Disalasuma Da	mont Cover				Amendment	
<b>Disclosure Re</b> Use this form for ge	port Cover neral report and committee it	nformation, must be	signed and sul	bmitted along with	other detailed forms.	∐ No
Do not use this form	to update information	, in the second second				
1. Committee Infor	mation	f	<del>RECEIVED</del>	316	The second second	
a. Full Name FRIENDS OF JOEI	SHORES	Boarn		ONS .	c. ID Number	
		to i.e.	LAKRONI	TY		
b. Mailing Address (incl 818 CROWDER RI	lude City, State and Zip Code)	2021 Ja 2021 Ja	#13 p i	։ կշ	d. Date Filed	
SHELBY, NC 281				42	10-26-20	)20
				) }	e. Phone Number	
					704-418-4	1155
2. Report Year	3. Period Start Date (mm/c	d/vv) 4. Period	End Date	5. Treasurer F	ıll Name	
•	18 (rg. )	(mm/aa/yy)		DAWN MARII		
2020	07-01-2020		7-2020			
6. Type of Committed Campa		9. Type of Report  Municipal	(check or State/C	and the state of t	ort from one category) Referendum	
PAC	Referendum	Organizationa		Organizational	Organizational	
Independent Expenditure	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum	
Legal Expense Fi	und (if applicable, check one)	Dura mariana na		P'		
"Booster Fund"	у иррисане, спеск опе)	Pre-primary Pre-election	ᅵ片	First Second	Final Supplemental Fi	nal
Building Fund		Pre-runoff		Third	Annual	
		Semi-annual Mid Year	r L	Fourth Semi-annual	Special Special	
Other:		Year End	·   🗆	Mid Year	10. Special Repor	t Name
8. Number of Fund	raisers this Report	Final Special		Year End Final		
	i abelo and report	Брески		Special		
11. Account Inform			11. Account	Information		
a. Financial Institution I BB&T	full Name		a. Financial Ins	titution Full Name		
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
CAMPAIGN FINANCE	01					
IMANACE	d. Period Begin Balance				d. Period Begin Bala	nce
	\$ 1,251.87				\$	40 may 176 (1, 15, 15 to \$150 miles)
CERTIFICATION					ARREST CONTROL CONTROL CONTROL	
I certify that the Com	nmittee or Fund is in compli	ance with all applica	ble provisions	of Article 22A, 22	B, & 22D-22M of Chap	ter 163 of
the NC General State	ites and that no funds are co correct and that I have been	mmingled with prob	ibited or other	non-disclosed fund	ds. I further certify that i	his report
DAWN BO	WLAND	trained by the Ne S	Laciboard of f	Siections.	01/11/2021	
FOR OFFICE USE O	Printed Name of Signer	Si	gnature of Appoin	ted Treasurer	Date	
Date Received:	1-13-2020	Employee:	(QP	<u>)</u>	Delivery Method Normal Mail	
Date Postmarked		Employee:			Registered Mai	1
Date Scanned:		Employee:	<u> </u>	<del></del>	Electronically I Signer has not	
Date Data Enter	ed:	Employee:	<u> </u>		mandatory train	
Please Note: Thi	s form cannot be used to am	end committee infor	mation such as	the committee add	dress, treasurer, assistan	t treasurer,
	You must amend the Stater	n of books information			ittee changes.	
				,		

CRO-1000

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

Ame	ndment	
$\boxtimes$	Yes [	No

1. Compared to Summarize an disclosure reporting forms and to			
	pe of Repor		. ID Number
FRIENDS OF JOEL SHORES QUARTER SINAPPO	ARTERLY -	THIKD	
	020 CC	PNS Total this	Total this
		Reporting Period	Election Cycle
4) Cash on Hand at Start 2071 JAN	13 D 1	1,251.87	\$
5) Aggregated Contributions from Individuals	(CDO 1205)		
6) Contributions from Individuals	(CRO-1205)	\$ 2.550.00	\$
7) Contributions from Political Party Committees	(CRO-1210)	\$ 3,550.00	\$ 5,250.00
as II do ton 3 ton 18 to 182 ( ton deployeeping marks) obstanding an acceptanting quadratic mention and constitution and acceptanting the constitution acceptanting the constitu	(CRO-1220)	\$ 100.00	\$ 100.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 25.00	\$ 25.00
9) Loan Proceeds	(CRO-1410)	\$ 500.00	\$ 500.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	The second secon	The time of the	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d a	ınd IIe)	\$ 4,175.00	\$ 5,875.00
EXPENDITURES		Mary Townson	a Esperatura
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,239.46	\$ 3,687.59
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	d 17)	\$ 3,239.46	\$ 3,687.59
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line		\$ 2,187.41	\$ 2,187.41
ADDITIONAL INFORMATION			2,107.11
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	His of the Charles
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	THE PERSON NAMED IN COLUMN 1
24) Account Transfers Within the Committee	(CRO-1720)	\$	Top the terminal factors
25) Administrative Support	(CRO-1710)		Control of the second second
26) Forgiven Loans		\$	\$
27) 48-Hour Notice Reports Sum	(CRO-1440)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contribut	ions from Individual	G.				Amendm	ent	
	o report individual contribution		Pg tributions unde	of er \$50 if form CR	O 1205 is n		es 📙	No
	Full Name (and Fund if appli	iga bla)	TOTIVED	A \$50 II IOIIII CIN	2. ID Nu			
FRIENDS OF J	JOEL SHORES	BOARD (	JF ELECTIC	NS				
3. Contributor	Information	<u>CLEVE</u>	☐ Ren	i V iove				
	ling Address & Phone		Tifle Profession:		d. Commen	its		
(include city, sta	ite, & zip)	***						
504 W WARRE	EN ST. A-1	e Emn	loyer's Name/Sp	voifia Field				
SHELBY, NC	•	es Ding	noyer's rame/sp	conceptou				
					e. Election !	Sum to Date	Session of	
704-692-8345					\$	25.00		
f. Prior g. Acc	count Code h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yy		k. Amoun	•	e 17 17 24
	CHECK			07-02-2		\$	25.	<u></u>
		•		0.022				
						\$		
						\$		
3. Contributor		bbA 🗵	Rem	ove				
	ing Address & Phone	b. Job 7	Title/Profession		d. Commen	ts		
(include city, sta DAVID SETTL								
2224 HOLLY L		c. Empl	loyer's Name/Spe	cific Field				
SHELBY, NC 2	28150							
980-721-6586					e. Election S	oum to Date		. 7
					\$	100.00		
f. Prior g. Acc	ount Code h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/yy	(y)	k. Amount		
	CHECK			07-02-20	)20	\$	100.0	00
						\$		_
П								_
3. Contributor 1	Information					\$	-	
	ng Address & Phone	Add halob T	Remo	ove	1.6			
(include city, stat	e, & zip)		rue/i i oression		d. Comment	<u>s</u>	<u> </u>	<u>V</u>
GENE RAMSEY								
125 DEER BRO SHELBY, NC 2		c. Emplo	oyer's Name/Spec	ific Field				
2 1,110 2	0130				e. Election Si	um to Doto		
							<u> </u>	2.340
Prior g. Acco	unt Code h. Form of Payment	i. In-Kind Descri		: D-4-/- / / / / /	\$	100.00	- 2200 pt. Sept. 1 - 100	- N. C. C.
П	CHECK	a a a a a a a a a a a a a a a a a a a	pion	j. Date (mm/dd/yyy	**************************************	k. Amount		
				07-02-20	20	\$	100.0	10 ——
				· · · · · · · · · · · · · · · · · · ·		\$		
						\$		
. Total only	-				\$	I	225.0	
	L CRO-1210 Pages							
(This line must be	on line 6 of Detailed Summary Page	CRO-1100)			\$		3,550.0	J0

		m individuals		Pg	of			'es 🔲 No	
				0 or contributions unde	er \$50 if form CF	****			
		(and Fund if applica	ble)	DUF ELECTIONS		2. ID Nun	nber		
FRIEND	DS OF JOEL SHO	RES	CLEM	MANUSCOUNTY					
3. Contr	ributor Informatí	ion	707 1	₁MAdel r- 1. iRen	nove				
ka, v. filosofi živigaistai:	ame, Mailing Address	& Phone	EULI U.	b. Job Title/Profession		d. Comment	ts		
	e city, state, & zip)  NORMAN	MATERIAL STATE OF STA		SHERIFF				hard particularly and the particular and	
		ER HILL CHURCH R	עי	EIauto No/S-	'e Pila				
	DALE, NC	M HILL CHOKCH K	J)	c. Employer's Name/Spo	ecific Field				
						e. Election S	um to Date		
704-472	-6480					\$	\$ 1.250.00		
f. Prior	f. Prior g. Account Code h. Form of Payment i. In-h			Kind Description	. n 4.// _/Ja//		1,250.00		
The second second		CHECK	1.111.1	ana Description	j. Date (mm/dd/y		k. Amoun		
	+	CHECK			09-09-2	2020 —————	\$	750.00	
							\$		
							\$		
3. Contr	ibutor Informatio	 nn		Add Rem			<u> </u>		
	me, Mailing Address &		NA .	b. Job Title/Profession	love	d. Comments	<u> </u>		
(include	city, state, & zip)					u. commenc	5		
RICK JO									
	NKINS RD Y, NC 28150		I	c. Employer's Name/Spe	cific Field				
SHEED	1, NC 20130		ļ			FI. d. G			
704-473-	9974					e. Election Su	C134 The Petrology C000 (C134		
		Aconstitute (Samuelly Samuelly)	Tool in part any garge			\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
		CHECK			09-09-2	020	\$	500.00	
							\$		
					·				
							\$		
	ibutor Informatio ne, Mailing Address &			Add Remo	ove				
	city, state, & zip)	<i>l</i> Filone		b. Job Title/Profession		d. Comments			
RUNELL	LAPLANTE	CONTRACTOR	<u>i biolita</u> etees						
	K SPANGLER RD	<b>,</b>		c. Employer's Name/Spec	cific Field				
SHELBY,	, NC 28150								
						e. Election Su	m to Date		
						\$	25.00		
f. Prior	g, Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yy	yy)	k. Amount		
		CHECK			10-08-20	)20	\$	25.00	
							\$		
_ <u> </u>			<u></u>				\$		
	only this Page					\$		1,275.00	
	of ALL CRO- must be on line 6 of D	-1210 Pages Detailed Summary Page CR	20-1100			\$		3,550.00	

Contributions from Individuals

Amendment

Cont	ributions fro	Individuals					Amendm	nent
•		om Individuals dividual contributions		Pg 50 or contributions und		f <u>3</u>		Yes No
1. Com	mittee Full Name	e (and Fund if applic	eable)	O OF CONTIDUCIONS UNG	er \$50 ii ioiiii Civ	2. <b>ID</b> Nun		
	DS OF JOEL SHO		ARD OF	ENVED E ELECTIONS			and C.	
3. Cont	tributor Informati	ion		Add Ren	move			
11 V 48 STORE 11 A 49 600	ame, Mailing Address	s & Phone 2021	<del> </del>			d. Commen	its	
(include PAM KI	le city, state, & zip) ELLER						40.00	36.5.T.E.
	ELLEK UNTRY CLUB RI	. <b>D</b> . ,		c. Employer's Name/Sp	necific Field	<u></u>		
	MOUNTAIN, NC			<u> </u>	·	4		
704 747	7 7000					e. Election S	Sum to Date	She (2)
704-747-	-5003					\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amour	nt
		CHECK			10-08-2	2020	\$	50.00
							\$	
							-	
							\$	
	ributor Informations, Mailing Address			Add Ren  b. Job Title/Profession	nove	T.,		
	e city, state, & zip)	S I HORC		0. 300 THE/F TORESSION		d. Comments	<u>\$</u>	
DOUG B	BROWN		Residentative season faculty	<u> </u>				
	DEKALB ST Y, NC 28150			c. Employer's Name/Spe	ecific Field			
אחררה י	1, NC 20190					e. Election Si	to Date	
704-692-	-2865						S	31.00.000 (1.00.00.00.00.00.00.00.00.00.00.00.00.00
f. Prior	g. Account Code	h. Form of Payment			however	\$	2,000.00	
L.]	g. Attount Cout		1. III-r	Kind Description	j. Date (mm/dd/yy		k. Amoun	
		CHECK			10-15-20	020	\$	2,000.00
							\$	
							\$	<del></del>
3. Contri	ibutor Informatio	on		Add Rem	love		Ψ	
a. Full Nam	me, Mailing Address &			b. Job Title/Profession	Ove	d. Comments	s	
(include	city, state, & zip)						MACON O	<u> Andrewski der der der der der der der der der der</u>
			ļ	c. Employer's Name/Spec	mifin Field	1		
			!	C. Silviya	SHIE PICIU	1		
			!	·		e. Election Su	ım to Date	
			ļ			\$		
î. Prior	g. Account Code	h. Form of Payment	i. In-K	I Kind Description	j. Date (mm/dd/yyy	уу)	k. Amount	t Carry
			T			<b>***</b>	\$	Brider Box Source and Co
			1					
							\$	
							\$	
	l only this Page					\$		2,050.00
	l of ALL CRO-					\$		3,550.00
(This line	2 must be on line 6 of I	Detailed Summary Page C	CRO-1100	1		Ψ		3,330.00

No

## **Contributions from Political Party Committees**

				Amendment
Pg	1	of	1	Yes No

Use this form to report contributions from a political party

1. Committee Fu FRIENDS OF JO	II Name (and Fund if EL SHORES	applicable)	RECEIVE	n	2. ID	Number	
			BOARD OF ELE	<u>ctions</u>			
3. Contributor In a. Full Name, Mailing (include city, state,	g Address & Phone	The state of the s	2021 JAN 13 F	Remove  7: 42	b. Con	iments	
WEROCC 2502 PARNELL	DRIVE						
SHELBY, NC 28	3150				c. Elec \$	tion Sum to Date	
d. Account Code	e. Form of Payment	f. In-Kind Description		g. Date (mm/dd/yyy		h. Amount	
	СНЕСК			10-08-2		\$ 100.00	
						\$	
						\$	-
3. Contributor In  a. Full Name, Mailing	Address & Phone		Add	Remove	b. Com	ments	
(include city, state,	& ZIP)						
				,	c. Elect	ion Sum to Date	
d. Account Code	F-2-2-P			g. Date	\$		- Carlos
u. Account Cone	e. Form of Payment	f. In-Kind Description		(mm/dd/yyyy	0	h. Amount	
						\$	
						\$	
3. Contributor Inf	formation		Add	Remove		\$	
a. Full Name, Mailing (include city, state, &	HER STORES AND ADDRESS AND THE STORES AND STORES AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS A		1. Server decourt of		b. Com	ments	
					c. Electi \$	on Sum to Date	155545 155545
d. Account Code	e. Form of Payment	f. In-Kind Description		g. Date (mm/dd/yyyy		h. Amount	
						\$	
						\$	
		N. P. P. C.				\$	
4. Total only th					\$	100.00	
	CRO-1220 Pages line 7 of Detailed Summary		Principles Principles	100 mg	\$	100.00	

## Contributions from Other Political Committees Pg 1 of 1 No Use this form to report contributions from other candidate, referendum or PAC committees

	Il Name (and Fund if applicable	e)	PEPEI	VIII	Tito CS		2. IE	) Number
FRIENDS OF JO	EL SHOKES	BOAR	ROOFE	VED LECTIONS				
3. Contributor In  a. Full Name, Mailing	g Address & Phone	<b>2</b> 021 .	Add	Reommittee 2	emove		d. Co	mments
(include city, state, CAMPAIGN TO	& zip) ELECT BETSY HARNAGE		c. Level R	Candidate Candid	(y) 	PAC  County: Municipality:	Fia	
		I		State		Municipanty.	e. Elec	ction Sum to Date 25.00
f. Account Code	g. Form of Payment	h. In-Kinc	d Description	n	i. Da	te (mm/dd/yyyy		j. Amount
	СНЕСК	N. Hobbingto areas	ST Therenes .	M TOO CONTRACTOR AND		10-08-2020		\$ 25.00
								\$
								\$
3. Contributor Inf a. Full Name, Mailing	Address & Phone		Add b. Type of	Ren	move		d Con	nments
(include city, state, &				Candidate Referendum		PAC	u. v	Inems
		20,000	c. Level Re	egistered (Specify Federal	n)	County:		
		.		State		Municipality:		tion Sum to Date
f. Account Code	g. Form of Payment	' - Kind	·		गरक्त 🌉		\$	· · · · · · · · · · · · · · · · · · ·
	g. room or rayment	0, in-Kina	Description		i. Date	e (mm/dd/yyyy)	<u>)                                    </u>	j. Amount
				I	-			\$
		i						\$
							i 	\$
3. Contributor Info a. Full Name, Mailing A		-	Add b. Type of (		nove		- Com	
(include city, state, &				Candidate		PAC	d. Com	ments
		200	The state of the s	Referendum gistered (Specify)	)			
				Federal State		County:		
				State		Municipality:	e. Electi \$	ion Sum to Date
f. Account Code	g. Form of Payment	h, In-Kind I	Description		i. Date	(mm/dd/yyyy)		j. Amount
						200 (see 200), 404 mmm	***************************************	\$
								\$
								\$
4. Total only this Pa							\$	25.00
5. Total of ALL CR (This line must be on l	(O-1230 Pages line 8 of Detailed Summary Page CRO-1	1100)					\$	25.00

Disbursem	nents		Ps	r~ 1 of	Amendment  3 Yes No
Use this form to	to report expenditures	s from the commit	ttee for; operating expens		
committees and	d coordinated party ex	expenditures.			
	Full Name (and Fur JOEL SHORES	nd it applicable)			2. ID Number
		ase use separate (	CRO-1310 forms for due	h type of Disburse	mont )
Operating l	Expenses	Contributions to Ca	an fidates/Political Committees	IONS 🗆 c	Coordinated Party Expenditures
4. Payee Inform	and the second s		Add T	Remove	
a. Full Name, Mail (include city, state	iling Address & Phone e. & zin)	100 - 24 - 100 - 1	b. Coordinated Committee	ee Name  : U.2	d. Comments
MY CAMPAIO	GN STORE		LULI Jan 12	4 W Gas	
	NGTON PKWY., #20	)1	c. Level Registered (Specif	fy)	
LOUISVILLE,	, KY 40222		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CREDIT CARD	A	08-18-2020	\$877.68	YARD SIGNS
				\$	
4. Payee Inform			Add	Remove	The second second second
a. Full Name, Mail (include city, state,	lling Address & Phone & zin)		b. Coordinated Committee	2 Name	d. Comments
TY OLIVER	ը <b>&amp; Zip)</b> sais thair taive. — γου μου μ				CHECK 1026
102 LAKEWO			c. Level Registered (Specify	iy)	
KINGS MOUN	NTAIN, NC 28086		Federal	County:	<u> </u>
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	K	10-06-2020	\$360.00	WEBSITE
					CREATION
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Maili (include city, state,	ing Address & Phone		b. Coordinated Committee		d. Comments
	.& zip) .AND PRINTERS		1		CHECK 1028
2020E DIXON I	BLVD	ļ	c. Level Registered (Specify	on and a second	
SHELBY, NC	28152	ſ	Federal	County:	<u>.</u>
		1	State	Municipality:	e. Election Sum to Date
Tank in de tres, ha gereg freiheig	The Control of State of the Control				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	СНЕСК	В	10-13-2020	\$971.78	MAILER
	ı			\$	
5. Total only this					\$ 2,209.46
6. Total of ALL	CRO-1310 Pages				Ψ 2,207.70

F\* - Equipment I - Postage J - Penalties O\* - Other

B\* - Printing

7. Purpose Codes (List detailed expenditure code in (h.) above) C\* - Fundraising

(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)

G - Political Party

K\* - Office Expenses

D - To Another Candidate

\$

3,239.46

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

A\* - Media

E - Salaries

	•							Amendment		
Disburseme	ents		_	P	g	2 of	<u>3</u>	Yes  /political		No
Use this form to	report expenditures f	rom the committe	e fo	r; operating expens	es, c	ontributions to	Candidate	pontical		
committees and c	coordinated party exp ill Name (and Fund	if applicable)					-	2. ID Number		
EDIENDO OF IO	AEL CHORES		DO	A REUSIVEU	CIOS	19				
3. Type of Disbu	rsement <u>Pleas</u>	e use separate CI	<i>?0:</i>	1310 forms for eac	h ty	<u>pë of Disburser</u>	nent.)	Party Expenditure	<u> </u>	
Operating Ex	rpenses	Contributions to Can	dida	es/Political Committees	•	Remove	orumateu i	arty Expenditure	3	
4. Payee Inform			4	Coordinated Committee			d. Com	ments		
a. Full Name, Maili (include city, state,	ng Address & Phone		22374		Leaves (get) 2 ca		CHE	CK 1027		
COMMUNITY	FIRST MEDIA				F05-42-000-0					
503 N LAFAYE	ETTE ST	•	c.	Level Registered (Spec	ify)	County				
SHELBY, NC 28150			Federal County:  State Municipality:					ion Sum to Date		<b>.</b>
				j State [	<u>l</u>		\$			
		h. Purpose Code		i. Date (mm/dd/yyyy)	\$5446	j. Amount	k. Req	uired Remarks		
f. Account Code	g. Form of Payment	388311-284113-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			*****		Contract Con	ERTISING		
	CREDIT CARD	A		10-13-2020		\$795.00			,	
						\$				
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7. Purpose Codes (List detailed expenditure code in (h.) above)

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

A\* - Media B\* - Printin

B\* - Printing
F\* - Equipment

C\* - Fundraising G - Political Party D - To Another Candidate

E - Salaries F\* - Equipmen
I - Postage J - Penalties

K\* - Office Expenses

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

O\* - Other

## Disbursements Pg 3 of 3 Amendment Yes \sum No

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

	Full Name (and Fun JOEL SHORES	ıd if applicable)				2. ID Number
3. Type of Disb		ase use separate C	RO-1310 forms for	r each :	tvpe of Disbursen	nent.)
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(include city, state, FACEBOOK	, <u>&amp; zip)</u>	—— <i>2</i> 021 J/d!	3 P 1: 42			
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I - Postage	J - Penalties	K* - Office			O* - Donation	Public Office Expenses to Legal Expense Fund
O* - Other						to Degat Expense I und
* Codes require	detailed explanatio	on in required rem	iarks field (k)			

Loan Proceeds

Pg 1 of 1

Amendment | Yes | No

Loan Proceeds

Pg 1

See this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Fu	ıll Na	me (and Fu	nd if applicable):	1117	n		2.	ID Numb	oer			
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JOEL SHORES												
818 CROWDER RD			100					e. Start Date (mm/dd/yyyy)				
SHELBY, NC 28150				c. Employer's Name/Specific Field				10	-08-2020			
								f. End Date (mm/dd/yyyy)				
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