections	5		December 2007

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Amendment Pg <u>1</u> of <u>1</u> X Yes

	ull Name (and Fund i	if applicable)		•		v 	. <u>.</u> .	1	2, 1D Nu	mber
JOINES FOR N	MAYOR								-000-0	0000-0-000
3. Type of Disb	(Plagea	use separate CR(7 1210	former for an el	. 4		.n		<u> </u>	
Operating Exp		ributions to Candidat				pe oj		_		xpenditures
		Tourious to Canuida			_			runat	ed Party E	xpenditures
4. Payee Inform			<u> </u>	Add		move				
	ailing Address & Pho	one		b. Coordinated	d Co	ommi	ittee Ni	ame	d. Comm	ents
(include city, sta		·	-	1				1		
	OR CONGRESS									
PO BOX 17373				c. Level Regist	tere					
WINSTON-SA	LEM, NC 27116			X Federal		=	County:			
1				State			Municip	ality:	e. Electio	on Sum to Date
								l	\$	2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mou	at	k. Re	quired Re	marks
JFM001										
					\$					
	<u> </u>				\$					
5. Total only thi	s Page		_						\$	2,000.00
6. Total of ALL	CRO-1310 Pages							_		
(This line goes i	in line 13a of Detailed S	ummary Page CRO	-1100 if	Operating Exper	ıses)			*******	¢	2 000 00
(This line goes i	n line 13b of Detailed S	ummary Page CRO	-1100 lf	Contrib to Cand	idate	es/Pol	litical C	omm)	\$	2,000.00
(This line goes l	in line 13c of Detailed S	ummary Page CRO-	-1100 if	Coordinated Par	ny E	xpen	lltures)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)						
A* - Media	B* - Printin	g	C* - F	undraising]	D - To	Anoth	ner Candi	date
E - Salaries	F* - Equipme	ent	G-Po	litical Party]	H* - H e	olding	Public C	Office Expenses
I - Postage	J - Penaltie	s	K* - C	Office Expenses	3	(Q* - De	onatio	n to Lega	al Expense Fund
O* Other						-				-
	e detailed explanatio									
CRO-1310		NC S	tate Boa	ard of Elections						December 2009

Pg 1 of 3 X Yes No

Amendment

String Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Page Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) b. Coordinated Committee Name d. Comments ALPHA AND OMEGA CHURCH c. Level Registered (Specify) e. Election Sum to Date (include city, state, & zip) Foderal County: e. Election Sum to Date Account Code g. Form of Payment h. Parpose Code I. Date (mm/ddyyyy)]. Amount k. Required Remarks JFM001 Check 0 05/31/2017 \$ 200.00 COMMUNITY SUPPORT S. A.Payce Information Add Remove a. Full Name, Mailing Address & Phone h. Coordinated Committee Name d. Comments BTHTESDA CENTER - Level Registered (Specify) e. Election Sum to Date \$ 750.00 State a. Juli Name, Mailing Address & Phone h. Doordinated Committee Name d. Comments BTHTESDA CENTER - Level Registered (Specify) e. Election Sum to Date 930 N PATTERSON AVENUE - Level Registered (Specify) e. Election Sum to Date	JOINES FOR MAYOR 3. Type of Disbursement 3. Operating Expenses 4. Payee Information a. Full Name, Mailing Addre (include city, state, & zip)	(Please Cont ess & Ph IURCH	use separate CRC ributions to Candidat	tes/Polit	ical Committees				000-00								
Streaming Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Page Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments ALPHA AND OMEGA CHURCH (1445 GRY AVENUE c. Level Registered (Specify) s. County: State (Specify) b. Coordinated Committee Name d. Comments Account Code g. Form of Payment h. Parpose Code i. Date (mm/ddyyyy) j. Amount k. Required Remarks JFM001 Check 0 05/31/2017 S 200.00 A.Payce Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments BTHTESDA CENTER B - Add Remove a. Level Registered (Specify) WINSTON-SALEM, NC 27101 Federal County: s. State, & zip) BTHTESDA CENTER a. Level Registered (Specify) BTHTESDA CENTER S. 750.00 COMMUNITY SUPPORT \$ A Add Remove a. Retion Sum to Date \$ 750.00 A Add Remove b. Coordinated Committee Name d. Comments I	Operating Expenses A. Payee Information a. Full Name, Mailing Addree (include city, state, & zip)	Cont cont cont cont cont cont cont cont c	ributions to Candidat	tes/Polit	ical Committees				<u>nt.)</u>								
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a. Full Name, Mailing Address & Phone (include city, state, & zip) ALPHA AND OMEGA CHURCH 1445 GRAY AVENUE WINSTON-SALEM, NC 27105 . Level Registered (Specify) Grade city, state, & zip) A federat JFM001 Check 0 Check 0 Condinated Committee Name Check 0 Condinated Committee Name Comments Check 0 Condinated Committee Name Committee N	a. Full Name, Mailing Addre (include city, state, & zip)	IURCH	one		Add 🔲												
(Include city, state, & zip) ALPHA AND OMEGA CHURCH (445 GRAY AVENUE WINSTON-SALEM, NC 27105 Federal County: Sate Municipality: Federal County: Sate Municipality: Federal County: Sate Municipality: Federal County: Sate Municipality: Federal County: Sate Sate JFM001 Check O Check O 05/31/2017 Sate Add I Remove A.PulName, Mailing Address & Phone N. Coordinasted Committee Name d. Comments (acclude city, sate, & zip) BETHESDA CENTER Sate Municipality: e. Election Sum to Date BITHESDA CENTER Sate Municipality: e. Election Sum to Date \$705.00 Account Code g. Form of Payment h. Purpose Code i. Date (mm/ddyyyy) j. Amount k. Required Remarks JFM001 Check O 05/01/2017 \$750.00 COMMUNITY SUPPORT 4. Payee Information Check O Sodol	(include city, state, & zip)	IURCH	one			Ren	nove										
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1445 GRAY AVENUE	ALPHA AND OMEGA CH																
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930 N PATTERSON AVENUE WINSTON-SALEM, NC 27101	(include city, state, & zip)		·														
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R. Salaries Et - Fourinment C. Dalitical Darty Ht Halfing Dullis Office Management			•														
					-												
		Penalties	5	K* - 0	ffice Expenses		Q* - Do	onatio	n to Legal	Expense Fund							
	O* Other		_ 1														
* Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009	CRO-1310								i	December 2009							

Pg _ 2 of _ 3 X Yes I No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Fu	Ill Name (and Fund i	f applicable)	-	an the state		а Станцара А	ана 1997 г. – С	2. ID Nu	
JOINES FOR N	AYOR			·				000-0	0000-0-000
3. Type of Disbu	rsement (Please)	use separate CRO	<u> -1310</u>	forms for each	h ty	ne of Disbu	seme	<u>nt.)</u>	ແຼງ ອີ່ ^{ແມ} ່ງ! ອີ່ ຊີ້
X Operating Exp	enses 🔲 Contr	ributions to Candidat						ed Party Ex	penditures
4. Payee Inform	ation	e Baarden an		Add	Re	move		1	
a. Full Name, Ma	ailing Address & Pho			b. Coordinate	d Ci	ommittee Na		d. Comm	
(include city, sta	te, & zip)								
MIKE COE									
545 NORTH TH	RADE STREET			c. Level Regis	tere				
WINSTON-SAI	LEM, NC 27101			Federal		County:			
				State			anry:	e. Dectio	n Sum to Date
								\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
JFM001	Check	0	0	6/14/2017	\$	150.00	STO	RAAGE	RENT
					\$				
			/ ////////////////////////////////////	A. 171. C. 100	<u> </u>				
4. Payee Inform			لا	Add D.				d. Comm	
	uiling Address & Pho	one		D. COOFBILIATE			ime <u>.</u>	a. Comm	ents .
(include city, sta MACHE AL M				ł					
MASJID AL M				c. Level Regis	tere	d (Specify)			
WINSTON-SALEM, NC 27106									
				State		🗖 Municip	ality:	e. Dectio	n Sum to Date
								\$	180.00
		L	1. m						
- · ·	g. Form of Payment				 			quired Re	21
JFM001	Check	0	0:	5/01/2017	\$	180.00	COM	IMUNIT	Y SUPPORT
					\$				
4. Payee Inform	ation	Kara kara ka		Add	Re	move	**	4	
	iling Address & Pho	one		b. Coordinate	d C	ommittee Na	me	d. Comm	ents
(include city, sta	te, & zip)								
SCI WORKS A	CE ACADEMY								
163 STRATFO	RD COURT STE 11	0		c. Level Regis					
WINSTON-SAI	LEM, NC 27103			Federal					- 0 4- D-4-
				State			anty:	е. песно	n Sum to Date
								\$	1,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
JFM001	Check	0	0.	3/08/2017	\$	1,500.00	COM	IMUNIT	Y SUPPORT
					\$			· · · · ,	
				a na ang	1*	1	مربع		1 000 00
5. Total only this		and the second				×		\$	1,830.00
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	n line 13b of Detailed S n line 13c of Detailed S						o mm)		
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A* - Media	des (List detailed B* - Printin			undraising	,	D - To		ner Candio	
A - Ivienia E - Salaries	B* - Prinun F* - Equipm	•		litical Party					ffice Expenses
I - Postage	J - Penaltie			Office Expense:	5				l Expense Fund
O* Other				· · · · · · · · · · · · · · · · · · ·					•
	e detailed explanatio	n in required ren	narks f	ield (k)) 	- - -	2	

Amendment

CRO-1310

Disbursements	Pg	3	of	3	X Yes	D No
Use this form to report expenditures from the committee for operating exp	enses,	contri	butio	ns to car	ndidate/p	olitical
committees and coordinated party expenditures						

1. Committee F	ill Name (and Fund i	f applicable)			2 (F) 1			2. ID Nu	
JOINES FOR N	AYOR							000-0	00000-0-000
3. Type of Disbu		use separate CR(7-1310	forms for eac	h ty	pe of Disbu	ršeme	<u>nt.)</u>	rr
X Operating Exp	oenses 🔲 Contr	ibutions to Candidat	es/Polit	ical Committees		Coc	ordinat	ed Party E	xpenditures
4. Payee Inform	ation	a '		Add 🔟	Re	move	2007 2007		
a. Full Name, Ma	ailing Address & Pho	ŏne .		b. Coordinate	d C	ommittee Na	ame	d. Comm	ents
(include city, sta	te, & zip)			_					
THE CHRONIC	CLE								
PO BOX 1636				c. Level Regis	tere				
WINSTON-SA	LEM, NC 01102			Federal		County:			
				State		L Municip	oanty:	e. mecno	on Sum to Date
								\$	1,020.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j./	mount	k. Re	quired Re	emarks
JFM001	Check	A	0	1/10/2017	\$	1,020.60	ADV	/ERTISI	NG
					\$				
4. Payee Inform	ation			Add 🔲	Re	move	4	1. 	a 1 a 4.
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	đ C	ommittee Na	me	d. Comm	ents
(include city, sta	te, & zip)								
US POSTMAS	ΓER				÷				
200 TOWN RU				c. Level Regis	tere				
WINSTON-SA	LEM, NC 27101			Federal State		County:		o Floric	n Sum to Date
						- Withinop	anty.	C. Bech	Ju Sum to Date
								\$	236.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. /	mount	k. Re	quired R	emarks
JFM001	Check	I	0	4/24/2017	\$	236.00			
					\$				
5. Total only thi	s Page				e		ð.:	\$	1,256.60
6. Total of ALL	CRO-1310 Pages		 	······································		n	- 51 AF		
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	des . (List detailed	expenditure code	in (h.)	above)	j.		, v		a A
A* - Media	B* - Printin			undraising				her Candi	
E - Salaries	F* - Equipme			litical Party					Office Expenses
I - Postage	J - Penaltie	8	K* - C	office Expenses	3 .	Q* - D	onatio	on to Lega	al Expense Fund
O* Other	e detailed explanatio	n in manified		iald (k)	ن. ور نواره و او		ر و توسط الجار می وقت		*****
CRO-1310	e detanico exitranatio			rd of Elections				· · · ·	December 2009
CAU-IJIU		100							2000 2003

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Amendment

Refunds/Reimbursements From the Committee pg _1 of

1

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

1. Committee Ful	l Name	(and Fund if ap	plicable)			2. I	D Number	
JOINES FOR MA	AYOR					000	-000000-0-000	
3. Payee Informat	ion	4		Add 🔲 Re	move	8	· · · · · · · · ·	
a. Full Name, Mail			· · · · · · · · · · · · · · · · · · ·	d. Type of Com		g. C	omments	
(include city, st	ate, & zi	p)		Candidate	PAC	<u> </u>		
ALLEN JOINES				Referendum	D Party			
PO BOX 20397				c. Level Registe		h. C	riginal Receipt D	ate
WINSTON-SAL	EM, NC	27102		 Federal State 	County: Municipality:		04/19/2017	
						i. 0	riginal Receipt A	noùnt .
						\$	8	00.00
b. Job Title/Profes:	sion	c. Employer's I	Name/Specific Field	f. Purpose Code		j. E	ection Sum to Dat	te
BUSINESS EXECUT	TVE			P		\$		0.00
k. Account Code	l. Form	of Payment	m. Required Reman	'ks	n. Date (mm/dd/y	yyy)	o. Amount	-
JFM001	Check		TRAVEL EXPENSES		04/19/2017		\$ 8	00.00
3. Payee Informat	ion			Add 🗖 Re	move	, 	 	
a, Full Name, Mail	ing Add	ress & Phone		d. Type of Comn		g. C	omments	
(include city, sta	ite, & zi	p)	à	Candidate	PAC			_
WINSTON-SAL	EM IDE	EAALLIANCE		Referendum	Party			
MEDICAL CEN	FER BC	ULEVARD		e. Level Registe		b. C	riginal Receipt D	ate
WINSTON-SAL	EM, NC	27157		☐ Federal ☐ County: 04/14/2 ☐ State ☐ Municipality:				
						i, 0	riginal Receipt A	nount
						\$	2	50.00
b. Job Title/Profess	sion	c. Employer's l	Name/Specific Field	f. Purpose Code		j. Đ	ection Sum to Dat	te
				Р		\$		0.00
k. Account Code	I. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y	yyy)	o. Amount	
JFM001	Check		COMMUNITY SUPPO	ORT	04/14/2017		\$ 2	50.00
4. Total only this	Page	an a ta t	and a second s	a a gai		\$	1,0	50.00
5. Total of ALL C (This line must be			mmary Page CRO-110	0)	2000 100 100 100 100 100 100 100 100 100	\$	1,0	50.00
6. Purpose Cod	es (List	detailed disbur	sement code in (f) al	bove)				n d
L-Returned to		- 12 gi - 12g	Overpayment for Se		N - Exceed	ed C	ontibution Limit	
P* - Reimburse	ment of		Other					
* Codes require	e detaile	d explanation i	in required remarks	field (m)				
CRO-1320			NC State Boa	rd of Elections			Л	ily 2007

In-Kind Contributions

Pg <u>1</u> of <u>1</u>

Amendment XYes 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.

CEP CACE INTER AND CONTINUED IN WORLD'S WORLD'S WORLD'S WIT	De letulided with	u 7 days.		_	
1. Committee Full Name (and Fund if applicable)		 	2. D	Number	·· ··
JOINES FOR MAYOR			000-0	00000-0	0-000
3. Contributor Information	Add Re				
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	🗴 Individual				
ALLEN JOINES	Candidate				
PO BOX 20397	Party				
WINSTON-SALEM, NC 27102					
	Referendum	•	d. Elec	tion Sun	n to Date
	Other Recei	ipt Source	\$		0.00
e. Description		f. Date (mm/dd	l/yyyy)	g. Fair	Market Amount
TRAVEL EXPENSES PAID BY CANDIDATE		04/19/20	17	\$	800.00
				\$	
			-	\$	
3. Contributor Information	🗌 Add 🔲 Rei	nove			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	Individual				· _
WINSTON-SALEM IDEAALLIANCE	Candidate				
MEDICAL CENTER BOULEVARD	Party				
WINSTON-SALEM, NC 27157	PAC				
	Referendum		d. Deci	tion Sun	n to Date
	M Other Recei	pt Source	\$		0.00
e. Description		f. Date (mm/dd	/уууу)	g. Fair	Market Amount
POP WARNER FOOTBALL SUPPORT		04/14/20	17	\$	250.00
				\$	-
	<u> </u>			\$	
4. Total only this Page	· K		\$	<u> </u>	1,050.00
5. Total of ALL CRO-1510 Pages			- e		1.050.00
(This line must be on line 17 of Detailed Summary Page			\$		1,050.00
CRO-1510 NC Stat	e Board of Elections				December 2007

Disclosure Report Cover

Amendmen	t	
Ves Yes	X	No

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

Do not use this	ionn to update	monnation.	a literature de la constante		10 I LILL			
1. Committee In	formation	State of the second		100 AD	U UF EL	ECHORE		
a. Full Name				0010				c. ID Number
JOINES FOR M	IAYOR			2018 J/	IN 22	PM 2: 3	3	000-000000-0-000
b. Mailing Addre	ss (include Cit	y, State and Zig	Code)	PF	FCFN	VED		d. Date Filed
PO BOX 20397	,			i	and the state	V has beer		1/22/18
WINSTON-SA		102						<u>41/15/2018</u>
								e. Phone Number
								336-765-1645
2. Report Year	3. Period Star	t Date (mm/dd/y	y)	4. Period	End Date	(mm/dd/yy)	5. Treasur	rer Full Name
2017	07	7/01/2017	duan Dalam		12/31/201	17	WILLIAM	A ROSE
6. Type of Comn)ne)		e of Report				ort from one category)
X Candidate Cam			Munic			tate/County		Referendum
Joint Fundraise	er 🗖 PA	С		Organizatio	nal C	Organizati	ional	Organizational
Referendum	🗖 Leg	al Expense Fund		Thirty-five	day	Quarterly		Pre-referendum
7. Type of Fund	(if applicabl	le, check one)		Pre-primary		First		🗖 Final
Booster Fund				Pre-election		Secon	d	Supplemental Final
Building Fund				Pre-runoff	C	Third		Annual
Presidential El	ection Year Can	didates Fund		Semi-annua		Fourt	h	Special
NC Public Can	paign Financing	Fund		Mid Ye	ar	Semi-annu	al	
			X	Year En	nd C	Mid Y	'ear	10. Special Report Name
Other:				Final	Ī	Year	End	
8. Number of Fu	ndraisers this	Report		Special	IF	Final		
			-			Special		
	0				-	- Special		
	3. Account Information 3. Account Information							
a. Financial Insti	tution Full Na	me			a. Financ	ial Institut	ion Full Nam	ie
FNB								
b. Purpose		c. Account Cod	e		b. Purpos	e		c. Account Code
TO PAY COM	MITTEE	JF	M001					
EXPENSES		d. Period Begin	1 Balan	ce				d. Period Begin Balance
		\$	2	29,934.18				\$
CERTIFICATIO	N							
I certify that th	ne Committee o	or Fund is in co	mpliand	ce with all a	pplicable	provisions	s of Article 2	2A, 22B & 22D-22M of
								other non-disclosed
						-		ed by the NC State Board
		•		,],	· ^ .	0	0	1/22/18
Willia	im CK	ose		Wi	llia	m Cl	Lore	01/15/2018
11.1.	inted Name of S	E	-	Sign	ature of Ap	opointed Tre	asurer	Date
FOR OFFICE US	SEONLY							
				D 1			De	livery Method
Date Receive	ed:			Employ	yee:	- inter a station of	- 8	Normal Mail
Date Postma	rked:			Emplo	yee:		- 8	Registered Mail Hand Delivered
Date Scanne	d:			Employ	yee:		_ 0	Electronically Filed
Date Data Er	itered:	in a durant and	_	Emplo	yee:		_ 0	Signer has not received mandatory training
Please Not		annot be used the treasurer, cus						ittee address, treasurer,
Y		d the Statemen						1.22

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

.

Amendment Yes X No

Use this form to summarize all disclosure reporting forms	and to total mo	netary information		Yes 🚺 No
1. Committee Full Name (and Fund if applicable)	2. Type of Re		3. ID N	umber
JOINES FOR MAYOR	2017 Year E	nd Semi-Annual	000-	000000-0-000
Start of Election Cycle: January 1, 2017		Total this Reporting Perio	d	Total this Election Cycle
4) Cash on Hand at Start		\$ 29,934.1	18 \$	44,520.78
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.0	0 \$	0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.0	00 \$	800.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.0)0 \$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.0)0 \$	0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.0	0 \$	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.0	0 \$	0.00
1) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.0)0 \$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	0 \$	250.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.0	0 \$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	0 \$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	0 \$	0.00
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c,11d and 11e)	\$ 0.0	0 \$	1,050.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 4,031.2	2 \$	15,567.82
13b) Contributions to Candidates/Political Committees	; (CRO-1310)	\$ 1,271.1	4 \$	3,271.14
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	10 \$	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 20.0	10 \$	20.00
15) Loan Repayments	(CRO-1420)	\$ 0.0	0 \$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	0 \$	1,050.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.0	0 \$	1,050.00
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 5,322.3	6\$	20,958.96
(9) Cash on Hand at End (Add lines 4 and 12 together, then su	ubtract line 18)	\$ 24,611.8	2 \$	24,611.82
ADDITIONAL INFORMATION		-		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	0	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	0	- <u> </u>
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	0	
25) Administrative Support	(CRO-1710)	\$ 0.0	0 \$	0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.0	0 \$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	0 \$	0.00
(8) Contributions to be Refunded	(CRO-1215)	\$ 0.0	0 \$	0.00

Pg <u>1</u> of <u>1</u> Yes

Amendment X No

1. Committee For JOINES FOR M	ill Name (and Fund i MAYOR	if applicable)						2. ID Nur 000-00	nber 00000-0-000
3. Type of Disbu		use separate CR(h type	-			1. 1. 1. 1. 1
Operating Exp	enses X Contr	ributions to Candidat					ordinat	ed Party Ex	penditures
4. Payee Inform			_,□	Add 🔲	Rem	ove		n an an Allanda an Alla An Allanda an	
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Cor	nmittee Na	ame	d. Comme	en ts
(include city, sta	te, & zip)								
	OR CONGRESS								
PO BOX 17373				c. Level Regist	-	(Specify) County:			
WINSTON-SAI	LEM, NC 27116			State		Municip		e Destio	Sum to Date
ł						- winnen	any.	C. Hetto	1 Sum to Date
								\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Rei	narks
JFM001	Check	D	09	9/29/2017	\$	500.00			
				-	\$				
4. Payee Inform	ation	<u></u>		Add 🔲	Rem	ove	3	1// 3	an an an an an
	alling Address & Pho	<u></u>	<u> </u>	b. Coordinates			më	d. Comme	nts
(include city, sta	•	JIIC						u comme	
GRAIG MEYE									
PO BOX 867				c. Level Regist	tered	(Specify)	·		
HILLSBOROU	GH, NC 27278			X Federal		County:			
				State State		_ Municip	ality:	e. Dection	Sum to Date
								\$	500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	j. An	lount	k. Re	quired Rei	narks
JFM001	Check	DO	<u> </u>		\$	500.00	BRE	AK THE	MAJORITY
	<u> </u>				\$		FUN		
		l		· · · · · · · · · · · · · · · · · · ·					
4. Payee Inform	ation ailing Address & Pho	<u></u>		Add D b. Coordinated	Rem			d. Comme	en fei
a. run Name, Ma (include city, sta		one	<i>1</i>	D. C.OOI UI BALC	ų CU		<u>аш с</u>	u, comme	
TART SWEETS			v						
848 W 5TH ST				c. Level Regist	ered	(Specify)			
	LEM, NC 27101			Federal		County:			
	2/101			State		🗌 Municip	ality:	e. Eection	Sum to Date
								\$	271.14
								-	
	g. Form of Payment							quired Rei	
JFM001	Check	DO	07	7/26/2017	\$	271.14			IG EXPENSE
					\$		FOR	DD ADA	MS EVENT
5. Total only this	s Page		,			P	···	\$	1,271.14
	CRO-1310 Pages	• · · · · · · · · · · · · · · · · · · ·		я ўс.,	<u> </u>	<u></u> .			
and and the second second second second	n line 13a of Detailed S	ummary Page CRO	.1100 if	- Name - And -	مانك فعالت مديناته	ente artisti al forma la californa vene fai	3 12 - 23		
	n line 13b of Detailed S		-		-	Political C	omm)	\$	1,271.14
•	n line 13c of Detailed S		-				,		
7. Purpose Co	des (List detailed	expenditure code	in (h.) :	above)	•		×		я
A* - Media	B* - Printin			undraising		D - To	Anotl	her Candid	late
E - Salaries	F* - Equipm	•		litical Party		H* - H	olding	Public O	ffice Expenses
I - Postage	J - Penaltie		K* - Q	ffice Expenses	3	Q* - D	onatic	on to Legal	Expense Fund
O* Other				ومحور فالمركز والمركز والمستعمل والمراجع والمراجع والمحافظ					فالمنافع وطنوى كوريك تحاجر مراجع والمراجع
	e detailed explanatio				1				
CRO-1310		NC S	tate Boa	rd of Elections					December 2009

Pg	_1	of		Y
Pg	_1	of	2	

Amendment X No (es

1. Committee F	ull Name (and Fund i	f applicable)	n	8		ß	1 a 1 a 1	2. ID Number
JOINES FOR N						•		000-00000-0-000
3. Type of Disbu	rsement <u>Please</u>	use separate CRC	-1310	forms for eacl	h typ	e of Disbu	iseme	nt.)
X Operating Exp	oenses 🔲 Contr	ributions to Candidat	es/Polit	ical Committees		Coo	ordinat	ed Party Expenditures
4. Payee Inform	ation			Add 🔲	Ren	nove	्य , , , , , , , , , , , , , , , , , , ,	
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ım e	d. Comments
(include city, sta	te, & zip)							
BREATHING A	ACCESS							
918 BRIDGE S				c. Level Regist				
WINSTON-SA	LEM, NC 27101			Federal		County:		
				State		LI Municip	anty:	e. Election Sum to Date
		· · · · · · · · · · · · · · · · · · ·						\$ 11,000.00
	g. Form of Payment	h: Purpose Code	i. Date	(mm/dd/yyyy)	j. Aj	nount	k. Re	quired Remarks
JFM001	Check	0	0	9/12/2017	\$	3,500.00	COM	IMUNITY SUPPORT
					\$			
4. Payee Inform	ation	n ga na tan		Add 🗖 🐳	Reп	nove 🧼	5 x 20	
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ime	d. Comments
(include city, sta	te, & zip)							
CROWN TROP	РНΥ							
2869 REYNOL				c. Level Regist				
WINSTON-SA	LEM, NC 27106			Federal State		County:		e. Election Sum to Date
							any:	e. Election Sum to Date:
								\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ai	nount	k. Re	quired Remarks
JFM001	Check	0	10	0/21/2017	\$	75.00	COM	IMUNITY SUPPORT
					\$			· · · · · · · · · · · ·
4. Payee Inform	ation			Add 🔲	Ren	iove	يون ^{المرا} يد	ಕ್ಷಣೆ ಗೊಳಿಗೆ ಹೆಚ್ಚಿಗೆ ಆ ಗೊಳಿಸಿಗಳು ಗ್ರಾ. ಈ ಸಂಗ್ರಹಿಸಿದ್ದಾರೆ.
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	me ;	d. Comments
(include city, sta	te, & zip)							
MEP CATERIN	1G							
PO BOX 20397				c. Level Regist		County:		
WINSTON-SA	LEM, NC 27102			State		Municip		e. Dection Sum to Date
								\$ 400.00
E Assount Code	g. Form of Payment	h Purnose Code	i Bata	(mm/dd/www.w)		nount	k Re	guired Remarks
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JF10001	Check	0	U:	0/21/2017	\$	400.00	CEL	EBRATION EVENT
	a and the second se		- <u>-</u> ,	- Alexandra	\$			
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•	n line 13a of Detailed S		-			and Units rates and the second	,	\$ 4,031.22
	n line 13b of Detailed S						omm)	• • • • • • • • • • • • • • • • • • • •
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Pa	rty Ex	penditures)		
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)	е ^К		• %	
A* - Media	B* - Printin	g	C* - F	undraising				ner Candidate
E - Salaries	F* - Equipm			litical Party				Public Office Expenses
I - Postage	J - Penaltie	S	K* - C	ffice Expenses	5	Q* - D	onatio	n to Legal Expense Fund
O* Other						d A	ريز داده ال ^{ير} ومعطوره	مېرىزى بىلىكى بىلىكى تەرىپى بىلىكى
CRO-1310	e detailed explanatio			rd of Elections	. ¥		e 1	December 2009
UNUTIN		110.0						2000 2000 2000 2000 2000 2000 2000 200

2	of	_2_	Yes

Amendment X No

1. Committee F	ull Name (and Fund i	if applicable)		e 1	ia "	1 m - 1		2. ID Numl	
JOINES FOR M	MAYOR		-					000-000	000-0-000
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3. Type of Disbu		use separate CRC			<u>i type</u>				· · · · · · · · · · · · · · · · · · ·
		ributions to Candidat					ordinat	ed Party Exp	enditures
4. Payee Inform					Rem			6 6 <u>6 6 6 6</u>	<u> </u>
	ailing Address & Ph	one		b. Coordinate	d Con	mittee N	ате	d. Commen	ts
(include citÿ, sta				4					
	EGIC MARKEITIN	G		L					
315 N SPRUCE				c. Level Regist	tered			1	
WINSTON-SA	LEM, NC 27101			Federal	L	County:			0
1				L State	L	I Muillei		e. Dection !	Sum to Date
					_			\$	56.22
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rem	arks
JFM001	Check	Α	0	8/09/2017	\$	8.47	ADV	/ERTISING	ł
JFM001	Check	А	1	1/ 22/2017	\$	47.75	ADV	/ERTISING	ł
5. Total only thi	s Page		2	······	بر ا - ا		ч. тал. 	\$	56.22
6. Total of ALL	CRO-1310 Pages		ф. :	× ×	1 .	n 7	2 		
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• –	n line 13b of Detailed S		-				'omm)		7,051.22
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 ij	Coordinated Pa	ny Exp	enditures)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)				n an	
A* - Media	B* - Printin	g	C* - F	undraising	-	D - To	Anot	her Candida	te
E - Salaries	F* - Equi pro		G-Po	litical Party			~		ice Expenses
I - Postage	J - Penaltie	S	K* - (Office Expenses	3	Q* - D	onatic	on to Legal 1	Expense Fund
O* Other									
	e detailed explanatio				s A Ng				
CRO-1310		NC S	tate Boa	ard of Elections					December 2009

Aggregated Non-Media Expenditures

Page <u>1</u> of <u>1</u>

Amendment Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Commit	tee Full Name (an	d Fund if applicable)		લ		2. ID	Number	· · · · · · · · ·		
JOINES F	OR MAYOR						000-	-00000-0-000)0	
3. Payee In	formation	÷	· · · · · · · · · · · · · · · · · · ·			I				
. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/	уууу)	f. Am	ount	g. Required R	emarks	
Add Remove	JFM001	Check	G	08/18/201	7	\$	20.00			
4. Total e	only this Page	2	*****		1- 1- 1-	\$		• • • • • • • •	20.00	
	of ALL CRO-1 must be on line 14.0	315 Pages <i>f Detailed Summary Pa</i>	ge CRO-1100)	· · · · · · · · · · · · · · · · · · ·	* 	\$		`	20.00	
6. Purpos	se Codes (List	detailed expenditu	re code in (d) a	bove)	. 4	»				
	B *	- Printing	C* - Fundr	aising	D - 🤇	lo An	other Car	ndidate	•• ·	
E - Sala	ries F *	- Equipment	G - Political	Party	<u> </u>			lic Office Ex	penses	
I - Posta	age J-	Penalties	K* - Office	Expenses	* *			Legal Expe		
O* - O	ther	<u>арияна и на на</u> да по		<u> </u>				9 F -		
* Code	s require detai	iled explanation i	n required ren	narks field (g))				·	
700 1215			ate Deard of Electio					Ť		

CRO-1315

NC State Board of Elections

December 2009

Signer has not received

mandatory training.

	Donort	Cover						Amendment
Disclosure	Report	Cover						Yes No
Do not use this	form to unda	oft and commune	e mion	mation, mu	st de sig	gned and subn	nitted along	g with other detailed form
1. Committee In		te mionanon.			, -			
a. Full Name				. ນ ໍ ອ			ben get	c. ID Number
JOINES FOR N	AVOR							
		City, State and Zi	- Cada)					000-000000-0-000
PO BOX 20397		Ily, State and zaj				_		d. Date Filed
WINSTON-SA		7102						01/15/2018
								e. Phone Number
2. Report Year	3. Period St	art Date (mm/dd/	yy)	4. Period	End Dat	te (mm/dd/yy)	5. Treasu	rer Full Name
2017	[07/01/2017	<u> </u>	1	12/31/2		WILLIAN	
6. Type of Comn		One)	9. Typ	e of Repor	t (ch	heck only one	type of rep	oort from one category)
Candidate Can		arty	Munic	ipal 👘		State/County		Referendum
Joint Fundraise		AC		Organizatio		🔲 Organizatio	nal	Organizational
Referendum		egal Expense Fund		Thirty-five	· ·	Quarterly		Pre-referendum
. Type of Fund		ble, check one)		Pre-primar		First		Final
Booster Fund	r"			Pre-election	n	Second		Supplemental Final
Building Fund	lection Year Ca	Jidatas Fund		Pre-runoff	.	Third		Annual
NC Public Can				Semi-annua Mid Ye	-	Fourth		Special
	ipaign rmanen	1g runa		Mid Ye Year E	- 1	Semi-annua Mid Ye	_	
Other:				Year E. Final	na	☐ Mid Ye □ Year E	_	10. Special Report Nar
Number of Fu	ndroigare th	is Donort	H	Special		Final	10	
	nutaisers in O	15 Actor		diagon.		Special		
3. Account Infor	mation		L	· · · · · · · · · · · · · · · · · · ·	3. Ace	ount Informati	ON ST	<u> </u>
. Financial Insti		ame		<u> </u>		ncial Institutio		<u></u>
FNB								· •
(, IND								
		c. Account Cod	le		b. Purp	ose		c. Account Code
. Purpose TO PAY COM	MITTEE		le M001		b. Purp	05 C		c. Account Code
. Purpose TO PAY COM	MITTEE	JF	M001		b. Purp	05 C		
. Purpose TO PAY COM	MITTEE	JF d. Period Begin	M001 n Balan	ce	b. Purp	050		d. Period Begin Balance
h. Purpose TO PAY COM EXPENSES	MITTEE	JF d. Period Begin	M001 n Balan	ce	b. Purp	056		d. Period Begin Bala
b. Purpose TO PAY COMP EXPENSES CERTIFICATIO I certify that th Chapter 163 of	he Committee f the NC Gene	JF d. Period Begin \$ e or Fund is in co eral Statutes and	M001 n Balan 2 mplianc that no	ce 29,934.18 ce with all a 5 funds are	applicab	le provisions of a gled with pro	hibited or o	d. Period Begin Balance \$ 22A, 22B & 22D-22M of other non-disclosed
• Purpose FO PAY COM EXPENSES CERTIFICATIO I certify that th Chapter 163 of funds. I furthe	PN he Committee f the NC Gene er certify that	JF d. Period Begin \$ e or Fund is in co eral Statutes and this report is co	M001 n Balan 2 mplianc that no	ce 29,934.18 ce with all a 5 funds are true and c	applicab commir orrect a	ele provisions agled with proj nd that I have	hibited or o been train	d. Period Begin Balance \$ 22A, 22B & 22D-22M of other non-disclosed
Purpose TO PAY COMP EXPENSES CERTIFICATIO I certify that th Chapter 163 of funds. I furthe Pr	PN he Committee f the NC Gene er certify that finted Name of	JF d. Period Begin \$ e or Fund is in co eral Statutes and this report is co	M001 n Balan 2 mplianc that no	ce 29,934.18 ce with all a 5 funds are true and c	applicab commir orrect a	le provisions of a gled with pro	hibited or o been train	d. Period Begin Balance \$ 22A, 22B & 22D-22M of other non-disclosed ed by the NC State Boar
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D. Purpose TO PAY COM EXPENSES CERTIFICATIO I certify that th Chapter 163 of funds. I furthe	PN he Committee f the NC Gene er certify that finted Name of SE ONLY	JF d. Period Begin \$ e or Fund is in co eral Statutes and this report is co	M001 n Balan 2 mplianc that no	ce 29,934.18 ce with all a 5 funds are true and c	applicab commir orrect a ature of	ele provisions agled with proj nd that I have	hibited or o been train surer De	d. Period Begin Balance \$ 22A, 22B & 22D-22M of other non-disclosed ed by the NC State Boan 01/15/2018
D. Purpose TO PAY COMP EXPENSES CERTIFICATIO I certify that the Chapter 163 of funds. I furthe Pr FOR OFFICE US	PN he Committee f the NC Gene er certify that finted Name of SE ONLY ed:	JF d. Period Begin \$ e or Fund is in co eral Statutes and this report is co	M001 n Balan 2 mplianc that no	ce 29,934.18 ce with all a funds are true and c Sign	applicab commin orrect a ature of	ele provisions agled with proj nd that I have	hibited or o been train surer De	d. Period Begin Balance \$ 22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board 01/15/2018 Date

assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. NC State Board of Elections

Employee:

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,

Date Data Entered:

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

Amendment Ves 🖾 No

1. Committee Full Name (and Fund if applicable)	2. Type of Re		3. I	D Number
JOINES FOR MAYOR		nd Semi-Annual	1	000-000000-0-000
Start of Election Cycle: January 1, 2017		Total this Reporting Perio	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 29,934.	18	\$ 44,520.78
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$0.	00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.	00	\$ 800.00
7) Contributions from Political Party Committees	(CRO-1220)	\$0.	00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00	\$ 0.00
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	\$ 250.00
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
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 0.	00	\$ 1,050.00
EXPENDITURES		· · · · · · · · · · · · · · · · · · ·		
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 4,031.	22	\$ 15,567.82
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 1,271.	14	\$ 3,271.14
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 20.	00	\$ 20.00
15) Loan Repayments	(CRO-1420)	\$ 0.	00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.	00	\$ 1,050.00
T) In-Kind Contributions	(CRO-1510)	\$ 0.	00	\$ 1,050.00
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	i, 16 and 17)	\$ 5,322.	36	\$ 20,958.96
(19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 24,611.	82	\$ 24,611.82
ADDITIONAL INFORMATION	·		- -	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.1	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

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Amendment X No

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CRO-1310 NC State Board of Elections December 2009	Codes require CRO-1310	e detailed explanation						·		acomber 2000

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1. Committee Full Name (and Fund if applicable)									
JOINES FOR MAYOR							0000-0-000		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
X Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform	ation			Add 🔲	Rer	nove	T	ال	
a. Full Name, M	ailing Address & Ph	one		b. Coordinated Committee Name d. Comments					
(include city, sta	ite, & zip)	<u> </u>							
BREATHING A	ACCESS							l	
918 BRIDGE S				c. Level Registered (Specify)					
WINSTON-SA	Federal County: State Municipality:								
				State Municipality:				e. Election	n Sum to Date
								\$	11,000.00
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
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(include city, sta	te, & zip)								
CROWN TROP	РНΥ								
2869 REYNOL				c. Level Regist	tered				
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(include city, sta	te, & zip)								
MEP CATERIN									
PO BOX 20397				c. Level Registered (Specify) Federal County: State Municipality:					
WINSTON-SAI	LEM, NC 27102							e Flection	Sum to Date
							<u>un</u> , y.	c, nethol	Sum to Date
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Amendment Ves X No

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Operating Ex		ributions to Candidat			<i>i ivpe</i>			ed Party Exp	nditures	
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315 N SPRUCE	LEM, NC 27101			Federal		County:				
WINSTON-SA	LEWI, NC 27101			D State	Ē	Municipality: e. Election Sum to D			Sum to Date	
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I - Postage J - Penalties K* - C			Office Expenses Q* - Donation to Legal Expense Fur			xpense Fund				
O* Other										
	e detailed explanatio			· · · · · · · · · · · · · · · · · · ·						
CRO-1310		NC S	tate Boa	ard of Elections					December 2009	

Aggregated Non-Media Expenditures

Page <u>1</u> of <u>1</u>

Amendment Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committ	ee Full Name (and	d Fund if applicable)	· · · · · · · · · · · · · · · · · · ·		2. ID	Number			
JOINES FOR MAYOR						000-000000-0-000			
3. Payee In				• •		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yy	yy) f. Am	lount	g. Required Remarks		
Add Remove	JFM001	Check	G	08/18/2017	\$	20.00			
4. Total o	only this Page	a v <u>s</u>			\$		20.00		
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6. Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)					
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E - Salar	ies F*	- Equipment				- Holding Public Office Expenses			
<u>I - Posta</u>	ge J-	Penalties				· - Donations to Legal Expense Fund			
<u>O* - Ot</u>	her]		-		0 <u>r</u>		
* Codes	require detai	led explanation i	n required ren	narks field (a)	-				

CRO-1315

NC State Board of Elections

December 2009