

Disclosure Report Cover

Amendment

☐ Yes

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 Information c. ID Number a. Full Name JOINES FOR MAYOR 000-000000-0-000 d. Date Filed b. Mailing Address (include City, State and Zip Code) PO BOX 20397 WINSTON-SALEM, NC 27102 e. Phone Number (336) 732-5389 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) WILLIAM C. ROSE 08/27/2013 2013 07/31/2013 (check only one type of report from one category) 6. Type of Committee (Check One) 9. Type of Report X Candidate Campaign Party Municipal State/County Referendum Organizational Organizational ☐ Joint Fundraiser □ PAC Organizational Pre-referendum Thirty-five day **Ouarterly** Referendum □ Legal Expense Fund Final X First (if applicable, check one) Pre-primary 7. Type of Fund Supplemental Final Pre-election Second Booster Fund" Annual Annual Third Building Fund Pre-runoff Presidential Election Year Candidates Fund Semi-annual Fourth Special Mid Year Semi-annual NC Public Campaign Financing Fund Year End Mid Year 10. Special Report Name Final Year End Other: Special Final 8. Number of Fundraisers this Report Special 3. Account Information 3. Account Information a. Financial Institution Full Name a, Financial Institution Full Name NEWBRIDGE BANK c. Account Code c. Account Code b. Purpose b. Purpose TO PAY COMMITTEE JFM001 **EXPENSES** d. Period Begin Balance d. Period Begin Balance 201600.77 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 Williamek 69/02/2013 Printed Name of Signer Signature of Appointed Treasure FOR OFFICE USE ONLY Delivery Method 9/3/2013 Employee: Date Received: ☐ Normal Mail ☐ Registered Mail Date Postmarked: Employee: Hand Delivered ☐ Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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.

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

1. Committee Full Name (and Fund if applicable)

| 2. Type of Report |

Use this form to summarize all disclosure reporting forms at 1. Committee Full Name (and Fund if applicable)	2. Type of Re		ID N	umber	
JOINES FOR MAYOR	2013 Pre-Pri	 3.	3. ID Number 000-000000-0-000		
			1		
Start of Election Cycle: January 1, 2010		otal this rting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 201,600.77	_	91,158.09	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 37.35	\$	985.35	
6) Contributions from Individuals	(CRO-1210)	\$ 1,399.00	\$	148,682.01	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$	1,700.00	
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	\$	144.84	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$	0.00	
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)	\$ 1,436.35	\$	151,512.20	
EXPENDITURES		 			
(3) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 18,742.28	\$	42,876.91	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$	10,850.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 324.59	\$	653.91	
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$	0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 37.35	\$	1,219.31	
17) In-Kind Contributions	(CRO-1510)	\$ 37.35	\$	3,174.61	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 19,141.57	\$	58,774.74	
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 183,895,55		183,895.55	
ADDITIONAL INFORMATION		 	Negaz	and the Control of th	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00			
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	
CRO-1100 NC State Boar	a of Elections			August 2008	

						Amendme	ent
Aggrega	ted Contril	butions from I	ndividuals _{Page}	1 of	1	☐ Yes	X No
Optional for	rm used to repor	rt NC Contributions	From Individuals of \$	50 or less			
1. Committee	e Full Name (and	Fund if applicable)	el de la companya de		2. ID 1	Vumber	
JOINES FO	R MAYOR				0	00-000000	-0-000
3. Contribute	or Information					^N order of	n Nightsh
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/de	l/yyyy)	f. Amount	
Add Remove	JFM001	In-Kind	CAMPAIGN REFRESHMENTS	08/12/20	13	\$	37.35
4. Total or	ly this Page				\$		\$37.35
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CRO-1205

NC State Board of Elections

April 2007

#### **Contributions from Individuals**

Pg 1 of 2 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 000-000000-0-000 JOINES FOR MAYOR 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED ANN BRENNER c. Employer's Name/Specific Field 13 GRAYLYN PLACE LANE WINSTON-SALEM, NC 27106 e. Election 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 08/12/2013 250.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SELF EMPLOYED MIKE COE c. Employer's Name/Specific Field 533 TRADE STREET WINSTON-SALEM, NC 27101 Real Estate e. Election Sum to Date 1,800.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Check JFM001 08/02/2013 \$ 900.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) HOMEMAKER MATTIE RHODES c. Employer's Name/Specific Field 219 TAR BRANCH COURT WINSTON-SALEM, NC 27101 e. Election Sum to Date 124.50 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check JFM001 08/12/2013 124.50 \$ \$ \$ 4. Total only this Page 1,274.50 \$ 5. Total of ALL CRO-1210 Pages \$ 1,399.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

							Ашела	ment
Cont	ributions fr	om Individuals	}		Pg2	of <u>2</u>	☐ Yes	No No
Use this	form to report in	dividual contributions	over \$50 or co	ntributions	under \$50	oif form CRO	1205 is not u	sed
1. Com	mittee Full Name	(and Fund if applicabl	e)				2. ID Num	ber
JOINE	S FOR MAYOR						000-000	000-0-000
3. Cont	ributor Informati	on		Add 🔲	Remove			
a. Full Name, Mailing Address & Phone			b. Job Title/Profession			d. Comments		
(inclu	de city, state, & z	ip)		EXECUTIVE DIRECTOR			]	
MILTO	ON RHODES					···		
219 TA	R BRANCH CO	URT		c. Employer's Name/Specific Field W-S ARTS COUNCIL				
WINST	ON-SALEM, N	C 27101						
							e. Election	Sum to Date
							\$	373.50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date	(mm/dd/yyyy)	k. Amo	unt
	JFM001	Check				08/12/2013	\$	124.50

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CRO-1210

NC State Board of Elections

April 2007

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Pg	_1_	of	_17_	☐ Yes	X	No

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				Amendm	ent	
Pg	3	of	_17	☐ Yes	X	No

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JOINES FOR I	MAYOR							000-0	00000-0-	000
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				Amendment					
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	full Name (and Fund	if applicable)	, , , , , , ,	<del></del>				2. ID Nu	
JOINES FOR	MAYOR							000-0	00000-0-000
3. Type of Disb		use separate CR							
X Operating Ex	<del></del>	ributions to Candida			3	C₀	ordinat	ed Party Ex	ependitures
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229 WEST 5TF				c. Level Regis	tered (S	pe cify)			
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rer	narks
JFM001	Cash	F	08	3/08/2013	\$	74.52	CEL	L PHONE	
JFM001	Cash	F	08	3/12/2013	\$	75.00	CELI	- PHONE	
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* - Media	B* - Printing	<del></del>		ndraising	· · ·	D . To /	Anoth	er Candida	ıte
E - Salaries	F* - Equipme	•		itical Party					ice Expenses
- Postage	J - Penalties			ffice Expenses					Expense Fund
)* Other			_			~ ~0		· ··· L~gai	
Codes require	detailed explanation	in required rem	arks fic	eld (k)				<u> </u>	

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# **Disbursements**

Pg	5_	of	_17_	Yes Yes	X No

1. Committee F	ull Name (and Fund	if applicable)	.%					D Number	
JOINES FOR	MAYOR							000-000000	)-0-000
3. Type of Disb		use separate CR						11 14 11	
X Operating Ex	penses	ributions to Candida				Coord	inated Pa	rty Expendi	tures
4. Payee Inform		<u>a an /u>		Add 🔲	Remove		.Hy.		
-	ailing Address & Ph	one		b. Coordinate	d Committ	ee Nam	e d.C	omments	
(include city, sta	rte, & zip)	· · · · · · · · · · · · · · · · · · ·		<u>]</u>			- 1		
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WINSTON-SA	LEM, NC 27101			State		•	tv: a 161	ection Sun	to Date
				- State		ano pui		CCHOL SUL	1 to Date
							\$		85.50
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4. Davis a Tu favour	-4	!		Add 🔲					
	ation ailing Address & Ph		ابا:	b. Coordinate	Remove			om m en ts	n transfer interest to
a. run wank, wa (include city, sta	<del>-</del>	one		B. Coordinate	и сомини	CC IVAIII	<u> </u>	omments	
TIM DAVIS	ic, a 21p)								
2305 ELBON D	)R		c. Level Regis	tered (Spec	ify)				
	LEM, NC 27105			☐ Federal	Co		_		
	,			☐ State	☐ Mı	micipali	ty: e. D	ection Sum	to Date
							\$		85,50
£ Assourt Code	g. Form of Payment	h Purnosa Coda	E Data	(man dadhanan)	l: A	Ti.		d Remarks	
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31 141001	CHECK		Uč	3/23/2013			ORKE	CANVAS	
					\$		Oldasi		
4. Payee Inform	ation			Add 🔲	Remove				19 July 18
a. Full Name, Ma	illing Address & Pho	one		b. Coordinate	d Committe	ee Nam	e d. Co	omments	
(include city, sta	te, & zip)								
RONALD DEA					n 400				
930 N PATTER				c. Level Regist	Co				
WINSTON-SAI	LEM, NC 27101			State		•	v a Fla	ection Sum	to Dote
				<u> </u>	<u> </u>	mioibani	.у. с. ш	ection Dum	to Date
							\$		85.50
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					\$	- w	ORKE	τ	
						بملمس			
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	ı line 13b of Detailed S ı line 13c of Detailed S						m)		
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A* - Media	B* - Printing	_		indraising				andidate	[
E - Salaries  - Postage	F* - Equipme J - Penalties			itical Party ffice Expenses				lic Office H Legal Expe	
- rostage O* Other	a - renaute	•	.x U.	ruce whenses	Ų"	- TOIIS	revii (O I	regai exbe	use pubu
	detailed explanation	ı in required rem	arks fi	eld(k)		4,	4. 6.4.2		

Amendment	
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### **Disbursements**

Pg	6_	of	_17_	Yes	X	No

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	
JOINES FOR I	MAYOR							000-0	00000-0-000
3. Type of Disb	irsement (Please	use separate CRO	<b>)-1310</b>	forms for each	h type of L	disbur	seme	nt.)	
X Operating Ex		ributions to Candidat	tes/Polit	ical Committees		Coo	rdinat	ed Party Ex	xpenditures
4. Payee Inform	ation			Add 🔲	Remove				
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Committ	tee Na	me	d. Comm	ents
(include city, sta	ıte, & zip)								
EUGENE GLA	DNEY			]					
417-B HIGHLA	AND AVE			c. Level Regis					
WINSTON-SA	LEM, NC 27101			Federal County:					
				☐ State	и	unicipa	dity:	e. Election	n Sum to Date
								\$	85.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	t	k. Re	quired Re	marks
JFM001	Check	0	08	3/23/2013	\$ 85	5.50	VOT	ER CAN	VAS
				\$ WO			WOI	RKER	
4. Payee Inform	ation	<u> </u>		Add 🔲	Remove				
	ailing Address & Pho	one		b. Coordinate		ee Na	m e	d. Comme	ents
(include city, sta	_								<del> </del>
DARVEZ HAII		· · · · · · · · · · · · · · · · · · ·							
118 CHARLESTON CT APT B c. Level Registered (Specify)									
WINSTON-SA	LEM, NC 27103			☐ Federal	_	unty:		<u> </u>	
				☐ State	☐ Mi	unicipa	lity:	e. Hection	n Sum to Date
								\$	85.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	: 1	k. Re	quired Re	marks
JFM001	Check	0	08	3/23/2013	\$ 85	.50	VOT	ER CAN	VAS
	-			:	\$		WOF	KKEK	<del></del>
4. Payee Inform	ation			Add 🗖	Remove				
	ailing Address & Pho			b. Coordinated	l Committe	ee Nai	ne	d. Comme	ents
(include city, sta	•			<del></del>					
ROLAND HAR									
	LEVELAND AVE		Ì	c. Level Regist					
WINSTON-SAI	LEM, NC 27101			☐ Federal	☐ Co	-			
				☐ State		тісіра	lity:	e. Election	Sum to Date
								\$	85.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	1	. Re	quired Rer	narks
JFM001	Check	0	08	/23/2013	\$ 85	.50	VOT:	ER CAN	VAS
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					<del></del>				255.50
5. Total only this	<del></del>				. <u>1</u> .6			\$	256.50
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	n line 13a of Detailed S		-		-			\$	18,742.28
	n line 13b of Detailed Si n line 13c of Detailed Si		•				nm)		
(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* - Equipme			itical Party					ffice Expenses
I - Postage	J - Penalties			ffice Expenses					Expense Fund
O* Other				¥	•				
* Codes require	detailed explanation	ı in required rem	arks fi	eld (k)				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

					Amendm	ent
Disbursements	Pg	7_	of	<u>17</u>	Yes	X No

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

committees and coordinated party expenditures

1. Committee F JOINES FOR 1	full Name (and Fund MAYOR	if applicable)						2. ID Nu 000-0	mber 00000-0-000
3. Type of Disb	ursement (Please	use separate CR(	0-1316	forms for eac	h typ	e of Disbu	rseme	ent.)	ering of the second
X Operating Ex		ributions to Candida							xpenditures
4. Payee Inform	ation			Add 🔲	Ren	ove			
a. Full Name, M	lailing Address & Ph	one		b. Coordinate			ame	d. Comm	ents
(include city, sta	ate, & zip)								
PATRICK HO						-2 - 22 -		]	
432 HEMINGV				c. Level Regis		(Specify) County	<del></del>	1	
WINSTON-SA	LEM, NC 27127			State	i			e Mectio	n Sum to Date
				- State		- wanten	Juney.		
								\$	85.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Re	marks
JFM001	Check	0	0	8/23/2013	\$	85.50	VOI	ER CAN	VAS
·	<b>†</b>	<del>                                     </del>		s wo			WO	RKER	· · · · · · · · · · · · · · · · · · ·
4. Danie Tafarin		<u> </u>	<u> </u>	A 3 3   T	<u> </u>		<u> </u>		
a Full Name M	nation ailing Address & Pho	ONG	<u> </u>	Add D. Coordinate		ove		d. Comm	an te
(include city, sta		Dife		b. Coordinate	u Con	HM144CC 144		и. Сом ш	CH (S
JAMES JONES	•	<del></del>		1					
2817 SHILOH				c. Level Regis	tered	(Specify)	•		
WINSTON-SALEM, NC 27105									
	•			State	[	_ Municip	ality:	e. Bectio	n Sum to Date
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			<u> </u>		\$				· · · · · · · · · · · · · · · · · · ·
4. Payee Inform	ation			Add 🔲	Rem	ove	·		
	ailing Address & Pho	one		b. Coordinate	d Con	mittee Na	me	d. Comm	ents
(include city, sta		<del></del>							<del></del> -
SYLVIA JONE				c. Level Regist	d	(C16:)			
870 PITTS AVI				Federal		County:			
WINSTON-SAI	LEM, NC 27127		;	State	_	_ ,		e. Election	Sum to Date
								\$	85.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	guired Re	marks
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5. Total only this	. Paga	<del></del>					. 1	ė)	271.00
							-	\$	271.00
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	n line 13a of Detailed Si n line 13b of Detailed Si					Dalitiani C		\$	18,742.28
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	odes (List detailed o	·			7 - 7				
A* - Media	B* - Printing			undraising		D. To	Anoth	er Candid	lota
E - Salaries	F* - Equipme	-		litical Party					ffice Expenses
[ - Postage	J - Penalties			ffice Expenses					Expense Fund
O* Other				•		•			•
* Codes require	e detailed explanation	ı in required rem	arks fi	eld (k)					

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				Amendm	ent	
Pg	8_	of	<u>17</u>	☐ Yes	X	No

1. Committee F	ull Name (and Fund i	if applicable)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			·	2. ID Nu	ımber
JOINES FOR M								000-0	000000-0-000
3. Type of Disbu	arsement (Please	use separate CRC	<u> </u>	forms for eac	h type	e of Disbu	rseme	ent.)	
X Operating Exp		ributions to Candidat							Expenditures
4. Payee Inform	ation			Add 🔲	Rem	ove :		1.15	
	ailing Address & Pho	one	<del></del>	b. Coordinate	d Cor	nmittee N	ame	d. Comm	ients
(include city, sta	ite, & zip)	· ·							
MEENAL KHA	AJURIA			<u></u>				1	
6809 ELM HIL				c. Level Regis				1	
CLEMMONS, 1	NC 27012			Federal State		☐ County:		a Mactic	on Sum to Date
				L State		Mulion	/aiity.	<u> </u>	Il Sull 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 Re	emarks
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4. Payee Inform	lation	i de ette en	$\vdash$	Add □	Rem	ove	<u> </u>	and the second	
	ailing Address & Pho			b. Coordinate	-		am e	d. Com m	ents
(include city, sta	•	,				18 hours	-	<b>U.</b> C	TO EL CO
REGINALD LE				1			1	<u> </u>	
534 N LIBERT				c. Level Regis	tered				
	LEM, NC 27101			☐ Federal		County:		<u> </u>	
	-			☐ State		Municip	ality:	e. Dectio	on Sum to Date
			I					\$	85.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	/m m /dd/vvvv)	li. An	tauni	k. Re	 quired Re	marks
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4. Payee Informa				Add 🔲	Rem			<del></del>	
,	ailing Address & Pho	one	ŀ	b. Coordinate	d Con	imittee Na	ım e	d. Comm	ents
(include city, stat				1					
SHA'QUILLE L 534 N LIBERTY			!	c. Level Regis	tered	(Specify)			
	1 51 LEM, NC 27101		ļ	Federal		County:		İ	
WHISTON	JEN1, 140 27101		ļ	State				e. Electio	n Sum to Date
			ļ					\$	85.50
					1	· . I	70-		
		h. Purpose Code						quired Re	
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	n line 13b of Detailed S		-			Political Co	omm)	\$	18,742.28
	n line 13c of Detailed Si								
7. Purpose Co	des (List detailed o	expenditure code	in (h.) a	above)		in the			
A* - Media	B* - Printing	<del></del>		undraising	-	<b>D</b> - To A	Anoth	er Candio	date
E - Salaries	F* - Equipme	=		litical Party					office Expenses
I - Postage	J - Penalties		K* - O	ffice Expenses	\$				d Expense Fund
O* Other	•								
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				Amendme	ent	
Pg	9_	of	<u>17</u>	☐ Yes	X	No

							_		
1. Committee Fu JOINES FOR M	ull Name (and Fund i MAYOR	if applicable)	-				**	2. ID Nu 000-0	mber 100000-0-000
2 Trees of Diaba		use separate CRC	0 1316	forms for and	L tuna	of Dichu			<del></del>
<ol> <li>Type of Dis bu</li> <li>Operating Exp</li> </ol>		ributions to Candidat							xpenditures
4. Payee Informa				Add 🔲	Remo		/A 4444	001	April 100
	ailing Address & Pho	one	<u> </u>	b. Coordinate			am e	d. Comm	ents
(include city, stat	<del>-</del>	JIIC		D. 000	u 0000		-		
WILLIE MAE I				-					
3238 CRAVER				c. Levei Regis	tered (	Specify)		1	
	LEM, NC 27105			☐ Federal		County:	:	1	
WINDION DIE	JEN1, 110 2:100			☐ State		Municir	ality:	e. Bectio	n Sum to Date
								\$	85.50
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date	e (mm/dd/yyyy)	j. Am (	ount	k. Re	quired Re	marks
JFM001	Check	0		8/23/2013	\$	85.50	rov	ER CAN	VAS
	<u>.                                    </u>	<del> </del>	<del></del>		\$			RKER	
		<u> </u>	<u> </u>		<del></del>	<del></del>	<u> </u>		,
4. Payee Informs				Add 🗖	Remov				
•	ailing Address & Pho	one		b. Coordinate	d Comr	mittee Na	am e	d. Comm	ents
(include city, stat				1			ł		
BRANDON MI				<u> </u>	1 6	- 10)	'	Ì	
417 HIGHLANI				c. Level Regis	tered (8			ļ	
WINSTON-SAI	LEM, NC 27101			Federal	낟	County:			
				☐ State	<u></u>	Municip	ality:	e. Electio	n Sum to Date
								\$	85.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Re	marks
JFM001	Check	0	0	8/23/2013	\$	85.50	VOT	ER CAN	VAS
					\$		WOI	KKER	
4. Payee Informa	ation			Add 🗖	Remov	ve			
	iling Address & Pho	one		b. Coordinate	d Comr	nittee Na	am e	d. Comm	ents
(include city, stat	te, & zip)								
	OR BETTER NEIG	HBORHOODS			·				
PO BOX 20473				c. Level Regist	tered (S	pecify)			
	LEM, NC 27120			Federal		County:			
	,			☐ State		Municip	ality:	e. Electio	n Sum to Date
								\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Re	marks
JFM001	Check	0	01	8/22/2013	\$	150.00	PRO	MOTION	<u> </u>
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5. Total only this	Page	ingline Bush	l			7,7 17,	• .	\$	321.00
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A* - Media	B* - Printing			undraising		D - To	Anotl	ner Candio	late
E - Salaries	F* - Equipme	~		litical Party					ffice Expenses
I - Postage	J - Penalties			Office Expenses	ž.				l Expense Fund
O* Other	<del>*</del> -	•				•		<b>-</b>	·
· ·	detailed explanation	a in required rem	ıarks fi	ield (k)	100	٠.	. :	1 D	
		<u> </u>					-		

Amendment

## **Disbursements**

Pg	10_	of	<u>17</u>	Yes	X No

WINSTON-SALEM, NC 27106    State	1. Committee Fu	ıll Name (and Fund	if applicable)						2. ID Num	
A Payee Information   Add   Remove   Received Remarks   Reversity   Received Remarks	JOINES FOR M	MAYOR							000-000	0000-0-000
4. Payee Information   Add   Remove    a. Full Name, Mailing Address & Phone    finelude city, state, & zip)    JEROME NIXON   C. Level Registered (Specify)    JEROME NIXON		<u> </u>								
Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description   Description			ributions to Candidat					rdinat	ed Party Exp	enditures
JEROME NIXON										
DEROME NIXON   1243 N PATTERSON AVE	1	_	one		b. Coordinate	d Con	mittee N	me	d. Commen	its
1243 N PATTERSON AVE					1					
WINSTON-SALEM, NC 27101    Federal	1				c Lavel Regis	tered	(Specify)			
State									1	
S 85.50  L'Account Code   g. Form of Payment   h. Furpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    JFM001   Check   O   08/23/2013   \$ 85.50   VOTER CANVAS    WORKER  4. Payee Information   Add   Remove    A. Full Name, Mailing Address & Phone   (include city, state, & zip)    BARRY OVERBY   G. Level Registered (Specify)   Sate   Municipality: e. Election Sum to Date    JFM001   Check   O   08/23/2013   \$ 85.50   VOTER CANVAS    JFM001   Check   O   08/23/2013   \$ 125.00   VOTER CANVAS    JFM001   Che	WINSTON-SA	LEM, NC 2/101							e. Election	Sum to Date
Account Code   Remove   Required Remarks   Required Remarks   A. Payee Information   Add   Remove   Rection Sum to Date   Registered (Specify)   Remove   Rection Sum to Date   Remove   Registered (Specify)   Remove   Rection Sum to Date   Rection								-	6	95 50
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A. Full Name, Mailing Address & Phone (include city, state, & zip)  BARRY OVERBY 306 PETERS CREEK PARKWAY APT 6  WINSTON-SALEM, NC 27106  C. Level Registered (Specify)   Federal   County:   c. Election Sum to Date   State   Municipality:   c. Election Sum to Date   State   Municipality:   c. Election Sum to Date   State   Municipality:   c. Election Sum to Date   State	4 Povee Inform	etion	- Anna Anna Anna Anna Anna Anna Anna Ann	П	Add 🗖	Rem	ove			
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JFM001 Check O 08/23/2013 \$ 85.50 VOTER CANVAS  ### WORKER  4. Payee Information	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rem	arks
\$ WORKER  4. Payee Information			0	0	8/23/2013	\$	85.50	rov	ER CANV	AS
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  KEN PETTIGREW 534 N LIBERTY ST WINSTON-SALEM, NC 27101  C. Level Registered (Specify) State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State  County: State State State  County: State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State St					<u> </u>	s		WO	RKER	
A. Full Name, Mailing Address & Phone  (include city, state, & zip)  KEN PETTIGREW 534 N LIBERTY ST  WINSTON-SALEM, NC 27101  C. Level Registered (Specify)  State			<u> </u>		<del>-</del>			<u> </u>		
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C. Level Registered (Specify)    Gate   County:   County:   State   Municipality:   E. Election Sum to Date	•	_	one		b. Coordinate	u Con	пинее ма	шс	u. Commen	143
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State   Municipality: e. Election Sum to Date    State   Municipality: e. Election Sum to Date   \$ 125.00					☐ Federal		County:			
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  JFM001 Check O 08/23/2013 \$ 125.00 VOTER CANVAS  WORKER  5. Total only this Page \$ 296.00  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		,			☐ State		] Municip	ality:	e. Election	Sum to Date
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	I - Postage	J - Penaltie	es .	K* - (	office Expenses	3	Q* - D	onatio	n to Legal ]	Expense Fund
O* Other * Codes require detailed explanation in required remarks field (k)	O* Other  * Codes require	e detailed explanatio	n in remired ren	arks f	ield (k)					

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Dis	burse	men	IIS

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1. Committee F JOINES FOR N	Full Name (and Fund MAYOR	if applicable)					2, ID No	lumber -000000-0-000
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5. Total only this						<u> </u>	\$	5,171.00
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A* - Media	B* - Printing		<u></u>	undraising	<b>D</b> - T	o Anot	her Candi	idate
E - Salaries	F* - Equipme	-		litical Party				Office Expenses
I - Postage	J - Penalties			office Expenses				al Expense Fund
O* Other	e e e e e e e e e e e e e e e e e e e	n an an					_	_
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Amendment
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3	Pg _	12	of	_17	Yes	X	No

1. Committee F	ull Name (and Fund i	if applicable)		·			٠.	2. ID Nu	nber
JOINES FOR M	MAYOR							000-0	00000-0-000
3. Type of Disbu	rsement (Please	use separate CR(	<u> </u>	forms for eac	h type	of Disbu	rseme	nt.)	100
X Operating Exp		ributions to Candidat	tes/Polit	ical Committees		☐ Co	ordinat	ed Party Ex	penditures
4. Payee Inform	ation	<u> </u>		Add 🔲	Remo	ove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Com	mittee N	ame	d. Comm	ents
(include city, sta	ite, & zip)								
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805 GARFIELD				c. Level Regist  Federal					
WINSTON-SAL	LEM, NC 27105		ļ	State	F	-		a Rection	Sum to Date
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E - Salaries	F* - Equipme	_		litical Party		H* - Ho	olding	Public Of	ffice Expenses
I - Postage	J - Penalties	3	K* - O	ffice Expenses	i .	Q* - Da	onatio	n to Legal	Expense Fund
O* Other									
* Codes require	e detailed explanation	1 in required rem	arks fi	eld (k)			44 1	-	

Amendme	n	t
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# **Disbursements**

Pg	_13_	of	_17_	Yes	X	No

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nur	
JOINES FOR	MAYOR							000-00	0000-0-000
3. Type of Disb	ursement <i>(Please</i>	use separate CR(	<i>)-1310</i>	forms for eac	h type	e of Disbu	rseme	nt.)	a stale to
Operating Ex	penses 🔲 Cont	ributions to Candida	tes/Polit	ical Committees		Cod	ordinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Rem	юче			
	ailing Address & Ph	one		b. Coordinate	d Cor	nmittee Na	ame	d. Comme	nts
(include city, sta	ite, & zip)								
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801 MLK DRI				c. Level Regis		County:			
WINSTON-SA	LEM, NC 27101			State	ľ	☐ County. ☐ Municip		e Flection	Sum to Date
					<u>.</u>			\$	85.50
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a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Cor	nmittee Na	ıme	d. Comme	nts
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PO BOX 11674				Federal		County:			
WINSTON-SA	LEM, NC 27116			State	_	<del></del>		e. Election	Sum to Date
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								\$	275.00
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C* - Fundraising

G - Political Party

NC State Board of Elections

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

December 2009

A* - Media

E - Salaries

I - Postage

O* Other

CRO-1310

B* - Printing

J - Penalties

F* - Equipment

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

# Aggregated Non-Media Expenditures

Amendment
Page 1 of 1 Yes X No

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

. Committe	e Full Name (and	l Fund if applicabl	e)	AR LOS FOR SOLUTIONS	2. ID 1	Number			
JOINES FOR MAYOR						000-000000-0-000			
. Payee Info	rmation				l ₌₋ -	,			
		c. Form of Paymen	at d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amo	unt	g. Required Remarks		
Add Remove	JFM001	Cash	О	08/01/2013	\$	20.50	TRANSPORTATION EXPENSE		
Add Remove	JFM001	Cash	K	08/01/2013	\$	38.97	REFRESHMENT SUPPLIES		
Add Remove	JFM001	Cash	K	08/01/2013	\$	3.74	SPARE KEYS		
Add Remove	JFM001	Cash	K	08/01/2013	\$	8.54	PARTY SUPPLIES		
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Add Remove	JFM001	Check	K	08/12/2013	\$	26.52	WATER		
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CRO-1315

NC State Board of Elections

December 2009

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			sements, including c	ontributions retu	med to the cont	ributo	T		
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3. Payee Informa	tion			Add □ R	emove				
a. Full Name, Mai	ling Add	ress & Phone		d. Type of Com	mittee	g. (	Comments		
(include city, st	ate, & z	ip)		☐ Candidate	PAC				
MEENAL KHA.	JURIA		<del></del>	☐ Referendum	Party				
6809 ELM HILL DR				e. Level Registered (Specify)			h. Original Receipt Date		
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,				☐ State ☐ Municipality:			00,12,2010		
						i, C	riginal Re	ceipt Amount	
						\$		37.35	
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose Code			j. Election Sum to Date		
HOMEMAKER				P		\$		0.00	
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CRO-1320			NC State Boar	rd of Elections				July 2007	

In Vind Contained						Amendn	ent
In-Kind Contributions				_ of		Yes	No No
Use this form to report non-monetary contributions, dona	tions, į	goods or ser	vices p	rovided t	to the co	mmittee or :	fund.
Use CRO-1215 if In-Kind Contributions were or will be	e refu	nded withii	1 7 day	/S.			
1. Committee Full Name (and Fund if applicable)					2. ID	Number	•
JOINES FOR MAYOR						00000-0-0	000
3. Contributor Information	☐ Ad	ld 🔲 Rei	nove	d vi die	_ <del></del>	an esta	
a. Full Name, Mailing Address & Phone	b. 7	Type of Con	tribute	r		nments	
(include city, state, & zip)	X	Individual					
Aggregated Individual Contribution		Candidate					
1		Party			ŀ		
		PAC					
		Referendum			d. Election Sum to Date		
		Other Recei	pt Sour	ce	<b> </b>	<del></del>	
					\$		0.00
e. Description	<u>-</u>		f. Date	(mm/d	d/yyyy)	g. Fair M	arket Amount
CAMPAIGN REFRESHMENTS PARTY TRAY			0	8/12/20	)13	\$	37.35
					77'.1	\$	
						\$	
4. Total only this Page					\$		37.35
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page C	RO-11	00)			\$		37.35
CRO-1510 NC State	Board	of Elections			:		December 2007