

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

02/19/2024

e. Phone Number

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

01/01/2024

4. Period End Date (mm/dd/yy)

02/17/2024

5. Treasurer Full Name

WILLIAM ROSE

6. Type of Committee (Check One)

- Candidate Campaign Party
 Joint Fundraiser PAC
 Referendum 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

FIRST QUARTER PLUS REPORT

3. Account Information

a. Financial Institution Full Name

FNB

b. Purpose

TO PAY COMMITTEE EXPENSES

c. Account Code

JFM001

d. Period Begin Balance

\$

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

02/19/2024
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) JOINES FOR MAYOR	2. Type of Report 2024 Special	3. ID Number 000-000000-0-000
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Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 119,940.35	\$ 18,727.66

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)	\$ 400.00	\$ 110,000.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 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)	\$ 400.00	\$ 110,000.00

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 36,304.44	\$ 44,525.09
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 17.68	\$ 184.34
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 36,322.12	\$ 44,709.43
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 84,018.23	\$ 84,018.23

ADDITIONAL INFORMATION

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

Contributions from Individuals

Pg 1 of 1

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	
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	
STEVE LINEBERGER 2800 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 400.00	
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		01/03/2024	\$ 200.00	
<input type="checkbox"/>	JFM001	Electric Funds Tran		01/28/2024	\$ 200.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages					\$ 400.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 400.00	

CRO-1210

NC State Board of Elections

April 2007

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) JOINES FOR MAYOR						2. ID Number 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 <i>(include city, state, & zip)</i> CHEYENNE COVINGTON 1835 OLD HOLLOW ROAD WALKERTOWN, NC 27051				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 3,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	A	02/01/2024	\$ 3,000.00	SOCIAL MEDIA ADS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ARTHUR GREEN 2260 SUNDERLAND AVE WINSTON SALEM, NC 27103				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	01/29/2024	\$ 1,000.00	SIGN POSTING		
JFM001	Check	O	02/08/2024	\$ 200.00	POSTING YARD SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ALBERT PORTER JR 1228 DUBLIN DRIVE WINSTON SALEM, NC 27101				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 19,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	01/24/2024	\$ 3,000.00	POLL WORKER		
JFM001	Check	O	01/24/2024	\$ 16,000.00	COORDINATOR FEE POLL WORKERS		
5. Total only this Page						\$ 23,200.00	
6. Total of ALL CRO-1310 Pages						\$ 36,304.44	
<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) JOINES FOR MAYOR						2. ID Number 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) SIMPLY EXCEPTIONAL 2340 LEIGHT STREET WINSTON SALEM, NC 27107-3531				b. Coordinated Committee Name		d. Comments	
				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	
						\$ 2,577.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	O	01/30/2024	\$ 724.60	SWEAT SHIRTS		
JFM001	Check	B	02/14/2024	\$ 1,853.24	PRINTING FLYERS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE CHRONICLE 1300 E 5TH STREET WINSTON-SALEM, NC 27101				b. Coordinated Committee Name		d. Comments	
				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	
						\$ 2,646.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	A	02/14/2024	\$ 2,646.00	NEWSPAPER ADS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TRUTH BROADCASTING 1107 SALEM VALLEY ROAD WINSTON SALEM, NC 27103				b. Coordinated Committee Name		d. Comments	
				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	
						\$ 1,536.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
JFM001	Check	A	02/05/2024	\$ 1,536.00	RADIO BROADCAST ADS		
				\$			
5. Total only this Page						\$ 6,759.84	
6. Total of ALL CRO-1310 Pages						\$ 36,304.44	
<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) JOINES FOR MAYOR	2. ID Number 000-000000-0-000
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3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WOOTEN GRAPHICS 172 HINKLE LANE LEXINGTON, NC 27295	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 4,195.05

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JFM001	Check	B	01/24/2024	\$ 4,195.05	YARD SIGNS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WOOTEN GRAPHICS 172 HINKLE LANE WELCOME, NC 27374	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 925.55

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JFM001	Check	B	01/22/2024	\$ 925.55	YARD SIGNS
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WTOB 615 NORTH TRADE STREET WINSTON SALEM, NC 27101	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 1,224.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JFM001	Check	A	01/30/2024	\$ 1,224.00	RADIO ADS
				\$	

5. Total only this Page \$ 6,344.60

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)
\$ 36,304.44

- 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) JOINES FOR MAYOR					2. ID Number 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	02/05/2024	\$ 3.00	BANK SERVICE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	K	01/04/2024	\$ 3.00	BANK SERVICE CHARGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	01/09/2024	\$ 5.34	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JFM001	Electric Funds Tran	O	02/09/2024	\$ 6.34	BANK CHARGE
4. Total only this Page					\$	17.68
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	17.68
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)						