

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

a. Full Name Committee to Elect Jillian Johnson		c. ID Number
b. Mailing Address (include City, State and Zip Code) 902 Arnette Ave Durham, NC 27701		d. Date Filed 08/27/2015
		e. Phone Number 919.485.9329

2015	07/01/2015	08/25/2015	Melissa Norton
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				

a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose	c. Account Code 1	b. Purpose IN PERSON	c. Account Code
	d. Period Begin Balance \$ 100	AUG 27 2015	d. Period Begin Balance \$
		DURHAM BOE	

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

Melissa Norton Printed Name of Signer
Melissa Norton Signature of Appointed Treasurer
 8/27/2015 Date

FOR OFFICE USE ONLY

Date Received:	<u>8/27/15</u>	Employee:	<u>Melissa Norton</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
Committee to Elect Jillian Johnson					
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 100.00		\$ 100.00	
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$ 1,626.00		\$ 1,626.00	
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ 23,126.00		\$ 23,256.93	
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$		\$	
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$		\$	
9) Loan Proceeds	<i>(CRO-1410)</i>	\$		\$	
10) Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$		\$	
11b) Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$		\$	
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$		\$	
11d) Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$		\$	
11 e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$		\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 24,752.00		\$ 24,782.93	
13) Disbursements					
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$ 7,692.77		\$ 7,692.77	
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$		\$	
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$		\$	
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$		\$	
15) Loan Repayments	<i>(CRO-1420)</i>	\$		\$	
16) Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$		\$	
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$ 790.00		\$ 820.93	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 8,482.77		\$ 8,513.70	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 16,369.23		\$ 16,369.23	
20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$			
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$			
22) Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$			
23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$		IN PERSON	
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$		AUG 2 7 2015	
25) Administrative Support	<i>(CRO-1710)</i>	\$		\$	
26) Forgiven Loans	<i>(CRO-1440)</i>	\$		DURHAM BOE	
27) 48-Hour Notice Reports Sum	<i>(CRO-2200)</i>	\$		\$	
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$		\$	

Aggregated Contributions from Individuals

Page

1 of 3

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Committee to Elect Jillian Johnson					
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		check		7/17/2015	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		7/17/2015	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		7/17/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		7/17/2015	\$ 30
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		7/17/2015	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		7/17/2015	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		7/17/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/2/2015	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/2/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/2/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/8/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/8/2015	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/8/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/8/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/8/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/8/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/8/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/9/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/9/2015	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/9/2015	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/9/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		7/10/2015	\$ 25
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 640.00
5. Total of ALL CRO-1205 Pages					\$ 1,626.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

IN PERSON
AUG 27 2015
DURHAM BOE

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Committee to Elect Jillian Johnson					
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		credit card		07/10/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/13/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/15/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/16/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/16/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/17/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/17/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/17/2015	\$ 30
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/17/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/17/2015	\$ 30
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/17/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/29/2015	\$ 5
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/31/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/31/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/31/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/31/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/31/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/04/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		07/01/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/05/2015	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/05/2015	\$ 25
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 510.00
5. Total of ALL CRO-1205 Pages					\$ 1,626.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Committee to Elect Jillian Johnson					
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		credit card		08/05/2015	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/06/2015	\$ 10
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/07/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/07/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/08/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		08/08/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/11/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/13/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/14/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		08/15/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/21/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		credit card		08/18/2015	\$ 25
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Check		08/18/2015	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		Cash	IN PERSON	08/22/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash	AUG 27 2015	08/22/2015	\$ 5
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check	DURHAM BOE	08/06/2015	\$ 50
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		check		08/07/2015	\$ 36
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		08/15/2015	\$ 20
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add		cash		08/15/2015	\$ 40
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 476.00
5. Total of ALL CRO-1205 Pages					\$ \$1,626.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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 Maglione 904 Dacian Ave Durham, NC 27701			social worker			
			c. Employer's Name/Specific Field			
			Piedmont Health Services	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"/>		check		7/12/2015	\$	100.00
<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		
Theodore Luebke 221 Knox St Durham, NC 27705			organizing director			
			c. Employer's Name/Specific Field			
			America Votes	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"/>		check		7/12/2015	\$	100.00
<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 Crawford 2847 S Main St, Mt. Airy, NC 27030 Mt. Airy, NC 27030			retired			
			c. Employer's Name/Specific Field			
			retired from Stokes Co. Public Schools	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"/>		check		7/17/2015	\$	250.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO 1210 Pages					\$ 23,126.00	
<small>(This information is required on Detailed Summary Page CRO-1100)</small>						

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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		
Jenny Edmonds 417 Carolina Circle Durham, NC 27707			scientist			
			c. Employer's Name/Specific Field			
			US EPA	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"/>		check		7/17/2015	\$ 100.00	
<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		
Ann Rebeck 2701 Old Sugar Rd Durham, NC 27707			teacher			
			c. Employer's Name/Specific Field			
			Bethel Preschool	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"/>		check		7/17/2015	\$ 100.00	
<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		
Lorisa Seibel 2410 Par Place Durham, NC 27705			program director			
			c. Employer's Name/Specific Field			
			Reinvestment Partners	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"/>		check		7/17/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO 1210 Pages					\$ 23,126.00	
<small>(This information is also included in the Periodic Summary Page CRO 1100)</small>						

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Alexis Clark 802 C Arnette Ave Durham, NC 27701			visiting lecturer			
			c. Employer's Name/Specific Field			
			University Southern California			
					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"/>		check		7/17/2015	\$ 100.00	
<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	
Sejal Zota 704 E Forest Hills Blvd Durham, NC 27707			legal director			
			c. Employer's Name/Specific Field			
			National Immigration Project			
					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"/>		check		7/17/2015	\$ 100.00	
<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	
Elizabeth Mason-Deese 124 Fidelity St, Apt 27 Carrboro, NC			graduate student			
			c. Employer's Name/Specific Field			
			UNC-Chapel Hill			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		7/17/2015	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 260.00	
5. Total of ALL CRO 1210 Pages					\$ 23,126.00	
<small>(This line must be on line 5 of Detailed Summary Page CRO-1209)</small>						

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Raymond Eurghart 703 C South S Durham, NC 27707			retired			
			c. Employer's Name/Specific Field retired from City of Durham			
					e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		7/17/2015	\$ 55.00	
<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	
Zeola Lancaster 111 Middlebury Ct Durham, NC 27713			retired insurance agent			
			c. Employer's Name/Specific Field retired (from self-employed)			
					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"/>		check		7/17/2015	\$ 100.00	
<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	
Jonathan Mattingly 500 N Duke St, Spt 56-303 Durham, NC 27701			professor			
			c. Employer's Name/Specific Field Duke			
					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"/>		check		7/20/2015	\$ 750.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 905.00	
5. Total of ALL CRO 1210 Pages					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lanier Blum 11 Upchurch Circle Durham, NC 27705			Residential Development and Lending			
			c. Employer's Name/Specific Field			
			Self-Help			
					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"/>		check		7/24/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michelle Garst 106 W Woodridge Dr Durham, NC 27707			program manager			
			c. Employer's Name/Specific Field			
			UNC-Chapel Hill			
					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"/>		check		7/26/2015	\$ 5,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Viola Glenn 106 W Woodridge Dr Durham, NC 27707			graduate student			
			c. Employer's Name/Specific Field			
			NC State			
					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"/>		check		7/26/2015	\$ 5,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 10,200.00	
5. Total of All CRO 1210 Pages (This figure must be included on the Campaign Finance Report (CRO 1200))					\$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Ellen Bush 2014 Bivins St Durham, NC 27707			publishing			
			c. Employer's Name/Specific Field			
			UNC Press		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"/>		creditcard		7/1/2015	\$ 100.00	
<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	
Liz Munch 122 Cliff St Canajoharie, NY 13317			Assistant Professor			
			c. Employer's Name/Specific Field			
			University at Albany - SUNY		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"/>		creditcard		7/2/2015	\$ 100.00	
<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	
Nicholas Graber-Grace 1809 Glendale Ave Durham, NC 27701			teacher			
			c. Employer's Name/Specific Field			
			DPS		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/2/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only, All Pages					\$ 255.00	
5. Total SEALT CRO 1210 Pages					\$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Stephen Bendich 42 Grove St NY, NY 10014			psychologist			
			c. Employer's Name/Specific Field			
			self		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"/>		creditcard		7/2/2015	\$ 100.00	
<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	
Benjamin Crawford 802 Arnette Ave Durham, NC 27701			software developer			
			c. Employer's Name/Specific Field			
			GWG		e. Election Sum to Date	
					\$ 700.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/2/2015	\$ 200.00	
<input type="checkbox"/>		check		8/19/2015	\$ 500.00	
<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	
Elizabeth Simpson 1809 Glendale Ave Durham, NC 27701			lawyer			
			c. Employer's Name/Specific Field			
			Prisoner Legal Services		e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/2/2015	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page					\$ 850.00	
5. Total of ALL PAGES (1-10 Pages)					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Peter Maniloff 704 2nd St Golden, CO 80403			professor			
			c. Employer's Name/Specific Field Colorado School of Mines			
			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"/>		creditcard		7/2/2015	\$ 100.00	
<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	
Gabriel Rosenberg 2510 Alpine Rd Durham, NC 27707			professor			
			c. Employer's Name/Specific Field Duke			
			e. Election Sum to Date			
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/3/2015	\$ 110.00	
<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	
Daisy Goodman 566 Hanover Ct Rd Hanover, NH 37550			nurse-midwife			
			c. Employer's Name/Specific Field Dartmouth Hitchcock Medical Center			
			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"/>		creditcard		7/2/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total over this Page					\$ 310.00	
5. Total of All CRO 1210 Pages					\$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Rachel Goodman PO Box 1495 Cave Junction, OR 97523			massage therapist			
			c. Employer's Name/Specific Field			
			self		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"/>		creditcard		7/5/2015	\$ 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	
Dr Alice Maniloff 636 Cedar Club Circle Chapel Hill, NC			principal			
			c. Employer's Name/Specific Field			
			DPS		e. Election Sum to Date	
				\$ 110.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/5/2015	\$ 110.00	
<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	
Christopher Tralie 17 Balmoray Ct Durham, NC 27707			PHD Student			
			c. Employer's Name/Specific Field			
			Duke		e. Election Sum to Date	
				\$ 110.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/5/2015	\$ 110.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Totals on this Page					\$ 720.00	
5. Total on ALL CRO 1210 Pages					\$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Alexander Jergensen 301 Gresham Ave Durham, NC 27704			Head of Design			
			c. Employer's Name/Specific Field			
			R65 Labs			
					e. Election Sum to Date	
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/6/2015	\$ 110.00	
<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	
Tim Stallman 811-C Arnette Ave Durham, NC 27701			cartographer			
			c. Employer's Name/Specific Field			
			self			
					e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/6/2015	\$ 55.00	
<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	
Sendolo Diaminah 512 Dunbar St Durham, NC 27701			Program Coordinator			
			c. Employer's Name/Specific Field			
			BOLD, Praxis Project			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/6/2015	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 225.00	
5. Total of ALL CRO 1210 Pages					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Brian Perlmutter 1000 Duke St Durham, NC 27701			Development Director			
			c. Employer's Name/Specific Field			
			Southern Vision Alliance		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"/>		creditcard		7/8/2015	\$ 100.00	
<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	
Amy Faulring 1122 S 46th St Philadelphia, PA 19143			Vice-president			
			c. Employer's Name/Specific Field			
			The Management Center		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/8/2015	\$ 55.00	
<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	
Sarah Harlan 1309 Shawnee St Durham, NC 27701			Public Health Manager			
			c. Employer's Name/Specific Field			
			John Hopkins University		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/8/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page					\$ 210.00	
5. Total of ALL CRO-1210 Pages					\$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Victoria Kaplan 1545 Vanderbilt Pl Glendale, CA 91205			organizer			
			c. Employer's Name/Specific Field Moveon.org			
			e. Election Sum to Date			
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/8/2015	\$ 110.00	
<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	
Chelsea Earles 1709 Glendale Ave Durham, NC 27701			nanny			
			c. Employer's Name/Specific Field self-employed			
			e. Election Sum to Date			
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/8/2015	\$ 55.00	
<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	
Page McCullough 110 W Lavender St Durham, NC 27704			retired			
			c. Employer's Name/Specific Field retired from Rural School and Community Trust			
			e. Election Sum to Date			
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/8/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 220.00	
5. Total of All CRO 1205 Pages (Include this page and Summary Page (CRO 1206))					\$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Justin McBride 3783 Latrobe Stl Los Angeles, CA 90031			campaign manager			
			c. Employer's Name/Specific Field AFL-CIO			
					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"/>		creditcard		7/8/2015	\$ 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	
Mary Grant 344 Whitridge Ave Baltimore, MD 27701			researcher			
			c. Employer's Name/Specific Field Food and Water Watch			
					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"/>		creditcard		7/8/2015	\$ 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	
Melissa Norton 1102 Wall St Durham, NC 27701			Project Manager			
			c. Employer's Name/Specific Field Durham Living Wage Project			
					e. Election Sum to Date \$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/8/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Totals on this Page					\$ 555.00	
5. TOTAL OF ALL CRO 1210 Pages					\$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Jillian Johnson						
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		
Bob Wing 114 Briarhaven Dr Durham, NC 27704			consultant			
			c. Employer's Name/Specific Field			
			self-employed	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"/>		creditcard		7/8/2015	\$ 100.00	
<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		
Ross Grady 506 N Mangum St Durham, NC 27701			development manager			
			c. Employer's Name/Specific Field			
			IBM	e. Election Sum to Date		
				\$ 110.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/8/2015	\$ 110.00	
<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		
Lauren Spohrer 415 Hugo St Durham, NC 27704			producer			
			c. Employer's Name/Specific Field			
			self-employed	e. Election Sum to Date		
				\$ 165.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/8/2015	\$ 165.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page				\$ 375.00		
5. Total on this Form (Page)				\$ 23,126.00		

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Jillian Johnson						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Michael Hachey 344 Whitridge Ave Baltimore, MD 21218			organizer			
			c. Employer's Name/Specific Field			
			Unite Here	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"/>		creditcard		7/8/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Roberta Wood 2569 E 72nd St Chicago, IL 60649			retired			
			c. Employer's Name/Specific Field			
			Metropolitan Water Reclamation District of Greater Chicago (retired)	e. Election Sum to Date		
				\$ 110.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard	IN PERSON	7/8/2015	\$ 110.00	
<input type="checkbox"/>			AUG 27 2015		\$	
<input type="checkbox"/>			DURHAM BOE		\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Tamara Tal 909 Arnette St Durham, NC 27701			scientist			
			c. Employer's Name/Specific Field			
			EPA	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"/>		creditcard		7/9/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 610.00	
N.C. STATE BOARD OF ELECTIONS					\$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Hannah Spector 1401 Virginia Ave Durham, NC 27705			researcher			
			c. Employer's Name/Specific Field Planned Parenthood South Atlantic			
			e. Election Sum to Date			
		\$ 55.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/10/2015	\$ 55.00	
<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	
Nabeel Ebeid 24 Sheridan Rd Evanston, IL 60202			Consultant			
			c. Employer's Name/Specific Field Waterstone Management Group			
			e. Election Sum to Date			
		\$ 110.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/14/2015	\$ 110.00	
<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	
Margaret Krome-Lukens 117 Cole St Chapel Hill, NC			assistant manager			
			c. Employer's Name/Specific Field Carrboro Farmers Market			
			e. Election Sum to Date			
		\$ 55.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/14/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
l. Total Cash on Hand					\$ 220.00	
5. Amount of CRO 1210 Pledge					\$ 23,126.00	

Contributions from Individuals

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)					ID Number
Committee to Elect Jillian Johnson					
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	
Sarah Jennings 3363 Falls Rd Baltimore, MD 21211		Creative Director			
		c. Employer's Name/Specific Field Millennial Media			
				e. Election Sum to Date	
				\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/15/2015	\$ 55.00
<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	
Cathey Stanley 121 Bonaparte Dr Hillsborough, NC 27278		teacher			
		c. Employer's Name/Specific Field Orange County Schools			
				e. Election Sum to Date	
				\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/15/2015	\$ 55.00
<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	
Chantelle Fisher-Borne 705 Chalice St Durham, NC 27704		project director			
		c. Employer's Name/Specific Field Fundors for LGBTQ Issues			
				e. Election Sum to Date	
				\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/16/2015	\$ 110.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total on this Page					\$ 220.00
5. Total on this Form (All Pages)					\$ 23,126.00

Contributions from Individuals

Amendment Yes No

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

Contributor Information					ID Number	
Committee to Elect Jillian Johnson						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Susan Alton Dailey 1006 Shepherd St Durham, NC 27701					b. Job Title/Profession unemployed	
					c. Employer's Name/Specific Field Oregon Health and Science University (previous)	
					d. Comments	
					e. Election Sum to Date \$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/16/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information					ID Number	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Elena Everett 506 Englewood Ave Durham, NC 27701					b. Job Title/Profession consultant	
					c. Employer's Name/Specific Field self-employed	
					d. Comments	
					e. Election Sum to Date \$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/16/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information					ID Number	
a. Full Name, Mailing Address & Phone (include city, state, & zip) William Jenniches 912 Shepherd St Durham, NC 27701					b. Job Title/Profession computer programmer	
					c. Employer's Name/Specific Field NC State	
					d. Comments	
					e. Election Sum to Date \$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/16/2015	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					f. Total on this Page \$ 185.00	
					g. Total on this Page \$ 23,126.00	

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee to Elect Jillian Johnson						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Chase Foster 17 Hamlet St Somerville, MA 02143			graduate student			
			c. Employer's Name/Specific Field			
			Harvard University		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/17/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Chris Toenes 1309 Sedgefield St Durham, NC 27701			counselor			
			c. Employer's Name/Specific Field			
			TROSA		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/17/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JessicaLee White 2909 Fawn Ave Durham, NC 27705			graduate student			
			c. Employer's Name/Specific Field			
			Duke		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/17/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 165.00	
					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee: Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Jillian Johnson					
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Laura Wagner 163 St James Dr Piedmont, CA 94611		archivist			
		c. Employer's Name/Specific Field			
		Duke	e. Election Sum to Date		
			\$ 110.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/17/2015	\$ 110.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Heidi Wait 1000 N Duke St Durham, NC 27701		nurse			
		c. Employer's Name/Specific Field			
		Duke Hospital	e. Election Sum to Date		
			\$ 55.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/17/2015	\$ 55.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Elizabeth Ault 1013 Dacian Ave Durham, NC 27701		Assistant Editor			
		c. Employer's Name/Specific Field			
		Duke University Press	e. Election Sum to Date		
			\$ 55.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/17/2015	\$ 55.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Totals and Balances					
					\$ 220.00
					\$ 23,126.00

Contributions from Individuals

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Desmera Gatewood 3311 Tarleton East Durham, NC 27713			graduate student			
			c. Employer's Name/Specific Field American University			
			e. Election Sum to Date		\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/17/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. 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	
Beth Bruch 1010 Iredell St Durham, NC 27705			media coordinator			
			c. Employer's Name/Specific Field Alamance Burlington School System			
			e. Election Sum to Date		\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/17/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. 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	
Snehal Patel 35 Cub Creek Rd Chapel Hill, NC 277517			physician			
			c. Employer's Name/Specific Field Duke University Medical Center			
			e. Election Sum to Date		\$ 501.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/17/2015	\$ 501.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
6. Total on this Page					\$ 611.00	
7. Total on Schedule CRO-1205					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Jillian Johnson						
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		
Gina Difino 518 W SALISBURY St Pittsboro, NC 27000		Program Director				
		c. Employer's Name/Specific Field Duke University				
				e. Election Sum to Date		
				\$ 55.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/17/2015	\$ 55.00	
<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 Haynes 125 Lonnie Gentry Rd Roxboro, NC 27574		organizer				
		c. Employer's Name/Specific Field IBEW				
				e. Election Sum to Date		
				\$ 55.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard	AUG 27 2015	7/18/2015	\$ 55.00	
<input type="checkbox"/>			DURHAM BOE		\$	
<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		
Erin Parish 1506 ENGLEWOOD Ave Durham, NC 277517		instructor				
		c. Employer's Name/Specific Field Duke University				
				e. Election Sum to Date		
				\$ 165.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/19/2015	\$ 165.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
				\$ 275.00		
				\$ 23,126.00		

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Kelly Quirk 152 Parker Ave Maplewood, NJ 07040			LCSW			
			c. Employer's Name/Specific Field			
			BRC			
			e. Election Sum to Date			
			\$ 110.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/20/2015	\$ 110.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Gail Wagner 163 St James Dr Piedmont, CA 94611			physician			
			c. Employer's Name/Specific Field			
			The Permanente Medical Group			
			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"/>		creditcard		7/25/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Jenn Frye 216 E Markham Ave Durham, NC 27705			Associate Director			
			c. Employer's Name/Specific Field			
			Democracy NC			
			e. Election Sum to Date			
			\$ 55.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/26/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total Available Page					\$ 415.00	
5. Total of All CRO-1205 Page					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Elect Jillian Johnson						
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	
Cy Stober 103 E Ellerbee St Durham, NC 27704			Senior Regional Planner			
			c. Employer's Name/Specific Field			
			Piedmont Triad Regional Counl			
					e. Election Sum to Date	
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/26/2015	\$ 110.00	
<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	
Jocelyn Olcott 1227 Vickers Ave Durham, NC 27707			professor			
			c. Employer's Name/Specific Field			
			Duke University			
					e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/20/2015	\$ 55.00	
<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	
Marelda Parish 1560 lawton Ave Macon, GA 31201			Associate Director			
			c. Employer's Name/Specific Field			
			Democracy NC			
					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"/>		creditcard		7/20/2015	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 665.00	
					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Jillian Johnson					
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	
Tema Okun 204 Rigsbee Ave Durham, NC 27701		consultant			
		c. Employer's Name/Specific Field			
		self-employed			
				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"/>		creditcard		7/27/2015	\$ 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	
Noah Rubin-Blöse 1212 Prabhupada Dr Hillsborough, NC 2770		chef			
		c. Employer's Name/Specific Field			
		self-employed			
				e. Election Sum to Date	
				\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/27/2015	\$ 55.00
<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	
Lanakila McMahan 1801 Clydesdale Pl Washington, DC 20009		manager			
		c. Employer's Name/Specific Field			
		USAID			
				e. Election Sum to Date	
				\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/20/2015	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 630.00	
				\$ 23,126.00	

Contributions from Individuals

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)					ID Number
Committee to Elect Jillian Johnson					
2. 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	
Kevin Prosen 30-59 Steinway St Astoria, NY 11103		teacher			
		c. Employer's Name/Specific Field NYC Dept of Education			
				e. Election Sum to Date	
				\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		7/16/2015	\$ 55.00
<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	
Damon Seils 601 Jones Ferry Rd Carrboro, NC 27510		research manager			
		c. Employer's Name/Specific Field Duke			
				e. Election Sum to Date	
				\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>				7/16/2015	\$ 55.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. 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	
Shayan Mukherjee 2120 Englewood Ave Durham, NC 27705		Statistician			
		c. Employer's Name/Specific Field Duke			
				e. Election Sum to Date	
				\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard			\$ 55.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
5. Total only this page					\$ 110.00
6. Total of all pages					\$ 23,126.00

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Jillian Johnson						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			
Christina Chia 2419 Perkins Rd\ Durham, NC 27704		administrator				
		c. Employer's Name/Specific Field				
		Duke	e. Election Sum to Date			
			\$ 55.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		7/20/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			
Susan Goodman Bendich 902 Arnette Ave Durham, NC 27701		psychologist				
		c. Employer's Name/Specific Field				
		retired (from self-employed)	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"/>		creditcard		07/01/2015	\$ 400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments			
Paul Bendich 902 Arnette Ave Durham, NC 27701		mathematician				
		c. Employer's Name/Specific Field				
		Duke	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"/>		creditcard		07/01/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 555.00	
					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund, if applicable)						2. ID Number	
Committee to Elect Jillian Johnson							
3. Contributor Information						Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Charles Soeder 103 Hillcrest Ave Carrboro, NC 27510			scientist				
			c. Employer's Name/Specific Field				
			UNC-Chapel Hill				
e. Election Sum to Date							
\$ 55.00							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		creditcard		7/1/2015	\$ 55.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information						Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Natalia Weedy 807 Parker St Durham, NC 27701			photographer				
			c. Employer's Name/Specific Field				
			self				
e. Election Sum to Date							
\$ 790.00							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			photography	07/02/2015	\$ 790.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information						Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Kevin Morgan 1003 Monmouth Ave Durham, NC 27701			Systems Analyst/Programmer				
			c. Employer's Name/Specific Field				
			UNC				
e. Election Sum to Date							
\$ 55.00							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		creditcard		08/07/2015	\$ 55.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
					\$ 900.00		
					\$ 21,116.00		

Contributions from Individuals

Amendment
 Yes No

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

Committee to Elect Jillian Johnson						ID Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Carl Rist 809 Watts St Durham, NC 27701			scientist			
			c. Employer's Name/Specific Field			
			UNC-Chapel Hill			
			e. Election Sum to Date			
			\$ 55.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		08/9/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Claudia Horowitz PO BOX 1887 Durham, NC 27702			consultant			
			c. Employer's Name/Specific Field			
			self			
			e. Election Sum to Date			
			\$ 55.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		08/10/2015	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Peter Gilbert 601 Swan St Durham, NC 27701			attorney			
			c. Employer's Name/Specific Field			
			Legal Aid Society of NC			
			e. Election Sum to Date			
			\$ 110.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		08/14/2015	\$ 110.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 220.00	
					\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Jillian Johnson					
3. Contributor Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Beth Silberman 809 Carolina Ave Durham, NC 27705		physical therapist			
		c. Employer's Name/Specific Field			
		Duke University Medical Centre			
e. Election Sum to Date				\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		08/15/2015	\$ 110.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Contributor Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Margaret Krome-Lukens 117 Cole St Chapel Hill, NC 27516		assistant manager			
		c. Employer's Name/Specific Field			
		Carrboro Farmers Market			
e. Election Sum to Date				\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		creditcard		08/15/2015	\$ 55.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
5. Contributor Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Tamar Schlekat 1 Beverly Dr Durham, NC 27707		consultant			
		c. Employer's Name/Specific Field			
		Arcadis			
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"/>		check		08/15/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 265.00	
				\$ 23,126.00	

IN PERSON
AUG 27 2015

DURHAM BOE

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Jillian Johnson							
3. Contributor Information						Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Phil Marsosudiro 2908 Arnold Rd Durham, NC 27707			consultant				
			c. Employer's Name/Specific Field				
			self				
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"/>		check		08/15/2015	\$	100.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information						Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Luciana Fellin 68 Beverly Dr Durham, NC 27707			Professor				
			c. Employer's Name/Specific Field				
			Duke				
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"/>		check		08/15/2015	\$	100.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information						Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Shirley McConahay 3205 Tipi Ln Durham, NC 27705			consultant				
			c. Employer's Name/Specific Field				
			Arcadis				
e. Election Sum to Date							
\$ 50.00							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		08/15/2015	\$	50.00	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
					\$	250.00	
					\$	23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Jillian Johnson							
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	
Anne M. Akwari PO Box 51614 Durham, NC 27717				physician			
				c. Employer's Name/Specific Field			
				self		e. Election Sum to Date	
						\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		creditcard		08/16/2015	\$ 110.00		
<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	
Jessica Rutter 447 17th St SE Washington DC 20003				attorney			
				c. Employer's Name/Specific Field			
				Nlr		e. Election Sum to Date	
						\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		creditcard		08/17/2015	\$ 55.00		
<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	
Jane Mansbridge 3 Walker St Cambridge, MA 02138				professor			
				c. Employer's Name/Specific Field			
				Harvard		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"/>		check		08/19/2015	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 365.00	
						\$ 23,126.00	

Contributions from Individuals

Amendment
 Yes No

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

Committee to Elect Jillian Johnson						ID Number
a. Full Name, Mailing Address & Phone (include city, state, & zip) Matt Kopac 1510 Woodland Dr Durham, NC 27701						b. Job Title/Profession Social and Environmental Responsibility Manager
						c. Employer's Name/Specific Field Burt's Bees
						d. Comments
						e. Election Sum to Date \$ 55.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		creditcard		08/25/2015	\$	55.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Laura Drey 2248 Cranford Durham, NC 27705						b. Job Title/Profession photographer
						c. Employer's Name/Specific Field self
						d. Comments
						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"/>		check		08/25/2015	\$	250.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Eddie Davis 405 Stinhurst Dr Durham, NC 27707						b. Job Title/Profession retired teacher
						c. Employer's Name/Specific Field retired (DPS)
						d. Comments
						e. Election Sum to Date \$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		08/25/2015	\$	50.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						e. Election Sum to Date \$ 355.00
						e. Election Sum to Date \$ 23,126.00

In-Kind Contributions

Amendment Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Name (and Fund if applicable)		2. ID Number	
Committee to Elect Jillian Johnson			
3. Contributor Information Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
Natalia Weedy 807 Parker St Durham, NC 27701	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	photography	\$ 790.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
campaign photography/ head shot	07/02/2015	\$ 790.00	
		\$	
		\$	
3. Contributor Information Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
s		\$	
		\$	
3. Contributor Information Add Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
		\$	
		\$	
		\$	
		\$ 790.00	
		\$ 790.00	

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Committee to Elect Jillian Johnson					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Party Information					
Add		Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Democracy Engine 850 Quincy Street, NW #402 Washington, DC 20011				processing fees	
		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:			
				\$ 392.73	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/01/2015	\$22.54	
1	creditcard	O	07/08/2015	\$67.84	
5. Party Information					
Add		Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Democracy Engine 850 Quincy Street, NW #402 Washington, DC 20011				processing fees	
		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:			
				\$ 392.73	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/15/2015	\$103.57	
1	creditcard	)	07/22/2015	\$90.89	
6. Party Information					
Add		Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Democracy Engine 850 Quincy Street, NW #402 Washington, DC 20011				processing fees	
		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:			
				\$ 392.73	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/29/2015	\$43.94	
1	creditcard	)	8/5/2015	\$31.38	
					\$ 360.16
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 7,692.77
(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)					
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					

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee to Elect Jillian Johnson						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input 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	
NationBuilder 520 South Grand Avenue Los Angeles, CA					web hosting	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 58.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	creditcard	O	07/01/2015	\$29.00		
1	creditcard	O	08/07/2015	\$29.00		
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	
Durham BOE 201 N. Roxboro St Durham, NC 27701					filing fee	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 205.88		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	creditcard	O	07/15/2015	\$205.88		
				\$		
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	
Pure Buttons 4930 Chippewea Rd. Unit A. Mendina, OH. 44256						
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 214.12		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	creditcard	O	07/29/2015	\$140.31		
1	creditcard	)	7/31/2015	\$73.81		
5. Total only this Page						\$ 478.00
6. Total of ALL CRO-1310 Pages						\$ 7,692.77
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (k) 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

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Jillian Johnson					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Facebook, Inc. 1601 Willow Road Menlo Park CA 94025					social media
			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
					\$ 54.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	A	07/15/20	\$8.48	fee to boost FB post
1	creditcard	A	7/15/2015	\$16.68	fee to boost FB post
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Facebook, Inc 1601 Willow Road Menlo Park CA 94025					social media
			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
					\$ 54.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	A	07/31/2015	\$29.82	fee to boost FB post
				\$	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Fed Ex Store 610 9TH ST DURHAM. Durham, NC 27705					print postcard
			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
					\$ 123.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	B	7/15/2015	\$123.54	campaign postcards
				\$	
5. Total only this Page					\$ 178.52
6. Total of ALL CRO-1310 Pages					\$ 7,692.77
<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 - (Use 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

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Jillian Johnson					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input 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	
Costco. 1510 North Pointe Durham, NC 27705				food for campaign launch	
		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:			
				\$ 167.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/15/20	\$167.67	
				\$	
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	
Ben & Jerry's 609 Broad St Durham, NC 27705				food for campaign launch	
		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:			
				\$ 54.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/15/2015	\$54.81	
				\$	
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	
NC Democratic Party 220 Hillsborough St. Raleigh, NC 27603				VoteBuilder	
		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:			
				\$ 534.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	)	7/15/2015	\$534.00	
				\$	
5. Total only this Page					\$ 756.48
6. Total of ALL CRO-1310 Pages					\$ 7,692.77
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (k) 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

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Jillian Johnson					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input 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	
Carosel Checks 8906 Harlem Ave Bridgeview, IL 60455				checks	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 16.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/23/20	\$16.92	
				\$	
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	
Orlando's Custom Screenprintin 2824 N. Roxoboro St Durham ,NC 27704				shirts	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 1,225.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/23/2015	\$774.00	
1	creditcard	O	8/17/2015	\$451.50	
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	
Office Depot 4001 Chapel Hill Blvd Durham, NC 27707				labels	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 33.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	)	7/23/2015	\$21.40	
			7/27/2015	\$12.29	
5. Total only this Page					\$ 1,276.11
6. Total of ALL CRO-1310 Pages					\$ 7,692.77
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure codes in (k) 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

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Jillian Johnson					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Beyu Cafe 225 W Main St Durham, NC 27701				food	
		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:		\$ 22.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/24/20	\$22.06	
				\$	
4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Adam Pyburn 2020 Wa Wa Ave Durham, NC 27707				design work	
		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:		\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	07/29/2015	\$300.00	
				\$	
4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Capitol Promotions PO Box 231 Glenside, PA 19038				yard signs	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,500	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	)	7/23/2015	\$2,500	
				\$	
5. Total only this Page					\$ 2,822.06
6. Total of ALL CRO-1310 Pages					\$ 7,692.77
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (k) 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)					

IN PERSON

AUG 27 2015

DURHAM BOE

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee to Elect Jillian Johnson					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
PSPrint 2861 Mandela Parkway Oakland, CA 94608				bumper sticker palm cards	
		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:		\$ 1,363.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	O	8/2/2015	\$189.35	
1	creditcard	B	7/31/2015	\$120.08	campaign palm cards
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
PSPrint 2861 Mandela Parkway Oakland, CA 94608				campaign doorhangers	
		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:		\$ 1,363.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	B	8/18/2015	\$1053.63	doorhangers
				\$	
4. Payee Information Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
DCABP 601 Fayetteville St Durham, NC 27701				print ad & tickets for DCABP banquet	
		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:		\$ 380.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	8/17/2015	\$250.00	Print ad for DCABP brochure
1	check	O	8/11/2015	\$130.00	
5. Total only this Page					\$ 1,743.06
6. Total of ALL CRO-1310 Pages					\$ 7,692.77
<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 <i>(Use detailed expenditure code in (h.) above)</i>					
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

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee to Elect Jillian Johnson						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Dollar General 800 Broad St Durham, NC 27705				supplies for houseparty		
		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:		\$ 19.89		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	creditcard	O	8/17/2015	\$\$19.89		
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Party City 5402 New Hope Commons Dr Durham, NC 27707				campaign event supplies		
		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:		\$ 8.54		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	creditcard	O	8/22/2015	\$8.54		
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		
Home Depot 1700 N Pointe Dr Durham, NC 27705				campaign suppli dry erase board		
		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:		\$ 16.09		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	credit card	O	8/22/2015	\$\$16.09		
				\$		
5. Total only this Page						\$ 44.52
6. Total of ALL CRO-1310 Pages						\$ 7,692.77
<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>						
Purpose Codes - (Use detailed expenditure code in (d) 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

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee to Elect Jillian Johnson						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input 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	
Democracy Engine 850 Quincy Street, NW #402 Washington, DC 20011					processing fees	
			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:			
					\$ 392.73	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	creditcard	O	8/12/2015	\$11.88		
1	creditcard	O	8/19/2015	\$20.69		
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	
Google Inc. 1600 Amphitheatre Parkway Mountain View, CA 94043					google aps	
			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:			
					\$ 1.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	creditcard	)	08/03/2015	\$1.29		
1				\$		
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	
IN PERSON AUG 27 2015 DURHAM						
			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:			
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1				\$		
1)		\$		
5. Total only this Page						\$ 333.86
6. Total of ALL CRO-1310 Pages						\$ 7,692.77
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (k) 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)						