

COPY

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.

Amendment ☐ Yes ☒ No

2013 SEP - 3 PM 3:21

1. Committee Information	
a. Full Name <i>Committee to Elect Joyaly Johnson</i>	c. ID Number RECEIVED
b. Mailing Address (include City, State and Zip Code) <i>2426 Edison Ct Winston Salem NC</i>	d. Date Filed <i>9/3/2013</i> e. Phone Number

2. Report Year <i>2013</i>	3. Period Start Date (mm/dd/yy) <i>8/6/2013</i>	4. Period End Date (mm/dd/yy) <i>8/27/2013</i>	5. Treasurer Full Name <i>NORACE A BONNER</i>																																				
6. Type of Committee (Check One) ☒ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table style="width: 100%;"> <tr> <td style="width: 33%;">Municipal</td> <td style="width: 33%;">State/County</td> <td style="width: 33%;">Referendum</td> </tr> <tr> <td>☐ Organizational</td> <td>☐ Organizational</td> <td>☐ Organizational</td> </tr> <tr> <td>☐ Thirty-five day</td> <td>☐ Quarterly</td> <td>☐ Pre-referendum</td> </tr> <tr> <td>☒ Pre-primary</td> <td>☐ First</td> <td>☐ Final</td> </tr> <tr> <td>☐ Pre-election</td> <td>☐ Second</td> <td>☐ Supplemental Final</td> </tr> <tr> <td>☐ Pre-runoff</td> <td>☐ Third</td> <td>☐ Annual</td> </tr> <tr> <td>☐ Semi-annual</td> <td>☐ Fourth</td> <td>☐ Special</td> </tr> <tr> <td>☒ Mid Year</td> <td>☐ Semi-annual</td> <td></td> </tr> <tr> <td>☐ Year End</td> <td>☐ Mid Year</td> <td></td> </tr> <tr> <td>☐ Final</td> <td>☐ Year End</td> <td></td> </tr> <tr> <td>☐ Special</td> <td>☐ Final</td> <td></td> </tr> <tr> <td></td> <td>☐ Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	☐ Organizational	☐ Organizational	☐ Organizational	☐ Thirty-five day	☐ Quarterly	☐ Pre-referendum	☒ Pre-primary	☐ First	☐ Final	☐ Pre-election	☐ Second	☐ Supplemental Final	☐ Pre-runoff	☐ Third	☐ Annual	☐ Semi-annual	☐ Fourth	☐ Special	☒ Mid Year	☐ Semi-annual		☐ Year End	☐ Mid Year		☐ Final	☐ Year End		☐ Special	☐ Final			☐ Special	
Municipal	State/County	Referendum																																					
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☐ Year End	☐ Mid Year																																						
☐ Final	☐ Year End																																						
☐ Special	☐ Final																																						
	☐ Special																																						
7. Type of Fund (if applicable check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		10. Special Report Name																																					
8. Number of Fundraisers this Report																																							

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>SunTrust</i>	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	c. Account Code <i>CEJU</i>	d. Period Begin Balance	d. Period Begin Balance
	<i>\$ 1023.44</i>		<i>\$</i>

CERTIFICATION

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

NORACE A. BONNER *NORACE A. BONNER* *8/2/2013*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <i>9/3/2013</i>	Employee: <i>Judy Spear</i>	Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed
Date Postmarked: _____	Employee: _____	☐ Signer has not received mandatory training
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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

Amendment

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect <i>[Handwritten: Jesse Johnson for Primary]</i>					
Start of Election Cycle: January 1, <i>2013</i>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ <i>1,023.74</i>		\$ <i>[Redacted]</i>	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ <i>230.00</i>	
6) Contributions from Individuals (CRO-1210)		\$ <i>1,050.00</i>		\$ <i>5,430</i>	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) 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)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ <i>1,000</i>		\$ <i>5,660</i>	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ <i>1,414.77</i>		\$ <i>5,051.33</i>	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>1,414.77</i>		\$ <i>5,051.33</i>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>608.67</i>		\$ <i>608.67</i>	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

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Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Joycelyn Johnson						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joycelyn Johnson 2426 Edrson Ct. Winston Salem NC			Community Coordinator Out Patient			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Wake Forest Baptist Medical Center		\$ 4,030.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	CEJJ	Check			\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,000.00	

Disbursements

Pg 3 of Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
<i>Committee to Elect Joyce Johnson</i>							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
<i>WFUB Postal Services Medical Center Blvd Winston Salem NC</i>				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 725.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CEJJ	Check		8/12/2013	\$235.29	Postage		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
<i>First Signs 656 Home Mall Blvd Winston Salem NC 27103</i>				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 3419.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CEJJ	Check		8/12/2013	\$198.30	Campaign Labels		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$	
6. 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)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 4 of Amendment ☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
<i>Committee to Elect Joycelyn Johnson</i>							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
<i>WFUB Postal Service Medical Center Blvd Winston Salem N.C 27158</i>				c. Level Registered (Specify)		e. Election Sum to Date <i>\$ 490.38</i>	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>CEJ5</i>	<i>Check</i>		<i>8/2/2013</i>	<i>\$ 490.38</i>	<i>Postage</i>		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
<i>Truth Broadcasting 107 Green Valley Rd Winston Salem N.C</i>				c. Level Registered (Specify)		e. Election Sum to Date <i>\$ 490.80</i>	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>CEJ5</i>	<i>Check</i>		<i>Aug. 2, 2013</i>	<i>\$ 490.80</i>	<i>Radio Spots</i>		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date \$	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$	
6. 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)							
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