Disclosure Re	port Cover						Amendment
Use this form for gen	bmitted along with o	☐ Yes ☐ No ther detailed forms.					
Do not use this form	to update information						moi admire Idilib.
L Committee Infor	metion	1.00			e de la companya de l		•
a. Full Name Committee to Elect J	Fillian Johnson						c. ID Number
Committee to Diect	Jillan Johnson						
	ude City, State and Zip Code)					± 4,	d. Date Filed
902 Arnette Ave							3/7/2016
Durham, NC 27701							
							e. Phone Number
							919-259-4518
2. Report Year	3. Period Start Date (mm/d	ld/yy)	4. Period B	end Da	te	5. Treasurer Full	Nema
			(mm/dd/yy)			Melissa Norton	***************************************
2016	1/1/2016		2/29	9/2016		IVIOIIOGU I TOI TOII	
6. Type of Committee	. —	1	e of Report	(c	heck or	nly one type of report	from one valegory)
Candidate Campai	ign Party Referendum	Municip			State/C		Referendum
Independent	Joint Fundraiser		Organizational	i		Organizational	Organizational
Expenditure Legal Expense Fur	<u></u>		Thirty-five day		i	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary		[X]	First	Final
Booster Fund"			Pre-election			Second	Supplemental Final
Building Fund			Pre-runoff	Ī		Third	Annual
		<u></u>	Semi-annual			Fourth	Special
Other:			Mid Year Year End			Semi-annual Mid Year	
		H	Final	-	\vdash	Mid Year Year End	10. Special Report Name
8 Number of Fundr	aisers this Report		Special			Final	
						Special	
11. Account Informa		Seaf-17 Land				laformation	
a. Financial Institution Fu BB&T	all Name			a. Finan	icial Inst	titution Full Name	
b. Purpose	c. Account Code			b. Purpe		IN PERS	ON.
campaign	1	-		Dianp	USC		
account	1					MAR 0 7 20	116
	d. Period Begin Balance						d Period Regin Relence
	\$ \$1,265.97					DURHAM E	\$
CERTIFICATION				 			
	mittee or Fund is in compli	ance wit	h all annlicah	ale nrov	icions ,	of Article 22A 22R	& 22D-22M of Chapter 163 of
the NC General Statut	tes and that no funds are cor	mmingle	d with prohil	bited or	r other i	non-disclosed funds	I further certify that this report
is complete, true and c	correct and that I have been	trained '	by the NC St	ate Boa	ard of F	Elections.	
Jillian Johnso	On Printed Name of Signer			الملك	V		3/7/2016
FOR OFFICE USE ON			Sig	nature or	Appoin	ted Treasurer	Date
Date Received:	217114		Employee:	^	Tm	آ	Delivery Method
			Employee.		1,,,		Normal Mail
Date Postmarked:		Ţ	Employee:	,		/	Registered Mail
Date Scanned:			F1			L.	Hand Delivered Electronically Filed
Date Scalling.	**************************************	J	Employee:		****	 [Signer has not received
Date Data Entered	d:	,	Employee:				mandatory training
Please Note: This	form cannot be used to ame	end com	mittee inform	nation s	uch as	the committee address	ss, treasurer, assistant treasurer,
	custodiar	n or bool	ks informatio	on, or ac	ccount	information.	
	You must amend the Statem	ient of C	rganization ((CRO-2	100A-	E) to make committe	e changes

Amendment

Amendment

 \boxtimes No

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

Committee to Elect Jillian Johnson	pe of Report			3. ID No	mber
Start of Election Cycle: January 1, 2	016	[]	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	1205.98	\$	Election Cycle
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	3,617.38
6) Contributions from Individuals	(CRO-1210)	\$		\$	35,006.93
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	379.15	\$	379.15
9) Loan Proceeds	(CRO-1410)	\$	······································	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	410.00	\$	410.00
11a) Interest on Bonk Accounts	(77.0.10.0)				
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	· · · · · · · · · · · · · · · · · · ·	\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d.	and 11e)	\$	789.15	\$	39,413.46
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	1,884.60	\$	277/7 12
13b) Contributions to Candidates/Political Committees	(CRO-1310)	 	1,004.00		37,747.13
13c) Coordinated Party Expenditures		\$		\$	
,	(CRO-1310)	\$	110.50	\$	
, 66 8	(CRO-1315)	\$	110.53	\$	766.02
15) Loan Repayments 16) Pofundo (Pointhyman and Francis Local Control of Con	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$	****	\$	900.31
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 at		\$	1,995.13	\$	39,413.46
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$	0.00	\$	0.00
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	en and his indicated and in production and	e gebruik die des eeu	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	1		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	— IN PE		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	MAR (0 *	
24) Account Transfers Within the Committee	(CRO-1720)	\$	DURH	Δì	
25) Administrative Support	ŀ		יייוטע		
26) Forgiven Loans	(CRO-1710)	\$		\$	
	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

Amendment

of

Contributions from Other Political Committees

Pg <u>1</u>

Yes	X

No

Use this form to report contributions from other candidate, referendum or PAC committees

	ull Name (and Fund if applica lect Jillian Johnson	ible)					2. ID	Number
3. Contributor l		T)				The state of the s		
a. Full Name, Mailin			Add b. Type o	Committee	emoye	Section 2	d. Com	
(include city, state	_		D. type o	Candidate	\boxtimes	PAC	d. Com	iments
TracPAC	, W		十	Referendum	لاسكا	IAC		
1217 Clarendon			c. Level F	Registered (Specif	fy)		1	
Durham, NC 277	705			Federal		County:		
				State		Municipality:	e. Elect	tion Sum to Date
					_		\$	379.15
f. Account Code	g. Form of Payment	h. In-Kine	d Descriptio)n	i. Da	te (mm/dd/yyyy))	j. Amount
1	check					1/1/2016		\$ 379.15
								\$
								\$
3. Contributor l	information		Add		emove			_ _
a. Full Name, Mailin		<u> 225.60 %</u>	Additional and the second	of Committee	377000000		d. Com	oments
(include city, state	=			Candidate		PAC		Inches
			10	Referendum				
		ı	c. Level F	Registered (Specif	fy)			
		i		Federal		County:	L	
		ı		State		Municipality:	e. Elect	tion Sum to Date
		! 					\$	
f. Account Code	g. Form of Payment	h. In-Kind	d Description	1	i. Dat	te (mm/dd/yyyy))	j. Amount
							· · · · · · · · · · · · · · · · · · ·	\$
								\$
								\$
3. Constitutor [D	Add	[] R	emove	Telleria Q		
a. Full Name, Mailin	=		b. Type of	f Committee	27.74		d. Com	iments
(include city, state,	, & zip)	!		Candidate		PAC	1	4 11, 11, 11, 11, 11, 11, 11, 11, 11, 11
				Referendum			1	
		!	c. Level R	Registered (Specify	<u>y)</u>		1	
		!	\ <u>\</u>	Federal State	H	County:		
		1		State		Municipality:	e. Electi	tion Sum to Date
f. Account Code	g. Form of Payment	h. In-Kind	l Description	n	i. Dar	te (mm/dd/yyyy)		j. Amount
						RSON		
					MAR O			\$
								\$
			-	ນປ	JRHAN	M BOE		\$
4. Total only this	•	The state of the s	11) (1) (1) (2) (3) (1)	erakis kepikan kanga	1000	588 55 55 55	\$	379.15
5. Total of ALL (This line must be a	CRO-1230 Pages on line 8 of Detailed Summary Page C	CRO-1100)					\$	379.15

Amendment Refunds/Reimbursements To the Committee Pg 1 Yes Use this form to report refunds received by the committee or reimbursements for a previous expenditure. 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 d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC refund for The Palace International Referendum Party overcharge e. Level Registered (Specify) h. Original Expenditure Date Federal County: 11/4/2015 State Municipality: i. Original Expenditure Amt \$ 410.00 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date 410.00 k. Account Code I. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount check 1/28/2016 410.00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum Party e. Level Registered (Specify) h. Original Expenditure Date Federal County: State Municipality: i. Original Expenditure Amt \$ b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose i. Election Sum to Date k. Account Code 1. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum Party IN PERSON e. Level Registered (Specify) h. Original Expenditure Date Federal County: MAR 0 7 7016 State Municipality: i. Original Expenditure Amt DURHAM BOE

b. Job Title/Profession

4. Total only this Page

5 Total of ALL CRO-1240 Pages

k. Account Code

c. Employer's Name/Specific Field

I. Form of Payment

And some and the process of the source of the source of the source of the source of

n. Date (mm/dd/yyyy)

f. Purpose

m. In-Kind Description

j. Election Sum to Date

o. Amount

410.00

410.00

\$

\$

D	is	b	ur	·se	m	en	ts
_	=~	~	W			~ 11	

Amendment Yes

 \boxtimes No

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

	Elect Jillian Johnson				2. ID Number	
3. Type of Dis	Children Committee of the Committee of t		×(038)010 ms for each			
Operating		Contributions to Ca	andidates/Political Committees		oordinated Party Expenditures	
All'ayes infor	mation		Add	Remove	Solumated Farty Expenditures	
	iling Address & Phone		b. Coordinated Committee		d. Comments	
(include city, state				Manu	to support c4	
Durham for Al			1		nonprofit work	
902 Arnette A	ve.		c. Level Registered (Specify	,	- nonprofit work	
Durham, NC 2	27701		Federal	County:	\dashv	
			State	Municipality:	e. Election Sum to Date	
				ividinosparity.	C. Election Sum to Date	
					\$ 1,884.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check		2/17/2016	\$1,884.59		
i				\$		
A Payer inforce	mation		Adi	Remove		
a. Full Name, Mai	iling Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state	_			100 Inc v	U. Comments	
			1			
			c. Level Registered (Specify)		-	
			Federal	County:	-	
			State	Municipality:	e. Election Sum to Date	
				ATAMAN APMALLY.		
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Inform		<u> </u>	Add	Remove		
a. Fuil Name, Mail	ling Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,	, & zip)					
			1			
	l	N PERSON	c. Level Registered (Specify)			
	·		Federal	County:	1	
		MAR 0 7 2018	State	Municipality:	e. Election Sum to Date	
1		DURHAM BOE	,		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
			Ł	\$		
				\$		
5. Total only th	is Page			_	\$ 4.884.59	
	CRO-1310 Pages			-	\$ 1,884.59	
	line 13a of Detailed Sum	mary Page CRO-1100	if Operating Expenses)		-0.1	
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100	if Contrib to Candidates/Politic	cal Comm)	\$ 1,884.59	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expenditu	ires)		
7. Perpose Code	es (List detailed exp	enditure code in (h) above)			
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate	
E - Salaries	F* - Equipment	G - Politica			Public Office Expenses	
I - Postage	J - Penalties	K* - Office	e Expenses	Q* - Donation	n to Legal Expense Fund	
O* - Other		CARLES SESSENCES CONTRA	Vitalija sa 2000. <u>ali</u> ka	de Maria esta de acesta da esta esta esta esta esta esta esta est		
Cones Led and	e detailed explanation	on in required re	marks field (k)			

Aggregated	Non-Media	Expenditures
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Page 1 of 1 Amendment Yes 1 No

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

1. Commu	tee Full Name (8	and Fund if applica	.ble)		2. ID Number	
2 Borne I	nformation	80 a M				
3. Payee in a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	(23/		
Add	1	, , , , , , , , , , , , , , , , , , , ,	_	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Remove		credit card	0	115/2016	\$ 13.21	google apps
Add Remove	,	credit card	\circ	1/8/2016	\$ 38.00	900gle apps natronbilder
Add Remove		creditions	O	1/31/2016	\$ 11.97	Manor Dolland
Add	ì			1		1099 filing
Remove Add		credit card	O	2/5/2016	\$ 9.35	google appl
☐ Remove		Credit cood	0	2/8/2016	\$ 38.00	google appl nation builder
☐ Add ☐ Remove					\$	1 (mot by collect
Add						
Remove					\$	
☐ Add ☐ Remove	'	1			\$	
Add						
Remove Add	<u> </u>	<u> </u>	<u> </u>		\$	
Remove	1'	1			\$	
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☐ Add ☐ Remove	[\$	
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Remove			Ī '		\$	IN DEDOCAL
Add Remove					\$	IN PERSON MAR 0 7 2016
Add		 				MAR 0 7 2016
Remove Add	——		<u> </u>		\$	
Remove	ı]	I = I	1	1	\$	DURHAM BOE
Add Remove	i	1			\$	
	only this Page					
	of ALL CRO-1	1215 Pages			\$ 110.53	
(This line mu	ust be on line 14 of D	Detailed Summary Page (\$ 110.53	
	se Codes (List o	detailed expendit	ture code in (d)			
E - Salarie I - Postage O* - Othe	ies F*-1 ge J-Pe ner	Printing Equipment enalties	C* - Fundra G - Political K* - Office	aising D - To Party H* - F Expenses Q* - D	o Another Candidat Holding Public Of Donations to Lega	ffice Expenses
* Codes r	require detailer	d explanation in r	equired remar	rks field (g)		