

Disclosure Report Cover

Amendment

Yes 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.

1. Committee Information

a. Full Name: JOINES FOR MAYOR
 c. ID Number: 000-000000-0-000

b. Mailing Address (include City, State and Zip Code): PO BOX 20397 WINSTON-SALEM, NC 27102
 d. Date Filed: 01/16/2024
 e. Phone Number:

2. Report Year: 2023
 3. Period Start Date (mm/dd/yy): 07/01/2023
 4. Period End Date (mm/dd/yy): 12/31/2023
 5. Treasurer Full Name: WILLIAM ROSE

6. Type of Committee (Check One)

Candidate Campaign
 Joint Fundraiser
 Referendum
 "Booster Fund"
 Building Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing Fund
 Other:

Party
 PAC
 Legal Expense Fund

7. Type of Fund (if applicable, check one)

"Booster Fund"
 Building Fund
 Presidential Election Year Candidates Fund
 NC Public Campaign Financing Fund
 Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

Municipal

Organizational
 Thirty-five day
 Pre-primary
 Pre-election
 Pre-runoff
 Semi-annual
 Mid Year
 Year End
 Final
 Special

State/County

Organizational
 Quarterly
 First
 Second
 Third
 Fourth
 Semi-annual
 Mid Year
 Year End
 Final
 Special

Referendum

Organizational
 Pre-referendum
 Final
 Supplemental Final
 Annual
 Special

10. Special Report Name

3. Account Information

a. Financial Institution Full Name

FNB

b. Purpose

TO PAY COMMITTEE EXPENSES

c. Account Code

JFM001

d. Period Begin Balance

\$ 14,519.11

3. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

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

William C Rose
 Printed Name of Signer

William C Rose
 Signature of Appointed Treasurer

01/16/2024
 Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

Yes No

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		3. ID Number	
JOINES FOR MAYOR		2023 Year End Semi-Annual		000-000000-0-000	
Start of Election Cycle: January 1, 2023			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 14,519.11		\$ 18,727.66
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>	\$ 0.00	\$ 0.00	
6) Contributions from Individuals		<i>(CRO-1210)</i>	\$ 108,100.00	\$ 109,600.00	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>	\$ 0.00	\$ 0.00	
9) Loan Proceeds		<i>(CRO-1410)</i>	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee		<i>(CRO-1240)</i>	\$ 0.00	\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11b) Contributions from Not-For-Profit Organizations		<i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11c) Outside Sources of Income		<i>(CRO-1250)</i>	\$ 0.00	\$ 0.00	
11d) Legal Expense Fund - Other Sources		<i>(CRO-1270)</i>	\$ 0.00	\$ 0.00	
11e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>	\$ 0.00	\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)			\$ 108,100.00	\$ 109,600.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>	\$ 2,550.00	\$ 8,220.65	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>	\$ 128.76	\$ 166.66	
15) Loan Repayments		<i>(CRO-1420)</i>	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee		<i>(CRO-1320)</i>	\$ 0.00	\$ 0.00	
17) In-Kind Contributions		<i>(CRO-1510)</i>	\$ 0.00	\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 2,678.76	\$ 8,387.31	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 119,940.35	\$ 119,940.35	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>	\$ 0.00		
22) Debts and Obligations owed by the Committee		<i>(CRO-1610)</i>	\$ 0.00		
23) Debts and Obligations owed to the Committee		<i>(CRO-1620)</i>	\$ 0.00		
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>	\$ 0.00		
25) Administrative Support		<i>(CRO-1710)</i>	\$ 0.00	\$ 0.00	
26) Forgiven Loans		<i>(CRO-1440)</i>	\$ 0.00	\$ 0.00	
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>	\$ 0.00	\$ 0.00	
28) Contributions to be Refunded		<i>(CRO-1215)</i>	\$ 0.00	\$ 0.00	

Aggregated Contributions from Individuals

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Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR	2. ID Number 000-000000-0-000
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	JFM001	Check		10/03/2023	\$ 0.00
<input type="checkbox"/> Remove	JFM001	Check		11/08/2023	\$ 0.00

4. Total only this Page	\$ 0.00
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5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 0.00
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CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARIE ARCURI 400 ROSLYN ROAD WINSTON-SALEM, NC 27104-2036				PRESIDENT			
				c. Employer's Name/Specific Field			
				FLOW LEXUS		e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		11/01/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANTHONY ATALA 345 N STRATFORD ROAD WINSTON-SALEM, NC 27104				PHYSICIAN/RESEARCHER			
				c. Employer's Name/Specific Field			
				ATRIUM BAPTIST HEALTH		e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		11/01/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GRAHAM BENNETT PO BOX 2736 WINSTON-SALEM, NC 27102-2736				CORPORATE EXEC			
				c. Employer's Name/Specific Field			
				QUALITY OIL		e. Election Sum to Date	
						\$ 3,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/13/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 5,000.00	
5. Total of ALL CRO-1210 Pages						\$ 108,100.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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)

JOINES FOR MAYOR

2. ID Number

000-000000-0-000

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

JAMES BENNETT
605 WOODLAND DRIVE
GREENSBORO, NC 27408

b. Job Title/Profession

SELF EMPLOYED

d. Comments

c. Employer's Name/Specific Field

INVESTMENTS

e. Election Sum to Date

\$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/30/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

DONNA BOSWELL
608 ARBOR ROAD
WINSTON SALEM, NC 27104

b. Job Title/Profession

RETIRED

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/08/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

DAVID BRANCH
224 TOWN RUN LANE
WINSTON SALEM, NC 27101

b. Job Title/Profession

PHYSICIAN

d. Comments

c. Employer's Name/Specific Field

SELF EMPLOYED

e. Election Sum to Date

\$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		09/28/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 4,500.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 108,100.00

Contributions from Individuals

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

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Amendment

Yes No

1. Committee Full Name (and Fund if applicable) JOINES FOR MAYOR	2. ID Number 000-000000-0-000
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments
JOSEPH BUDD 815 MERRY ACRES WINSTON-SALEM, NC 27106-5752	PRESIDENT	THE BUDD GROUP	
			e. Election Sum to Date \$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/30/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments
JOHN BURRESS III 380 KNOLLWOOD ST SUITE 610 WINSTON-SALEM, NC 27103	RETIRED		
			e. Election Sum to Date \$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		07/13/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments
JENNIFER BYRNE 450 N PATTERSON AVE WINSTON SALEM, NC 27101	EXEC	JAVARA BIO TECH	
			e. Election Sum to Date \$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		07/20/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 6,000.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 108,100.00

CRO-1210

Contributions from Individuals

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)

JOINES FOR MAYOR

2. ID Number

000-000000-0-000

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

LEE CHADEN
2815 BARTRAM ROAD
WINSTON-SALEM, NC 27106

b. Job Title/Profession
RETIRED

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		09/08/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

HUDNALL CHRISOPHER
2837 REYNOLDS DRIVE
WINSTON-SALEM, NC 27104

b. Job Title/Profession
RETIRED

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
\$ 4,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		09/28/2023	\$ 2,000.00
<input type="checkbox"/>	JFM001	Check		11/08/2023	\$ 2,000.00
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

JAMES COOK
6432 RIDEOUT WAY
WINSTON SALEM, NC 27105

b. Job Title/Profession
EXEC

c. Employer's Name/Specific Field
HANES BRANDS

d. Comments

e. Election Sum to Date
\$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		11/01/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 7,000.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 108,100.00

Contributions from Individuals

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) JOINES FOR MAYOR	2. ID Number 000-000000-0-000
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
DOUG COPELAND 2310 LAFAYETTE AVENUE GREENSBORO, NC 27408			MEDIA		
			c. Employer's Name/Specific Field SELF-EMPLOYED		
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
<input type="checkbox"/>	JFM001	Check		08/30/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
DALE DRISCOLL 1084 W FOURTH STREET WINSTON SALEM, NC 27101			INVESTMENTS		
			c. Employer's Name/Specific Field SELF EMPLOYED		
e. Election Sum to Date					\$ 2,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/30/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
BARRY EISENBERG 411 S MARSHALL STREET WINSTON-SALEM, NC 27101			RETIRED		
			c. Employer's Name/Specific Field		
e. Election Sum to Date					\$ 2,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/30/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 4,250.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 108,100.00

CRO-1210

Contributions from Individuals

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DON FLOW 224 ROSLYN ROAD WINSTON-SALEM, NC 27104-1932				CEO			
				c. Employer's Name/Specific Field			
				FLOW COMPANIES			
						e. Election Sum to Date	
						\$ 5,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		11/08/2023		\$ 5,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JULIE FREISCHLAG 1513 BARRINGTON WAY COURT WINSTON-SALEM, NC 27106				PRESIDENT			
				c. Employer's Name/Specific Field			
				ATRIUM BAPTIST HEALTH			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SUSAN FRYE 153 WARWICKE PL ADVANCE, NC 27066-8500				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 7,100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 108,100.00	

Contributions from Individuals

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) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAUL FULTON 380 KNOLLWOOD ST SUITE 610 WINSTON-SALEM, NC 27103				RETIREED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BARRY GARDNER 5024 STONERIDGE DRIVE RALEIGH, NC 27612				PRESIDENT			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KIRK GLENN PO BOX 2736 WINSTON-SALEM, NC 27102				RETIREED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 5,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL GUNTER 759 OAKLAWN AVE WINSTON SALEM, NC 27104-2223				ATTORNEY			
				c. Employer's Name/Specific Field WOMBLE BOND			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/08/2023		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM HALL 4486 TIMBERFIELD DRIVE PFAFFTOWN, NC 27040				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/31/2023		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DREW HANCOCK 604 SPRING TREE COURT WINSTON-SALEM, NC 27104				BOARD CHAIRMAN			
				c. Employer's Name/Specific Field BLUM CONSTRUCTION			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/20/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BORDEN HANES 380 KNOLLWOOD ST STE 570 WINSTON-SALEM, NC 27103-1861				PARTNER			
				c. Employer's Name/Specific Field			
				BORDEN HANES & CO		e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
EC HANES PO BOX 125 PFAFFTOWN, NC 27040				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/28/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NATHAN HATCH 1000 KEARNS AVE WINSTON-SALEM, NC 27106				PRESIDENT			
				c. Employer's Name/Specific Field			
				WFU		e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/08/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 5,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 108,100.00	

Contributions from Individuals

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DENNIS HATCHELL 1875 RUNNYMEADE RD WISNTON-SALEM, NC 27104				RETIREED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMES HELVEY III 1916 GEORGIA AVE WINSTON-SALEM, NC 27104				INVESTOR			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED		e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/21/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM HOLLAN JR 420 W 4TH STREET WINSTON-SALEM, NC 27101				REAL ESTATE DEVELOPER			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED		e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/20/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 6,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOSE ISASI 3989 HUDDINGTON WINSTON-SALEM, NC 27106-6362				PRESIDENT			
				c. Employer's Name/Specific Field			
				QUE PASA COMMUNICATIONS			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
STAN KELLY 932 KENLEIGH CIRCLE WISNTON-SALEM, NC 27106-5605				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/13/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HARVEY KENNEDY 301 N MAIN STREET SUITE 2000 WINSTON SALEM, NC 27101				ATTORNEY			
				c. Employer's Name/Specific Field			
				KENNEDY LAW FIRM			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/08/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 4,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HAROLD KENNEDY III 301 N MAIN STREET SUITE 2000 WINSTON SALEM, NC 27101				ATTORNEY			
				c. Employer's Name/Specific Field KENNEDY LAW FIRM			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/08/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROGAN KERSH 208 S PINE VALLEY ROAD WINSTON SALEM, NC 27104				PROFESSOR			
				c. Employer's Name/Specific Field WFU			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		11/08/2023		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MIKE LANCASTER 2250 HILLTOP DRIVE WINSTON SALEM, NC 27106				EXEC			
				c. Employer's Name/Specific Field FRANK BLUM CONSTRUCTION			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/05/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 3,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JEFFERY LINDSAY 613 SUMMIT STREET WINSTON-SALEM, NC 27101				MEDICAL ADMINISTRATOR			
				c. Employer's Name/Specific Field NOVANT HEALTH			
				e. Election Sum to Date			
				\$		2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		10/10/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
STEVE LINEBERGER 2800 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104				EXEC			
				c. Employer's Name/Specific Field WINSTON STARTS			
				e. Election Sum to Date			
				\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Electric Funds Tran		08/30/2023		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
AUBREY LINVILLE 2756 WINDSOR ROAD WINSTON SALEM, NC 27104				COMMERICAL REALTOR			
				c. Employer's Name/Specific Field LINVILLE TEAM PARTNERS			
				e. Election Sum to Date			
				\$		2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 4,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 108,100.00	

Contributions from Individuals

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) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ADRIENNE AMOS LIVENGOOD 605 SPRING TREE COURT WINSTON-SALEM, NC 27104-1214				COMMUNITY VOLUNTEER			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/08/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN MCCONNELL 140 PLYMOUTH AVE WINSTON-SALEM, NC 27104				PHYSICIAN			
				c. Employer's Name/Specific Field			
				WAKE FOREST BATIST HEALTH		e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/08/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MATTHEW MERCERON 1310 LEWISVILLE CLEMMONS ROAD LEWISVILLE, NC 27023				BUSINESS EXEC			
				c. Employer's Name/Specific Field			
				KAPLAN SCHOOL SUPPLIES		e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/08/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 5,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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) JOINES FOR MAYOR	2. ID Number 000-000000-0-000
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
SAMI METZLER 905 GOODWOOD RD WINSTON SALEM, NC 27106	EXEC		
	c. Employer's Name/Specific Field QUALITY OIL		
			e. Election Sum to Date
			\$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/30/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
DAVID NEILL 691 JONESTOWN ROAD WINSTON-SALEM, NC 27103	PRESIDENT		
	c. Employer's Name/Specific Field MERCEDES BENZ OF WS		
			e. Election Sum to Date
			\$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		10/10/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
BRAD NIVEN 2325 BUENA VISTA RD WINSTON SALEM, NC 27104	RETIRED		
	c. Employer's Name/Specific Field		
			e. Election Sum to Date
			\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Electric Funds Tran		09/05/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 2,600.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 108,100.00

Contributions from Individuals

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)

JOINES FOR MAYOR

2. ID Number

000-000000-0-000

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

CATHY PACE
5315 DARTMOOR STREET
WINSTON SALEM, NC 27106

b. Job Title/Profession

EXEC

d. Comments

c. Employer's Name/Specific Field

ALLEGACY CREDIT UNION

e. Election Sum to Date

\$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		09/20/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

LEWIN PETERS
507 LINDSAY STREET
HIGH POINT, NC 27262

b. Job Title/Profession

PHYSICIAN

d. Comments

c. Employer's Name/Specific Field

BETHANY GROUP

e. Election Sum to Date

\$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		09/14/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

ANN PHILLIPS
1740 CHICKASHA DR
WINSTON-SALEM, NC 27040

b. Job Title/Profession

CORPORATE EXEC

d. Comments

c. Employer's Name/Specific Field

CAPITAL INVESTMENTS

e. Election Sum to Date

\$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		11/08/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 2,500.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 108,100.00

Contributions from Individuals

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) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ELIZABETH QUICK 55017 KNOB VIEW TRAIL WINSTON-SALEM, NC 27104				ATTORNEY			
				c. Employer's Name/Specific Field WOMBLE BOND			
						e. Election Sum to Date	
						\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/08/2023		\$ 750.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RICHARD RAUCH 1740 VIRGINIA ROAD 27104, NC				PHYSICIAN			
				c. Employer's Name/Specific Field TRIAD PAIN CLINIC			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		11/01/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL ROGERS 720 ROSLYN ROAD WINSTON SALEM, NC 27104				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/08/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 3,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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) JOINES FOR MAYOR	2. ID Number 000-000000-0-000
--	---

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) EDWIN ROSE 8516 GREEN CASTLE DR CHARLOTTE, NC 28210-4205	b. Job Title/Profession EXECUTIVE	d. Comments
	c. Employer's Name/Specific Field SHELCO	
		e. Election Sum to Date \$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/08/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES RUFFIN 2871 GALSWORTHY DRIVE WINSTON-SALEM, NC 27106	b. Job Title/Profession CORPORATE EXECUTIVE	d. Comments
	c. Employer's Name/Specific Field LANDMARK BUILDERS	
		e. Election Sum to Date \$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/30/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ANDREW SCHINDLER 2575 CLUB PARK ROAD WINSTON-SALEM, NC 27106	b. Job Title/Profession RETIRED	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date \$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		09/05/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 6,000.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 108,100.00

Contributions from Individuals

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)

JOINES FOR MAYOR

2. ID Number

000-000000-0-000

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

SCOTT SEAWELL
1205 SCOTTSWOOD COURT
LEWISVILLE, NC 27023

b. Job Title/Profession

VP

d. Comments

c. Employer's Name/Specific Field

COOK MEDICAL

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
<input type="checkbox"/>	JFM001	Draft		08/21/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

BEN SUTTON JR
PO BOX 21528
WINSTON-SALEM, NC 27120

b. Job Title/Profession

INVESTMENT ANALYST

d. Comments

c. Employer's Name/Specific Field

TEALE INVESTMENTS

e. Election Sum to Date

\$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/21/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

DAN TAYLOR
700 ARBOR RD
WINSTON SALEM, NC 27104

b. Job Title/Profession

ATTORNEY

d. Comments

c. Employer's Name/Specific Field

SELF

e. Election Sum to Date

\$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/21/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 4,250.00

\$ 108,100.00

Contributions from Individuals

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) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
THOMAS TEAGUE PO BOX 24788 WINSTON-SALEM, NC 27114-4788				PRESIDENT			
				c. Employer's Name/Specific Field SALEM LEASING			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/13/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
COLEMAN TEAM 855 CHATHAM FARM ROAD WINSTON SALEM, NC 27106				EXEC			
				c. Employer's Name/Specific Field FRONT STREET CAPITAL			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		11/08/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROBERT TEAM 102 ACACIA CIRCLE LEXINGTON, NC 27292				EXEC			
				c. Employer's Name/Specific Field FRONT STREET CAPITAL			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/08/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 6,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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) JOINES FOR MAYOR	2. ID Number 000-000000-0-000
--	---

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LOU TIPPETT 3008 UNIVERSITY ROAD WINSTON SALEM, NC 27104		EXEC			
		c. Employer's Name/Specific Field TRUIST			
				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
<input type="checkbox"/>	JFM001	Check		09/06/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
THACKER TOWNSEND III 3900 CAMMERILLE FARM ROAD WINSTON SALEM, NC 27106-3501		RETIRED			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		10/10/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
RANDALL TUTTLE 635 TRADE STREET WINSTON-SALEM, NC 27101		CORPORATE EXEC			
		c. Employer's Name/Specific Field Fabricated Metal Product Manufacturing			
				e. Election Sum to Date	
				\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JFM001	Check		08/30/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 2,750.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 108,100.00

Contributions from Individuals

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MCLAIN WALLACE 787 OAKLAWN AVENUE WINSTON SALEM, NC 27104				ATTORNEY			
				c. Employer's Name/Specific Field			
				ATRIUM BAPTIST HEALTH			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		09/08/2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
EDWIN WELCH 2812 REYNOLDS DRIVE WINSTON SALEM, NC 27104				PRESIDENT			
				c. Employer's Name/Specific Field			
				IL LONG CONSTRUCTION			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN WHITAKER 19 GRAYLYN PLACE WIINSTON-SALEM, NC 27106				INIVESTOR			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/30/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 5,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 108,100.00	

Contributions from Individuals

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) JOINES FOR MAYOR						2. ID Number 000-000000-0-000	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JACKSON WILSON 1069 EAST KENT ROAD WINSTON-SALEM, NC 27104-1113				MANAGING PARTNER			
				c. Employer's Name/Specific Field STEPSTONE STRATEGIC PARTNERS			
				e. Election Sum to Date		\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		08/21/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM WILSON III 301 NORTH MAIN STREET STE 1300 WINSTON-SALEM, NC 27101				PRESIDENT			
				c. Employer's Name/Specific Field MAGNOLIA PARTNERS			
				e. Election Sum to Date		\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/13/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RALPH WOMBLE 530 N TRADE STREET WINSTON SALEM, NC 27101				RETIRED			
				c. Employer's Name/Specific Field			
				e. Election Sum to Date		\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	JFM001	Check		07/13/2023		\$ 2,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 6,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 108,100.00	

Disbursements

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
FOUNDATION 34 INC 134 WARWICKE PL ADVANCE, NC 27006							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	10/03/2023	\$ 400.00	COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ARTHUR GREEN 2260 SUNDERLAND AVE WINSTON SALEM, NC 27103							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	K	12/28/2023	\$ 500.00	STORAGE		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
RIVER RUN FILM FESTIVAL 305 W 4TH STREET WINSTON SALEM, NC 27101							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 275.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	07/26/2023	\$ 250.00	COMMUNITY SUPPORT		
				\$			
5. Total only this Page						\$ 1,150.00	
6. Total of ALL CRO-1310 Pages						\$ 2,550.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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

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	
JOINES FOR MAYOR						000-000000-0-000	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TOTAL CONCEPTS 1922 MLK DRIVE WINSTON SALEM, NC 27107						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date	
						\$ 400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	12/26/2023	\$ 400.00	COMMUNITY SUPPORT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WSSU FOUNDATION 601 S MLK DRIVE WINSTON SALEM, NC 27110						c. Level Registered (Specify)	
						<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
						e. Election Sum to Date	
						\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	09/25/2023	\$ 1,000.00	COMMUNITY SUPPORT		
				\$			
5. Total only this Page						\$ 1,400.00	
6. Total of ALL CRO-1310 Pages						\$ 2,550.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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)							

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
JOINES FOR MAYOR				000-000000-0-000		
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	09/05/2023	\$ 4.50	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	09/06/2023	\$ 8.19	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	09/08/2023	\$ 3.00	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	10/03/2023	\$ 33.00	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	11/09/2023	\$ 3.00	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	11/09/2023	\$ 6.34	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Check	O	07/26/2023	\$ 25.00	COMMUNITY SUPPORT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	10/11/2023	\$ 39.89	TRANSACTION FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	12/11/2023	\$ 5.84	TRASACTION FEE
4. Total only this Page					\$	128.76
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	128.76
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other				K* - Office Expenses		
				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						