

Detailed Summary

Amendment

Yes No

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

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|--------------------|-----------------------------|---------------------------|
| COMMITTEE TO ELECT JOSIE BARNHART | 2022 First Quarter | NEW-XXXXXX-C-065 | |
| Start of Election Cycle: January 1, <u>2021</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 2,371.66 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 652.36 | \$ 853.36 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 10,240.81 | \$ 16,616.98 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 10,893.17 | \$ 17,470.34 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 6,989.49 | \$ 9,447.66 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 509.90 | \$ 604.90 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 317.17 | \$ 1,643.34 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 1,292.17 | \$ 1,618.34 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 9,108.73 | \$ 13,314.24 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 4,156.10 | \$ 4,156.10 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 0.00 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 0.00 | |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 | \$ 0.00 |

Aggregated Contributions from Individuals

Page 1 of 1

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 JOSIE BARNHART | | | | | NEW-XXXXXX-C-065 | |
| 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 <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 04/15/2022 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | | 02/13/2022 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | In-Kind | THANK YOU CARDS | 01/02/2022 | \$ | 36.36 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 04/23/2022 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Cash | | 02/13/2022 | \$ | 22.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 04/15/2022 | \$ | 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 04/07/2022 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 04/15/2022 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 04/15/2022 | \$ | 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Cash | | 01/19/2022 | \$ | 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 02/12/2022 | \$ | 22.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 04/15/2022 | \$ | 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 03/09/2022 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 04/18/2022 | \$ | 20.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 02/13/2022 | \$ | 22.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | | 03/10/2022 | \$ | 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Cash | | 02/05/2022 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | | 03/01/2022 | \$ | 15.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | | 03/07/2022 | \$ | 50.00 |
| 4. Total only this Page | | | | | \$ | \$652.36 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | \$652.36 |

CRO-1205

NC State Board of Elections

April 2007

REC'D IN PERSON

MAY 04 2022

NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|--|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| BO ADAMS 511 CAPE FEAR BOULEVARD CAROLINA BEACH, NC 28428 | | | | MED DEVICE SALES | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | POTRERO MEDICAL | | 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"/> | 01 | Electric Funds Tran | | 03/30/2022 | \$ 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 | |
| ALEXIS AMMONS 1208 OLMSTEAD LANE WILMINGTON, NC 28405 | | | | NURSE PRACTITIONER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | WILMINGTON HEALTH | | e. Election Sum to Date | |
| | | | | | | \$ 975.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | In-Kind | FUNDRAISER (FOOD, DRINKS, RENTALS, | 02/05/2022 | \$ 975.00 | | |
| <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 | |
| JOSIE BARNHART 736 GRATHWOL DR WILMINGTON, NC 28405 | | | | HOMEMAKER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NONE | | e. Election Sum to Date | |
| | | | | | | \$ 1.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | In-Kind | BUSINES CARDS (2500) FROM VISTA PRINT | 01/07/2022 | \$ 147.65 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1,222.65 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

MAY 04 2022

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| KRISTEN BRAY 1407 SNAPPER LANE CAROLINA BEACH, NC 28428 | | | | ENTREPRENEUR | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | TOP MOPS | | \$ 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"/> | 01 | Electric Funds Tran | | 04/24/2022 | | \$ 200.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| KASEY BROWN 7256 SANCTUARY DRIVE WILMINGTON, NC 28411 | | | | FIREARMS DEALER | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | WILMINGTON TACTICAL | | \$ 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"/> | 01 | Electric Funds Tran | | 03/31/2022 | | \$ 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 | |
| KELLY BUTCH 7834 OLDE POND ROAD WILMINGTON, NC 28411 | | | | STAY AT HOME MOM | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | N/A | | \$ 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"/> | 01 | Check | | 04/23/2022 | | \$ 200.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

CRO-1210

NC State Board of Elections **REGULIN PERSON**

April 2007

MAY 04 2022

NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| NEVIN CARR III 209 MARSH HEN DRIVE WILMINGTON, NC 28409 | | | | BUSINESS | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | CHASE DEFENSE 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"/> | 01 | Check | | 03/07/2022 | \$ 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 | |
| ERIN COGAN 4704 ARCHER DRIVE WILMINGTON, NC 28409 | | | | HOME | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | e. Election Sum to Date | |
| | | | | | | \$ 355.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input checked="" type="checkbox"/> | 01 | Electric Funds Tran | | 09/28/2021 | \$ 30.00 | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 02/14/2022 | \$ 25.00 | | |
| <input type="checkbox"/> | 01 | Check | | 03/07/2022 | \$ 100.00 | | |
| 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 COGAN 4704 ARCHER DRIVE WILMINGTON, NC 28409 | | | | HOME | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | e. Election Sum to Date | |
| | | | | | | \$ 355.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 04/01/2022 | \$ 100.00 | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 04/01/2022 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 425.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

MAY 04 2022

Contributions from Individuals

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

| | | | | | | |
|---|------------------------|---------------------------|---|-----------------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOSIE BARNHART | | | | | 2. ID Number NEW-XXXXXX-C-065 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) NICHOLAS CRAIG 1012 GORDON WOODS ROAD WILMINGTON, NC 28411 | | | b. Job Title/Profession TALK HOST | | d. Comments | |
| | | | c. Employer's Name/Specific Field CUMULUS MEDIA | | 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"/> | 01 | Electric Funds Tran | | 04/23/2022 | \$ 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) TARA DALESSANDRO 1604 JUPITER HILLS DRIVE WILMINGTON, NC 28411 | | | b. Job Title/Profession PERSONAL TRAINER | | d. Comments | |
| | | | c. Employer's Name/Specific Field SELF-EMPLOYED | | e. Election Sum to Date \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Check | | 02/07/2022 | \$ 150.00 | |
| <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) ELISABETH DUNN 1608 MIDDLE SOUND LOOP ROAD WILMINGTON, NC 28411 | | | b. Job Title/Profession ENGINEER | | d. Comments | |
| | | | c. Employer's Name/Specific Field CORNING | | 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"/> | 01 | Electric Funds Tran | | 02/06/2022 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 350.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 10,240.81 | |

MAY 04 2022

NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| EMILY EVANS 831 RUFFIN ST WILMINGTON, NC 28412 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | | |
| | | | | 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"/> | 01 | Cash | | 04/17/2022 | \$ 50.00 | | |
| <input type="checkbox"/> | 01 | Cash | | 04/18/2022 | \$ 10.00 | | |
| <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 | |
| LISA FERGUSON 113 EDGEWATER LANE WILMINGTON, NC 28403 | | | | AR WORKSHOP | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SELF-EMPLOYED | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 03/10/2022 | \$ 100.00 | | |
| <input type="checkbox"/> | 01 | Check | | 03/21/2022 | \$ 100.00 | | |
| <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 | |
| LINDY FORD 5001 MONCK CORNER WILMINGTON, NC 28409 | | | | REGISTERED DIETITIAN | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SELF-EMPLOYED | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 04/24/2022 | \$ 300.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 560.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

RECD IN PERSON

MAY 04 2022

NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| STEPHANIE FORTUNATO 3509 MELISSA COURT WILMINGTON, NC 28409 | | | | INDEPENDENT CONTRACTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SELF-EMPLOYED | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 340.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 01/12/2022 | \$ 20.00 | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 02/13/2022 | \$ 20.00 | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 03/12/2022 | \$ 20.00 | | |
| 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 | |
| STEPHANIE FORTUNATO 3509 MELISSA COURT WILMINGTON, NC 28409 | | | | INDEPENDENT CONTRACTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SELF-EMPLOYED | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 340.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 04/13/2022 | \$ 20.00 | | |
| <input type="checkbox"/> | 01 | Check | | 04/23/2022 | \$ 200.00 | | |
| <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 | |
| LEE GOUTHRO 650 FAIRWAY AVE NE FORT WALTON BEACH, FL 32547 | | | | ENROLLMENT SPECIALIST | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NORTHWEST FLORIDA STATE COLLEGE | | | |
| | | | | 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"/> | 01 | Electric Funds Tran | | 04/05/2022 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 380.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

REC'D IN PERSON

MAY 04 2022

NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 HENRY 4722 MAZUR CASTLE HAYNE, NC 28429 | | | | HOMEMAKER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 220.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 01/04/2022 | | \$ 20.00 | |
| <input type="checkbox"/> | 01 | Cash | | 01/10/2022 | | \$ 50.00 | |
| <input type="checkbox"/> | 01 | Cash | | 01/11/2022 | | \$ 50.00 | |
| 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 HENRY 4722 MAZUR CASTLE HAYNE, NC 28429 | | | | HOMEMAKER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 220.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 01/12/2022 | | \$ 50.00 | |
| <input type="checkbox"/> | 01 | Cash | | 01/13/2022 | | \$ 50.00 | |
| <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 | |
| KEITH HICKS 513 RIVAGE PROMENADE WILMINGTON, NC 28412 | | | | SELF-EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | | |
| | | | | | | 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"/> | 01 | Check | | 04/25/2022 | | \$ 500.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 720.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

MAY 04 2022

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| RHONDA HIGGINS 144 DRIFTWOOD COURT WRIGHTSVILLE BEACH, NC 28480 | | | | CAREGIVER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | ALWAYS GOOD COMPANY | | | |
| | | | | | | 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"/> | 01 | Electric Funds Tran | | 04/04/2022 | \$ 100.00 | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 04/07/2022 | \$ 100.00 | | |
| <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 | |
| JOHN HINNANT 219 N 23RD STREET WILMINGTON, NC 28405 | | | | REAL ESTATE | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | EASTERN CAROLINAS COMMERCIAL REAL ESTATE | | | |
| | | | | | | 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"/> | 01 | Electric Funds Tran | | 03/04/2022 | \$ 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 | |
| SAMUEL IBRAHIM 705 WINDEMERE RD WILMINGTON, NC 28405 | | | | SOFTWARE DEVELOPER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | ELM STREET | | | |
| | | | | | | 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"/> | 01 | Electric Funds Tran | | 02/25/2022 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 400.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

MAY 04 2022
NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOHN JASKEY 1811 MEWS DRIVE WILMINGTON, NC 28405 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | 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"/> | 01 | Check | | 04/18/2022 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| KATHY KNIGHT 3225 ASTER COURT WILMINGTON, NC 28409 | | | | BROKER / REALTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | INTRACOASTAL REALTY CORP | | 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"/> | 01 | Electric Funds Tran | | 03/30/2022 | \$ 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 | |
| LISA LAVOIE 421 OKEECHOBEE RD WILMINGTON, NC 28412 | | | | RN | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | TOTALMED | | 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"/> | 01 | Electric Funds Tran | | 01/18/2022 | \$ 400.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

MAY 04 2022

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|---|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 LOCKERBY 2008 DEER ISLAND LANE WILMINGTON, NC 28405 | | | | MILITARY / DEFENSE CONTRACTOR | | | |
| | | | | c. Employer's Name/Specific Field GDIT | | | |
| | | | | | | 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"/> | 01 | Electric Funds Tran | | 02/07/2022 | \$ 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 | |
| JOHN MAGLIONE 417 JOHN S MOSBY DR WILMINGTON, NC 28412 | | | | PHYSICIAN | | | |
| | | | | c. Employer's Name/Specific Field SELF-EMPLOYED | | | |
| | | | | | | 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"/> | 01 | Check | | 04/18/2022 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| LAUREN MARCILLIANT 7227 MASONBORO SOUND ROAD WILMINGTON, NC 28409 | | | | WRITER | | | |
| | | | | c. Employer's Name/Specific Field SELF-EMPLOYED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 22.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | In-Kind | 1000 CAMPAIGN POSTCARDS | 01/02/2022 | \$ 133.16 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 433.16 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

READ IN PERSON
MAY 04 2022
NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | NEW-XXXXXX-C-065 | |
| 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 MASELLI 1032 BALDWIN PARK DRIVE WILMINGTON, NC 28411 | | | SUBSTITUTE TEACHER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NEW HANOVER COUNTY SCHOOLS | | e. Election Sum to Date | |
| | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 04/20/2022 | \$ 50.00 | |
| <input type="checkbox"/> | 01 | Cash | | 04/21/2022 | \$ 50.00 | |
| <input type="checkbox"/> | 01 | Cash | | 04/22/2022 | \$ 50.00 | |
| 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 MASELLI 1032 BALDWIN PARK DRIVE WILMINGTON, NC 28411 | | | SUBSTITUTE TEACHER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NEW HANOVER COUNTY SCHOOLS | | e. Election Sum to Date | |
| | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Cash | | 04/23/2022 | \$ 50.00 | |
| <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 | |
| THOMAS MURPHY 501 MOSS TREE DRIVE WILMINGTON, NC 28405 | | | INSURANCE AGENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | STATE FARM | | 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"/> | 01 | Check | | 03/07/2022 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 400.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 10,240.81 | |

MAY 04 2022

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| DEBBIE PYE 1010 GROPPA CV WILMINGTON, NC 28409 | | | | CRA | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | LAB CORP | | 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"/> | 01 | Check | | 03/07/2022 | | \$ 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 | |
| KIM RUDDER 504 JULIA DRIVE WILMINGTON, NC 28412 | | | | BUSINESS CONSULTANT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SELF-EMPLOYED | | e. Election Sum to Date | |
| | | | | | | \$ 1,200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | Check | | 02/07/2022 | | \$ 500.00 | |
| <input type="checkbox"/> | 01 | Check | | 02/28/2022 | | \$ 600.00 | |
| <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 | |
| AIMEE SMITH 15218 CHULA PL WOODBIDGE, VA 22193 | | | | IT CONSULTANT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | T-SYSTEMS | | 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"/> | 01 | Electric Funds Tran | | 03/29/2022 | | \$ 50.00 | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 04/29/2022 | | \$ 50.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 1,300.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

MAY 04 2022

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| CYNTHIA STEINER 3300 GREENHOWER DRIVE WILMINGTON, NC 28409 | | | | ACCOUNTANT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | PJC MANAGEMENT | | 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"/> | 01 | Electric Funds Tran | | 02/13/2022 | \$ 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 | |
| GREG STUMP 1016 N 3RD STREET WILMINGTON, NC 28401 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | 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"/> | 01 | Electric Funds Tran | | 04/13/2022 | \$ 100.00 | | |
| <input type="checkbox"/> | 01 | Check | | 04/23/2022 | \$ 100.00 | | |
| <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 | |
| BRENT TANNER 8020 BALD EAGLE LANE WILMINGTON, NC 28411 | | | | OWNER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | PINNACLE TRAILER SALES | | 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"/> | 01 | Electric Funds Tran | | 02/24/2022 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 800.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

MAY 04 2022

NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 UEBELE 708 PLANTER'S ROW WILMINGTON, NC 28405 | | | | STAY AT HOME MOM | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | 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"/> | 01 | Check | | 02/07/2022 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| LAUREL UZCATEGUI 5425 WHALER WAY WILMINGTON, NC 28409 | | | | SELF-EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | ALLIANCE FITNESS CENTER | | e. Election Sum to Date | |
| | | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 04/24/2022 | \$ 150.00 | | |
| <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 | |
| AMANDA WADDELL 1809 CHESTNUT STREET WILMINGTON, NC 28405 | | | | FACILITIES MANAGEMENT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | JAVARA | | 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"/> | 01 | Electric Funds Tran | | 03/01/2022 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 600.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

RECEIVED IN PERSON
MAY 04 2022
NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| BECKY WALTER 6054 SHILOH DRIVE WILMINGTON, NC 28409 | | | | OFFICE MANAGER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | ALOHA CHIROPRACTIC | | | |
| | | | | 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"/> | 01 | Electric Funds Tran | | 04/24/2022 | \$ 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 | |
| RICHARD WILKINS P.O. BOX 1839 CAROLINA BEACH, NC 28428 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 1,500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Check | | 03/07/2022 | \$ 500.00 | | |
| <input type="checkbox"/> | 01 | Check | | 04/22/2022 | \$ 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 | |
| GENIA WILLIAMS 138 COUNTRY PLACE ROAD WILMINGTON, NC 28409 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | N/A | | | |
| | | | | 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"/> | 01 | Check | | 04/15/2022 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1,350.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 10,240.81 | |

REC'D IN PERSON

MAY 04 2022

NHC BD OF ELECTIONS

Contributions from Individuals

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

| | | | | | |
|---|------------------------|--|-------------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | NEW-XXXXXX-C-065 | |
| 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 | |
| JULIA WRIGHT 309 SIERRA DRIVE WILMINGTON, NC 28409 | | OWNER / OFFICE MANAGER | | | |
| | | c. Employer's Name/Specific Field | | | |
| | | WRIGHT'S HVAC INC | | 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"/> | 01 | Electric Funds Tran | | 02/14/2022 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 100.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 10,240.81 |

CRO-1210

NC State Board of Elections

April 2007

REC'D IN PERSON
MAY 04 2022
NHC BD OF ELECTIONS

Disbursements

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

| | | | | | | | |
|--|---------------------|-----------------|----------------------|--|--------------------------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOSIE BARNHART | | | | | | 2. ID Number NEW-XXXXXX-C-065 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ANEDOT 5555 HILTON AVE SUITE 106 BATON ROUGE, LA 70808 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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: | | \$ 356.10 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Electric Funds Tran | C | 04/30/2022 | \$ 97.60 | TRANSACTION FEE FOR | | |
| | | | | \$ | ONLINE DONATIONS | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> BRIDGES CONSULTING 226 N FRONT STREET STE 106 WILMINGTON, NC 28401 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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: | | \$ 5,457.25 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | H | 01/31/2022 | \$ 1,200.00 | CAMPAIGN | | |
| 01 | Debit Card | O | 03/03/2022 | \$ 935.78 | MANAGEMENT CAMPAIGN MANAGEMENT | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> BRIDGES CONSULTING 226 N FRONT STREET STE 106 WILMINGTON, NC 28401 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | 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: | | \$ 5,457.25 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | O | 04/04/2022 | \$ 3,321.47 | CAMPAIGN MANAGEMENT | | |
| 5. Total only this Page | | | | | | \$ 5,554.85 | |
| 6. Total of ALL CRO-1310 Pages <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> | | | | | | \$ 6,989.49 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

REC'D IN PERSON
MAY 04 2022

Disbursements

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

| | | | | | | | |
|--|--------------------|-----------------|----------------------|--|---------------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| ADAM HOOD 323 N. WALLACE AVE WILMINGTON, NC 28403 | | | | | | | |
| | | | | 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: | | \$ 325.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Check | H | 02/04/2022 | \$ 60.00 | BABYSITTING | | |
| 01 | Check | H | 03/28/2022 | \$ 70.00 | CAMPAIGN MEETING BABYSITTING | | |
| 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 | |
| ADAM HOOD 323 N. WALLACE AVE WILMINGTON, NC 28403 | | | | | | | |
| | | | | 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: | | \$ 325.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Check | H | 04/29/2022 | \$ 55.00 | BABYSITTING | | |
| | | | | \$ | | | |
| 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-MOTION HOSTING.COM 555 S. INDEPENDENCE BLVD VIRGINIA BEACH, VA 23452 | | | | | | | |
| | | | | 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: | | \$ 39.48 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | A | 01/13/2022 | \$ 39.48 | WEBSITE HOSTING | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 224.48 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 6,989.49 | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | REC'D IN PERSON | |

MAY 04 2022

NHC BD OF ELECTIONS

Disbursements

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

| | | | | | | | |
|--|--------------------|-----------------|----------------------|--|---------------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | | | NEW-XXXXXX-C-065 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| NEW HANOVER COUNTY 1241A Military Cutoff Road WILMINGTON, NC 28405 | | | | | | | |
| | | | | 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: | | | |
| | | | | | | \$ 127.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Check | H | 02/24/2022 | \$ 127.00 | FILING FEE | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| OLIVIA SCHREIDNER 1226 HADDINGTON DRIVE CARY, NC 27511 | | | | | | | |
| | | | | 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: | | | |
| | | | | | | \$ 260.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Check | H | 04/23/2022 | \$ 60.00 | BABYSITTING | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| TROPHY CENTER 529 EGLIN PARKWAY NE FORT WALTON BEACH, FL 28405 | | | | | | | |
| | | | | 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: | | | |
| | | | | | | \$ 1,023.16 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | B | 01/04/2022 | \$ 464.07 | CAMPAIGN MAGNETS | | |
| 01 | Debit Card | O | 04/04/2022 | \$ 559.09 | BALLOONS AND CAMPAIGN LABELS | | |
| 5. Total only this Page | | | | | | \$ 1,210.16 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 6,989.49 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

MAY 04 2022

REC'D IN PERSON
NHC BD OF ELECTIONS

Aggregated Non-Media Expenditures

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

| 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOSIE BARNHART | | | | | 2. ID Number NEW-XXXXXX-C-065 | |
|--|-----------------|---------------------|-----------------|----------------------|---|--------------------------------------|
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | C | 01/31/2022 | \$ 17.40 | FEEES FOR ONLINE CONTRIBUTIONS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | C | 02/28/2022 | \$ 42.26 | TRANSACTION FEES FOR ONLINE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Electric Funds Tran | C | 03/31/2022 | \$ 27.90 | TRANSACTION FEES FOR ONLINE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | H | 02/22/2022 | \$ 45.00 | BABYSITTING |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Debit Card | K | 01/13/2022 | \$ 28.93 | CHECKS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Debit Card | O | 04/05/2022 | \$ 11.21 | MATERIALS TO FIX SIGNS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Debit Card | O | 04/06/2022 | \$ 27.76 | MALLETS FOR YARD SIGNS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | H | 01/04/2022 | \$ 45.00 | BABYSITTING DURING CAMPAIGN |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | H | 03/29/2022 | \$ 50.00 | BABYSITTING |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | H | 04/01/2022 | \$ 45.00 | BABYSITTING |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Debit Card | O | 04/04/2022 | \$ 24.44 | YARD SIGN SUPPLIES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | O | 01/06/2022 | \$ 35.00 | MEMBERSHIP DUES |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | H | 03/07/2022 | \$ 40.00 | BABYSITTING |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | H | 03/24/2022 | \$ 40.00 | BABYSITTING |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 01 | Check | H | 03/30/2022 | \$ 30.00 | BABYSITTING |
| 4. Total only this Page | | | | | \$ | 509.90 |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | 509.90 |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| E - Salaries | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| I - Postage | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| O* - Other | | J - Penalties | | K* - Office Expenses | | Q* - Donations to Legal Expense Fund |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

REC'D IN PERSON
 MAY 04 2022
 NHC BD OF ELECTIONS

Refunds/Reimbursements From the Committee Pg 1 of 1 Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

| | | | | | |
|---|---------------------------|---|---|-------------------------------------|---|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | | | NEW-XXXXXX-C-065 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| JOSIE BARNHART 736 GRATHWOL DR WILMINGTON, NC 28405 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | h. Original Receipt Date 01/07/2022 |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | i. Original Receipt Amount \$ 147.65 |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| HOMEMAKER | | NONE | | P | |
| | | | | j. Election Sum to Date \$ 1.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 01 | Check | REIMBURSEMENT OF BUSINESS CARDS | | 01/14/2022 | \$ 147.65 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| JOSIE BARNHART 736 GRATHWOL DR WILMINGTON, NC 28405 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | h. Original Receipt Date 01/02/2022 |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | i. Original Receipt Amount \$ 36.36 |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| HOMEMAKER | | NONE | | P | |
| | | | | j. Election Sum to Date \$ 1.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 01 | Check | REIMBURSEMENT OF THANK YOU CARDS | | 01/14/2022 | \$ 36.36 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| LAUREN MARCILLIANT 7227 MASONBORO SOUND ROAD WILMINGTON, NC 28409 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | h. Original Receipt Date 01/02/2022 |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | i. Original Receipt Amount \$ 133.16 |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| WRITER | | SELF-EMPLOYED | | P | |
| | | | | j. Election Sum to Date \$ 22.00 | |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| 01 | Check | REIMBURSEMENT OF IN-KIND CONTRIBUTION OF CAMPAIGN | | 01/11/2022 | \$ 133.16 |
| 4. Total only this Page | | | | | \$ 317.17 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | \$ 317.17 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit | | | | | |
| P* - Reimbursement of In-Kind O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |

REC'D IN PERSON

MAY 04 2022

NHC BD OF ELECTIONS

In-Kind Contributions

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 Full Name (and Fund if applicable) | | 2. ID Number | |
| COMMITTEE TO ELECT JOSIE BARNHART | | NEW-XXXXXX-C-065 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| Aggregated Individual Contribution | | <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 | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 1.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| THANK YOU CARDS | | 01/02/2022 | \$ 36.36 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| ALEXIS AMMONS 1208 OLMSTEAD LANE WILMINGTON, NC 28405 | | <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 | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 975.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FUNDRAISER (FOOD, DRINKS, RENTALS, INVITATIONS) | | 02/05/2022 | \$ 975.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| JOSIE BARNHART 736 GRATHWOL DR WILMINGTON, NC 28405 | | <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 | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 1.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| BUSINES CARDS (2500) FROM VISTA PRINT | | 01/07/2022 | \$ 147.65 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 1,159.01 | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 1,292.17 | |

REC'D IN PERSON

MAY 04 2022

NHC BD OF ELECTIONS

In-Kind Contributions

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 Full Name (and Fund if applicable) COMMITTEE TO ELECT JOSIE BARNHART | | 2. ID Number NEW-XXXXXX-C-065 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) LAUREN MARCILLIANT 7227 MASONBORO SOUND ROAD WILMINGTON, NC 28409 | | b. Type of Contributor <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 | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ 22.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| 1000 CAMPAIGN POSTCARDS | | 01/02/2022 | \$ 133.16 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 133.16 | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 1,292.17 | |

CRO-1510

NC State Board of Elections

December 2007

REC'D IN PERSON
 MAY 04 2022
 NHC BD OF ELECTIONS