Disclosure Report Cover

Amendment ☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

1. Committee Information

a. Full Name	c. ID Number
ELECT JOEL CHURCHWELL	OHCA88
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
Vickie L. Atkinson 108 Chastain Court Jacksonville, NC 28546	04/27/2012
	e. Phone Number
	910-455-8764

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2012	02/23/2012	04/21/2012	Vickie L. Atkinson

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name		
PNC		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
Campaign Fun	964	$ 100.00

11. Account Information

a. Financial Institution Full Name		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
		$

CERTIFICATION

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

Vickie L. Atkinson — Printed Name of Signer

Vickie L. Atkinson — Signature of Appointed Treasurer

04/27/2012 — Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

RECEIVED APR 27 2012 BY: _____

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
ELECT JOEL CHURCHWELL	QUARTERLY (1ST)	OHCA88

Start of Election Cycle: January 1, 2012		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 100.00	$ .00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 755.38	$ 755.38
6) Contributions from Individuals	(CRO-1210)	$ 8,252.89	$ ~~8,252.89~~ 8,404.19
7) Contributions from Political Party Committees	(CRO-1220)	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	$ 50.00	$ 50.00
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
11 e) 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)*		$ 9,058.27	$ ~~9,058.27~~ 9,209.57
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 813.35	$ 813.35
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)	$ 0.00	$ 0.00
15) Loan Repayments	(CRO-1420)	$ 0.00	$ 0.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$ 2,489.83	$ ~~2,489.83~~ ~~2,541.13~~ OK
17) In-Kind Contributions	(CRO-1510)	$ 2,489.83	$ ~~2,489.83~~ 2,541.13
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 5,793.01	$ ~~5,793.01~~ 5,844.31
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 3,365.26	$ 3,365.26
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-2200)	$ 0.00	$ 0.00
28) Contributions to be Refunded	(CRO-1215)	$ 0.00	$ 0.00

Aggregated Contributions from Individuals

Page 1 of 2

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
Elect Joel Churchwell	OHCA88

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	964	check		04/01/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/01/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/01/2012	$ 25.00
☐ Add ☐ Remove	964	CASH		04/01/2012	$ 5.00
☐ Add ☐ Remove	964	CASH		04/08/2012	$ 6.00
☐ Add ☐ Remove	964	CASH		04/08/2012	$ 5.00
☐ Add ☐ Remove	964	check		04/08/2012	$ 30.00
☐ Add ☐ Remove	964	check		04/08/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/08/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/08/2012	$ 10.00
☐ Add ☐ Remove	964	CASH		04/09/2012	$ 9.41
☐ Add ☐ Remove	964	CASH		04/09/2012	$ 23.97
☐ Add ☐ Remove	964	check		04/13/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/15/2012	$ 40.00
☐ Add ☐ Remove	964	check		04/15/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/15/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/15/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/15/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/15/2012	$ 25.00
☐ Add ☐ Remove	964	check		04/15/2012	$ 25.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 20.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 20.00

4. Total only this Page	$ 469.38
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 469.38

Aggregated Contributions from Individuals

Page 2 of 2

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
Elect Joel Churchwell	OHCA88

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 20.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 20.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 20.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 20.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 5.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 40.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 20.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 60.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 10.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 20.00
☐ Add ☐ Remove	964	CASH		04/15/2012	$ 4.00
☐ Add ☐ Remove	964	Check		04/21/2012	$ 25.00
☐ Add ☐ Remove	964	Cash		04/08/2012	$ 2.00
☐ Add ☐ Remove	964	Cash		04/08/2012	$ 20.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 286.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 755.38

Disbursements

Pg 1 of 2

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
Elect Joel Churchwell	OHCA88

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PNC Bank 2885 Western Blvd Jacksonville, N.C. 28546 910-938-5550		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 17.99

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	On-line	O		$17.99	check printing fee
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Felton Johnson 104 Crooked Creek Rd Jacksonville, N.C. 28540 459-3628		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 50.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK# 503	O	03/26/2012	$ 50.00	Photo shoot
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Jacksonville Daily News P.O. Box 196 Jacksonville, NC 28546 353-1171		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 545.36

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CK# 504	A	04/11/2012	$ 272.68	Ad
	CK# 509		04/18/2012	$ 272.68	Ad (2nd)

5. Total only this Page $ 613.35

6. Total of ALL CRO-1310 Pages $

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

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

Disbursements

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
Elect Joel Churchwell	OHCA88

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Anthony Clark 102 Armstrong Dr. Jacksonville, N.C. 28540 910-938-9601		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Ck# 515	C	04/20/2012	$ 200.00	Music for Fundraiser
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page $ 200.00

6. Total of ALL CRO-1310 Pages $ 813.35

(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)

Refunds/Reimbursements From the Committee

Pg 1 of 7

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
Elect Joel Churchwell	OHCA88

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Felicia Churchwell 302 Howard DR. Jacksonville, N.C. 28540 910-324-1374	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	02/21/12
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 100.00
	f. Purpose Code: P	j. Election Sum to Date: $ 100.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Instructor	Coastal Carolina community College		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check #501	Opened Campaign with cash	03/16/2012	$ 100.00

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Joel Churchwell 302 Howard DR. Jacksonville, N.C. 28540	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	3/13/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 117.70
	f. Purpose Code: P	j. Election Sum to Date: $ 117.70

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Pastor	Sandy Run Missionary Baptist		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK # 502	Purchased campaign cards	03/19/2012	$ 117.70

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Joel Churchell 302 Howard Dr. Jacksonville, NC 28540 910-324-1374	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	03/13/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 32.00
	f. Purpose Code:	j. Election Sum to Date: $ 149.70

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Pastor	SRMB Church	P	

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK #502	Campaign Post Office Box	03/19/2012	$ 32.00

4. Total only this Page	$ 249.70
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 249.70

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)**

Refunds/Reimbursements From the Committee

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
Elect Joel Churchwell	OHCA88

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Joel Churchwell 302 Howard Dr. Jacksonville, N.C. 28540 910-324-1374	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	03/13/12
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 37.19
	f. Purpose Code: P	j. Election Sum to Date: $ 186.89

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Pastor	SAMB Church		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Ck# 502	Purchased Track Phone (Campaign)	03/19/12	$ 37.19

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
James C. Johnson 245 River Bend Rd Jacksonville, N.C. 28540 910-554-7004	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	03/21/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 1,152.90
	f. Purpose Code: P	j. Election Sum to Date: $ 1,152.90

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Mngt Analyst	US Government		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Ck# 505	Purchased Campaign Signs	04/11/2012	$ 1,152.90

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
James C. Johnson 245 River Bend Rd Jacksonville, N.C. 28540 910-554-7004	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	03/23/12
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 52.43
	f. Purpose Code: P	j. Election Sum to Date: $ 1,205.33

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Mngt Analyst	US Government		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Ck# 505	Purchased Color FS Ltr (100)	04/11/2012	$ 52.43

4. Total only this Page	$ 1242.52
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 1,492.22

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)**

Refunds/Reimbursements From the Committee

Pg 3 of 7

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
Elect Joel Churchwell	OHCA88

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Dorothy Mitchell 4 Carter Road Jacksonville, N.C. 28540 910-347-4573	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $94.90
	f. Purpose Code: P	j. Election Sum to Date: $94.90
b. Job Title/Profession: Cafteria Manager	c. Employer's Name/Specific Field: Onslow Memorial	g. Comments:
		k. Account Code:

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Ck 506	Purchased food for Fund raiser	04/17/2012	$ 94.90

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Roberta Simmons 86 Vandergrift Dr. Jacksonville, NC 28546 910-346-8235	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $50.20
	f. Purpose Code: P	j. Election Sum to Date: $50.20
b. Job Title/Profession: Retail Manager	c. Employer's Name/Specific Field: Retired	g. Comments:
		k. Account Code:

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Ck 507	Purchased food for Fund raiser	04/17/2012	$ 50.20

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Roberta Simmons 86 Vandergrift Dr. Jacksonville, NC 28546 910-346-8235	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $12.20
	f. Purpose Code: P	j. Election Sum to Date: $62.40
b. Job Title/Profession: Retail Manager	c. Employer's Name/Specific Field: Retired	g. Comments:
		k. Account Code:

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Ck 507	Purchased food for fund raiser	04/17/2012	$ 12.20

4. Total only this Page	$ 157.30
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 1,649.52

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)**

Refunds/Reimbursements From the Committee

Pg 4 of 7

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
Elect Joel Churchwell	OHCA88

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judith Tyrance 103 Laran Rd Jacksonville, NC 28540-5725 910-346-8145	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/12/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 172.72
	f. Purpose Code: P	j. Election Sum to Date: $ 172.72

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Instructor	CC Community College		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 508	Purchased news paper Ad	04/17/2012	$ 172.72

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Charlie Johnson (James) 245 River Bend Rd Jacksonville, NC 28540 910-554-7004	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/09/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 104.87
	f. Purpose Code: P	j. Election Sum to Date: $ 1310.20

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Mngt Analyst	US Government		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 510	Purchased 200 color FS Ltr	04/18/2012	$ 104.87

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
James Johnson 245 River Bend Rd Jacksonville, NC 28540 910-554-7004	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/17/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 157.29
	f. Purpose Code: P	j. Election Sum to Date: $ 1,467.49

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Mngt Analyst	US Government		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 510	Purchased 300 color FS Ltr		$ 157.29

4. Total only this Page	$ 434.88
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 2,084.40

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)**

Refunds/Reimbursements From the Committee

Pg 5 of 7

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
Elect Joel Churchwell	OHCA88

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judith Tyrance 103 Laran Rd Jacksonville, NC 28540-5725 910-346-8145	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 6.80
	f. Purpose Code: P	j. Election Sum to Date: $ 6.80

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Instructor	CCC College		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 511	Purchased food for fund raiser	04/14/2012	$ 6.80

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judith Tyrance 103 Laran Rd Jacksonville, NC 28540-5225 910-346-8145	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 3.21
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Instructor	CCC College		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 511	Purchased food for fund raiser	04/14/2012	$ 3.21

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Judith Tyrance 103 Laran Rd Jacksonville, NC 28540-5225 910-346-8145	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 76.44
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Instructor	CCC College		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 511	Purchased food for fund raiser	04/20/2012	$ 76.44

4. Total only this Page	$ 86.45
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 2,170.85

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)**

Refunds/Reimbursements From the Committee

Pg 6 of 7

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
Elect Joel Churchwell	OHCA88

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Roberta Simmons 86 Vandergrift Dr. Jacksonville, NC 28546 910-346-8235	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $67.94
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Retail Manager	Retired		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 513	Purchased food for Fund Raiser	04/20/2012	$ 67.94 ✓

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Oliver Hill 162 Farin Ward Rd Stella, NC 28582 382-2377	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 57.04 ✓
	f. Purpose Code: P	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Best Effort	Best Effort		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 512	Purchased food for Fund Raiser	04/20/2012	$ 57.04

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Carmella Fulcher 310 Walnut Creek Ct. Jacksonville, NC 28540 336-391-3380	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/14/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 44.00 ✓
	f. Purpose Code: P	j. Election Sum to Date: $ 44.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Prgm Coordinator	City of Jacksonville		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 514	Purchased campaign website software	04/20/2012	$ 44.00

4. Total only this Page	$ 168.98
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 2,339.83

2,339.83

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)**

Refunds/Reimbursements From the Committee

Pg 7 of 7

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
Elect Joel Churchwell	OHCA88

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Sylvester Howard 426 Scott Drive Jacksonville, NC 28540 910-353-0113	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	04/12/2012
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 150.00
	f. Purpose Code: P	j. Election Sum to Date: $ 150.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Realtor	Self-Employed		

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CK 5116	Paid for building rental (fundraiser)	04/30/2012	$ 150.00

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☑ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code:	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code:	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 2,489.83

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)**

Contributions from Individuals

Pg 1 of 4

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Joel Churchwell 302 Howard Dr Jacksonville, NC 28540 910-324-1374	Pastor	Sandy Run Missionary Baptist Church		$ 186.89

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Flyers	03/13/2012	$ 117.70
☐	964	In-Kind	Track Phone	03/13/2012	$ 39.19
☐	964	In-Kind	P.O. Box	03/13/2012	$ 32.00

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
James C. Johnson 245 River Bend Rd Jacksonville, N.C. 28540 910-554-7004	Management Analyst	U.S. Government/ DOD		$ 314.59

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Flyers	04/17/2012	$ 157.29
☐	964	In-Kind	Flyers	04/09/2012	$ 104.87
☐	964	In-Kind	Flyers	03/23/2012	$ 52.43

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
James C. Johnson 245 River Bend Rd Jacksonville, N.C. 28540 910-554-7004	Management Analyst	U.S. Government/ DoD		$ 1,467.49

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Signs	03/21/2012	$ 1,152.90
☐					$
☐					$

4. Total only this Page	$ 1,654.38
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ ~~1,654.38~~

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Dorothy Mitchell 4 Carver Road Jacksonville, N.C. 28540 910-347-4573	Cafeteria Manager	Onslow Memorial Hospital		$94.90

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Food for Fundraiser	04/14/2012	$94.90
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Roberta Simmons 86 Vandergrift Dr. Jacksonville, N.C. 28546 910-346-8235	Retail Manager	Retired		$130.34

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Food for Fundraiser	04/14/2012	$50.20
☐	964	In-Kind	Food for Fundraiser	04/14/2012	$12.20
☐	964	In-Kind	Food for Fundraiser	04/14/2012	$67.94

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Judith Tyrance 103 Laran Rd Jacksonville, NC 28540-5725 910-346-8145	Instructor	Coast Carolina Community College		$182.73

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	News Paper Ad	04/12/2012	$172.72
☐	964	In-Kind	Food for Fundraiser	04/12/2012	$6.80
☐	964	In-Kind	Food for Fundraiser	04/12/2012	$3.21

4. Total only this Page	$ 407.97
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ ~~2,062.35~~

Contributions from Individuals

Pg 3 of 4

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
Elect Joel Churchwell	OHCA 88

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Judith Tyrance 103 Laran Rd Jacksonville, N.C. 28540-5725	Instructor	Coastal Carolina Community College		$259.17

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Food for Fundraiser	04/14/2012	$76.44
☑	~~964~~	~~In-Kind~~	~~Newspaper Ad~~	~~04/12/2012~~	~~$172.72~~
☑	~~964~~	~~In-Kind~~	~~Food for Fundraiser~~	~~04/12/2012~~	~~$10.01~~ (2)

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Oliver Hill 162 Farm Rd Stella, NC 28582 382-2377	Executive Director	(Retired) Northeast Community Development Center		$ 57.04

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Food for Fundraiser	04/14/2012	$ 57.04
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Carmella Fulcher 310 Walnut Creek Ct. Jacksonville, NC 28546 336-391-3380	Program Coordinator	City of Jacksonville		$44.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Software for Website	04/14/2012	$44.00
☐					$
☐					$

4. Total only this Page	$ 177.48
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,239.83

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sylvester Howard 426 Scott Drive Jacksonville, N.C.	Realtor	Self-employed		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Building Rental	04/12/2012	$ 150.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Felicia Churchwell 302 Howard DR Jacksonville, NC 28540	Instructor	Coastal Carolina Community College		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	In-Kind	Open Bank Account	02/21/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,489.83

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
ELECT JOEL CHURCHWELL	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kever M. Clark 132 Armstrong Dr Jacksonville, NC 28540 910-455-3000	Eudcator	Retired-Onslow County Schools		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK #8269		03/09/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
M. Wright 2 West Bayshore Blvd Jacksonville, NC 28540 910-455-4647	Exe Dir/Sickle Disease Assoc	Eastern NC Chapter		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4970		03/17/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Renea T. Lewis 203 Bishopgate Jacksonville, NC 28540-4544 382-9497	Family Readiness Officer U. S. Government	U. S. Government		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#1084		3/18/2012	$ 75.00
☐					$
☐					$

4. Total only this Page	$ 175.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 175.00

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Thomasine E. Moore 100 Dover Ln Jacksonville, NC 28540-4584 347-1855	Lawyer	Self-employed		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#1074		03/17/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Felicia Churchwell 302 West Howard Drive Jacksonville, NC 28540	Educator	Coastal Carolina Community Col	To replace oringinal contribution given in cash (dt 2-21-12) to open checking account.	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3082		03/18/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Pernell Glasper 238 Liberty Park Rd Jacksonville, NC 28540 330-6976	Barber	Self-employed		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#130524		03/27/2012	$ 200.00
☐					$
☐					$

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)*	$ 525.00

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bobby L. McClain 88 Parkway Dr. Jacksonville, NC 28540 455-5860	Best Effort	Best Effort		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3767		03/16/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
A. G. Harvey 104 Carolina Pines Drive Jacksonville, NC 28546 910-577-5896	Finance Advisor	Self		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#1727		03/24/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Estra Williams 332 Mulberry Lane Jacksonville, N.C. 28546 910-265-8660	Day Care Provider	Day Care Center		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964				$ 50.00
☐					$
☐					$

4. Total only this Page	$ 200.00 ~~150.00~~
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 675.00

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bobby M. Wells 117 Coles Farm Dr. Jacksonville, NC 28546	CW04	Retired		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3643		4/1//2012	$ 150.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Stacey N. Humphrey 106 Kureb Ct Jacksonville, NC 28546-8183 238-2418	Admin Clerk	U. S. Government		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#507		03/24/2012	$ 150.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Limuel Tyrance, Jr. 103 Laran Rd Jacksnville, NC 28540-5725	Fire Fighter	Retired (U. S. Government)		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4324		03/29/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,075.00

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Delacey W. Green 310 Shamrock Dr. Jacksonville, NC 28540 910-455-7128	Teachers Aide	Retired (U. S. Government)		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK#3247		3/31/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Gina Francis 110 Carver Road Jacksonville, NC 28540 910-265-3061	Doctor	Self-Employed		$ 335.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK#2463		03/29/2012	$ 100.00
☐		CK#5799		03/29/2012	$ 235.00
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sylvester Howard 426 Scott Ave Jacksnville, NC 28540 910-353-0113	Realtor	Self-Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CK#2788		03/26/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 535.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,610.00

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Roberta D. Simmons 86 Vandergrift Drive Jacksonville, NC 28540-7826 910-346-8235	Retail Sales Manager	Retired/MCCS		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#6798		3/30/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Margaret H. Parrish 123 Kitt Drive Jacksonville, NC 28540 910-347-4506	Educator	Retired(Onslow County Schools)		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#2794		03/25/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Carrie Y. Fountain 206 Hunter Court Jacksonville, NC 28546 Best Effort	Retired	Best Effort		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#7949		04/01/2012	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 125.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,735.00

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Shelia J.Grayson 403 Raintree Rd Jacksonville, NC 28540-8923 910-455-7804	Retired	Red Cross		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#2078		3/31/2012	$ 25.00
☐	964				$
☐	964				$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bobby Wells 117 Coles Farm Dr Jacksonville, NC 28546 910-238-4363	CW04	Retired (USMC)	2nd Contribution	$ 422.68

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3646		04/06/2012	$ 272.68
☒	~~964~~	~~CK#3643~~		~~04/01/2012~~	~~$ 150.00~~
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Hubert Sanders 212 Bell Fork Road Jacksonville, NC 28540 910-455-0759	Mortician	Self-Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4070		04/07/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 397.68
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,132.68

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Willie Saunders 212 Bell Fork Rd Jacksonville, NC 28540 910-455-0759	Funeral Director	Self-Employed		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4071		04/07/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bobby M. Wells 117 Coles Farm Dr. Jacksonville, NC 28546 910-238-4363	CW04	Retired (USMC)	3rd Contribution	$ 522.68

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3645		04/07/2012	$ 100.00
☒	964	CK#3643		04/01/2012	$ 150.00
☒	964	CK#3646		04/06/2012	$ 272.68

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Regina Steward 199 White Oak Rd Jacksonville, NC 28546 910-455-5664	Career Assistance Branch Mgr	U. S. Government		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#11505		04/01/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,432.68

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Garlean E. Gaddie 409 Ramsey Drive Jacksonville, NC 28540 910-455-0254	Best Efforts	Best Efforts		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3838		04/01/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
A. G. Harvey 104 Carolina Pines Drive Jacksonville, NC 28540 910-577-5896	Finance Advisor	Self-employed	2nd Contribution	$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#1730		04/07/2012	$ 100.00
☒	~~964~~	~~CK#1727~~		~~03/24/2012~~	~~$ 100.00~~
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Roy C. Tootle 106 Canterbury Lane Jacksonville, NC 28546 910-346-5071	MGYSGT/Retired	USMC		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#09856		04/07/2012	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,682.68

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Clara J. Walker 108 London Court Jacksonville, NC 28546 Best-Effort	Best-Effort	Best-Effort		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4119		04/01/2012	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Benjamin R. Humphrey 205 Knight Pl Jacksonville, NC Best-Effort	Best-Effort	Best-Effort		$ 30.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3637		03/26/2012	$ 30.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ethel J. Raikes 107 Cole Drive Jacksonville, NC 28540 910-346-6181	Cook	Infant of Prague		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#5182		04/01/2012	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 80.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,762.68

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Luchell A. Polk 608 S Hampton Dr Jacksonville, NC 28546 Best Effort	Best Effort	Best Effort		$ 10.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#1938		04/06/2012	$ 10.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Kimberly Jones 5864 Colonnade Dr. Rex, GA 30273 678-559-6976	Music Instructor	Ecanoas Advantage		$ 23.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	PayPal#1DV		04/09/2012	$ 23.97
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Carmella Fulcher 310 Walnut Creek Ct Jacksonville, NC 28546 336-391-3380	Program Coordinator	City of Jacksonville		$ 9.41

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	PayPal#1B2		04/09/2012	$ 9.41
☐					$
☐					$

4. Total only this Page	$ 43.38
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,806.06

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
ELECT JOEL CHURCWELL	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Maxwell L Gilliam 360 Creedmoor Rd Jacksonville, NC 28546 910-938-1744	DDS	Self-Employed		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#9123		4/15/2012	$ 500.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARION WIGFALL 1204 MADISON COURT JACKSONVILLE, NC 28546 9103471819	RETIRED	PRINCIPAL		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4250		04/15/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HATTIE L ANGEL PO BOX 12490 JACKSONVILLE, NC 28546 BEST EFFORT	RETIRED	BEST EFFORT		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4189		04/15/2012	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 575.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,381.06

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
ELECT JOEL CHURCWELL	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
A. G. HARVEY 104 CAROLINA PINES DR JACKSONVILLE, NC 28546 910-577-5896	FINANCE ADVISOR	SELF-EMPLOYED	3rd Contribution	$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#1732		4/15/2012	$ 50.00
☒	~~964~~	~~CK#1730~~		~~04/07/2012~~	~~$ 100.00~~
☒	~~964~~	~~CK#1727~~		~~03/24/2012~~	~~$ 100.00~~

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VIRGINA A LANGLEY 2037 HUNTERS RIDGE DR MIDWAY PARK NC 28544	FULL TIME STUDENT	N/A		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#2539		4/15/2012	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ESTER WHITE 151 BILLY HUDSON ROAD JACKSONVILLE, NC 28540 9103242105	FOOD SERVICE	ONSLOW MEMORIAL HOSP		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CASH		4/15/2012	$ 20.00
☐					$
☐					$

4. Total only this Page	$ 95.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,476.06

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
ELECT JOEL CHURCWELL	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BOBBY M WELLS 117 COLES FARM DR JACKSONVILLE, NC 28546 910-238-4363	RETIRED CWO-4	USMC	4TH Contribution	$ 622.68

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3654		4/15/2012	$ 100.00
☒	~~964~~	~~3645&3646~~		~~04/08/2012~~	~~$ 372.68~~
☒	964	~~CK#3643~~		~~04/01/2012~~	~~$ 150.00~~

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EDWARD PARKER 119 BILLY HUDSON DR JACKSONVILLE, NC 28540	PAINTER	Self-employed		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CASH		4/15/2012	$ 50.00 ~~60.00~~
☐	964	CASH		4/1/2012	$ 10.00
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DON TEEL BEST EFFORT BEST EFFORT BEST EFFORT	BEST EFFORT	BEST EFFORT		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CASH		4/15/2012	$ 10.00
☐					$
☐					$

4. Total only this Page	$ 170.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,46.06

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
Elect Joel Churchwell	0HCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Wesley Ferguson 108 Skipping Stone Lane Jacksonville, NC 28546 BEST EFFORT	Engineer	Lockheed Martin		$ 40.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/15/2012	$ 40.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Verna Richardson 101 Valencia Dr. Jacksonville, NC 28546 910-353-6356	Health Promotor	Best Effort		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK #3254		04/15/2012	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Clarence Judd 151 Westee Avenue Jacksonville, NC 28540 910-389-4089	Retired	USMC		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/15/2012	$ 20.00
☐					$
☐					$

4. Total only this Page	$ 85.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,731.06

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
Elect Joel Churchwell	0HCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Melvin T. Wooding Jr. 107 Briar Hollow Drive Jacksonville, NC 28540 703-507-9647	Major	USMC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK #661		04/15/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Linda S. Tootle 106 Canterbury Lane Jacksonville, NC 28546 910-346-5071	Teacher	Camp Lejeune Dependent Schools		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK #9677		04/15/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MSGT RET Turner G. Blount 102 Cole Drive Jacksonville, NC 28540 910-347-4930	Retired	USMC		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK #13532		04/15/2012	$ 200.00
☐					$
☐					$

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)*	$ 4,081.06

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Carolyn Robinson 200 Armistead Way Jacksonville, NC 28540 910-938-2847	Assembler	Mine Saftey Appliances		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#2456		4/15/2012	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Felicia Churchwell 302 West Howard Drive Jacksonville, NC 28540	Instructor	Coastal Carolina Community College		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3094		4/15/2012	$ 200.00
☒	~~964~~	~~CK#3082~~		03/18/2012	$ ~~100.00~~
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
John Henry Jones 14 Prinston Drive Jacksonville, NC 28546 910-539-2610	Best-Effort	Best-Effort		$ 4.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		4/15/2012	$ 4.00
☐					$
☐					$

4. Total only this Page	$ 229.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,310.06

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Serena Brinkley 936 Commons Drive Jacksonville, NC 28546	Educator	Onslow County Schools		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		4/15/2012	$ 20.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Renea Lewis 208 Bishops Gate Rd Jacksonville, NC 28540	Family Readiness Officer	US Governement	2ND Contribution	$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK# 1090		04/15/2012	$ 50.00
☒	~~964~~	~~CK# 1084~~		03/18/2012	~~$ 75.00~~
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Layfette Parker P. O. Box 7345 Jacksonville, NC 28540	Real Estate Broker	Churchill Realty Co.		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/15/2012	$ 20.00
☐					$
☐					$

4. Total only this Page	$ 90.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,400.06

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
	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bertha Carter 1505 Washington St New Bern, NC 28540 Best-Effort	Retired	Best Effort		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/15/2012	$ 20.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Judith Nelson 2601 North Hills Drive Jacksonville, NC 28540 Best-Effort	Retired	Best-Effort		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/15/2012	$ 20.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LaTonya Carter 204 Center Dr Efland, NC Best-Effort	Treasurer	Durham County Schools		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/15/2012	$ 20.00
☐					$
☐					$

4. Total only this Page	$ 60.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,460.06

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Rev. Johnny E. Williams 332 Mulberry Lane Jacksonville, NC 28546 910 265-8660	Orders Clerk	Connecting Point		$ ~~100.00~~ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CASH		04/15/2012	$ 50.00 ~~100.00~~
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Raymond Burnette 311 West Francis St. Jacksonville, NC. 28546 910 353-0672	Postman	US Post Office		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CASH		04/15/2012	$ 20.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Rose Adams 641 Shadowridge Rd Jacksonville, NC 28546 910 353-9874	Church Administrator	Sandy Run Missionary Baptist		$ 40.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK# 3153		04/15/2012	$ 40.00
☐					$
☐					$

4. Total only this Page	$ 110.00 ~~160.00~~
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,620.06

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Johnny L. Williams P.O. Box 1028 Jacksonville, NC 28541 910-389-5751	Doctor	Self-employed		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK #1866		04/15/2012	$ 150.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ruth M. Joseph P. O. Box 1633 Jacksonville, NC 28544-1633 Best-Effort	Best-Effort	Best-Effort		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CASH			$ 5.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ruthey Ollison 210 Marine Plaza Jacksonville, NC 28546 910-455-3013	Home Maker	N/A		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK# 9611		04/07/2012	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 180.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 4,800.06

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Dorothy D. Mitchell 4 Carver Rd Jacksonville, NC 28540-7010 910-347-2962	Cafteria Manager	Onslow Memorial Hospital		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4767		04/15/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Randy L. Green 707 Shadowridge Rd. Jacksonville, NC 28546 Best Effort	Best Effort	Best Effort		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#5262			$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Samuel E. Hines, Jr 1038 Hinestown Rd Jacksonville, NC 28540-8880 910-347-7238	Farmer	N/A		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#2633		04/15/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,100.06

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Celeste E. Parrish 5006 Tapestry Terrace Durham, NC 27713 919-544-8718	Executive Administrator			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#8533		04/09/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Junie Christian P. O. Box 1496 Jacksonville, NC 28541 Best Effort	Best Effort	Best Effort		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	US MO 647		04/11/2012	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Prentis Freeman Campbell 207 Ramsey Dr Jacksonville, NC 28540 Best Effort	Best Effort	Best Effort		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#910		04/15/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,400.06

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Margaret Brown 305 Cole Drive Jacksonville, NC 28540 910-347-1521	Human Resource Specialist	Retired/US Government		$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#13573		04/15/2012	$ 75.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mittie J. Gray 1038 Springvilla Dr. Jacksonville, NC 28540 910-455-0356	Social Worker	Caswell School		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#3368		04/15/2012	$ 50.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Helen D. Thompson 133 King Street Jacksonville, NC 28540 910-347-1621		City of Jacksonville		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#9156		04/15/2012	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,550.06

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
Elect Joel Churchwell	0HCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Thurman C. Hardison 304 Bell Oaks Dr. New Bern, NC 28562 Best Effort	Best Effort	Best Effort		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#4217		04/15/2012	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
David E. Herndon 102 Emment Road New Bern, NC 28561 919-880-1075	Best Effort	Best Effort		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#9238		04/16/2012	$ 25.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sandra E. McCoy 1202 Loxley Ct Jacksonville, NC 28540-8227 Best Effort	Best Effort	Best Effort		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#239		4/20/2012	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,700.00

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Frances Hunter Best Effort Best Effort Best Effort	Best Effort	Best Effort		$ 5.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/08/2012	$ 5.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
E. C. Dodson New Bern, N.C.	Pastor	St. Julia AME Zion Church		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/08/2012	$ 20.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Nicole D. Whitfield 108 Chastain Ct. Jacksonville, NC 28546 910-455-8764	Supply Clerk	U S Government		$ 5.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/08/2012	$ 6.00
☐					$
☐					$

4. Total only this Page	$ 31.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,731.06

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
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Anthony Davis Best Effort Best Effort Best Effort	Best Effort	Best Effort		$ 2.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/08/2012	$ 2.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Addie Simmons Best Effort Best Effort Best Effort	Best Effort	Best Effort		$ 5.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	Cash		04/01/2012	$ 5.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Sandra C. Middlebrooks 1110 Audrey Ct Jacksonville, NC 28540-3328 Best Effort	Best Effort	Best Effort		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	964	CK#155		04/07/2012	$ 25.00
☐					$
☐					$

4. Total only this Page	$ 32.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 5,763.06

Contributions from Other Political Committees

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Elect Joel Churchwell	OHCA88

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
Onslow County Political Action Committee 109 Kitt Drive Jacksonville, NC 28540 Best Effort	☐ Candidate ☒ PAC ☐ Referendum **c. Level Registered (Specify)** ☐ Federal ☒ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 50.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CK#1287		02/28/2012	$ 50.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum **c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum **c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

4. Total only this Page	$ 50.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 50.00

In-Kind Contributions

Pg 1 of 4

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 Full Name (and Fund if applicable)	2. ID Number
Elect Joel Churchwell	OHCA88

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Joel Churchwell 302 Howard Dr Jacksonville, NC 28540 910-324-1374	☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 186.89

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Cards	03/13/2012	$ 117.70
Campaign Track Phone	03/19/2012	$ 37.19
Campaign Post Office Box	03/13/2012	$ 32.00

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
James C. Johnson 245 River Bend Rd Jacksonville, N.C. 28540 910-554-7004	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 1,310.20

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Signs	03/21/2012	$ 1,152.90
100 Color FS Campaign LTR	03/23/2012	$ 52.43
200 Color FS Campaign LTR	04/09/2012	$ 104.87

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
James C. Johnson 245 River Bend Rd Jacksonville, N C 28540 910-554-7004	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 1,467.49

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
300 Color FS Campaign LTR	04/17/2012	$ 157.29
		$
		$

4. Total only this Page	$ 1,654.38
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 1,654.38

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 Full Name (and Fund if applicable)	2. ID Number
Elect Joel Churchwell	OHCA88

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Dorothy Mitchell 4 Carver Road Jacksonville, N.C. 28540 910-347-4573	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchase Food for Fundraiser	04/14/2012	$ 94.90
		$
		$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Roberta Simmons 86 Vandergrift Dr. Jacksonville, N.C. 28546 910-346-8235	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 130.34

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchase Food for Fundraiser	04/14/2012	$ 50.20
Purchase Food for Fundraiser	04/14/2012	$ 12.20
Purchase Food for Fundraiser	04/14/2012	$ 67.94

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Judith Tyrance 103 Laran Rd Jacksonville, N.C. 28540-5725 910-346-8145	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 182.73

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchase News Paper Ad	4/12/2012	$ 172.72
Purchase Food for Fundraiser	4/14/2012	$ 6.80
Purchase Food for Fundraiser	4/14/2012	$ 3.21

4. Total only this Page	$ 407.97
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 2,062.35

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 Full Name (and Fund if applicable)	2. ID Number
Elect Joel Churchwell	OHCA88

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Judith Tyrance 103 Laran Rd Jacksonville, NC 28540-5725 910-346-8145	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 259.17

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchase Food for Fundraiser	04/14/2012	$ 76.44
		$
		$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Oliver Hill 162 Farm Ward Rd Stella, NC 28582 382-2377	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 57.04

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchased Food for Fundraiser	04/14/2012	$ 57.04
		$
		$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Carmella Fulcher 310 Walnut Creek Ct. Jacksonville, N.C. 28546 336-391-3380	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 44.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Purchased campaign software for website	04/14/2012	$ 44.00
		$
		$

4. Total only this Page	$ 177.48
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 2,239.83

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 Full Name (and Fund if applicable)	2. ID Number
Elect Joel Churchwell	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Sylvester Howard 426 Scott Drive Jacksonville, N.C. 28540 910-353-0113	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 150.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Rental of building for Fundraiser	04/12/2012	$ 150.00
		$
		$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Felicia Churchwell 302 Howard Dr. Jacksonville, N.C. 28540 910-324-1374	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 100.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Opened Campaign Account	03/18/2012	$ 100.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 150.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 2,489.83