

# Disclosure Report Cover

Amendment

Yes

No

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

a. Full Name	c. ID Number	
Kevin Johnson for Wayne County	CK1AC7	
b. Mailing Address (include City, State and Zip Code)	Wayne County Board of Elections	d. Date Filed
200 Vivian Lane Pikeville NC 27863	DEC 04 2025	
	Received	e. Phone Number
		919-222-1527

2025	11/25/25	12/3/2025	Kevin Eugene Johnson
------	----------	-----------	----------------------

<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
1				

a. Financial Institution Full Name	a. Financial Institution Full Name
Southern Bank	
b. Purpose	c. Account Code
Campaign expenses	1
	d. Period Begin Balance
	\$ 0.00
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.

Kevin Eugene Johnson

Printed Name of Signer

Signature of Appointed Treasurer

12/15/25

Date

## FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Normal Mail
Date Postmarked:	Employee:	<input type="checkbox"/> Registered Mail
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Hand Delivered
Date Scanned:	Employee:	<input type="checkbox"/> Electronically Filed
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Signer has not received mandatory training
Date Data Entered:	Employee:	

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

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

# Detailed Summary

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Kevin Johnson for Wayne County	Organizational	CK1AC7
<b>Start of Election Cycle:</b> January 1, 2025	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>	\$	\$
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)	\$	\$
<b>6) Contributions from Individuals</b> (CRO-1210)	\$ 297	\$ 297
<b>7) Contributions from Political Party Committees</b> (CRO-1220)	\$	\$
<b>8) Contributions from Other Political Committees</b> (CRO-1230)	\$	\$
<b>9) Loan Proceeds</b> (CRO-1410)	\$	\$
<b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)	\$	\$
<b>11) Other Receipt Sources</b>		
<b>11a) Interest on Bank Accounts</b> (CRO-1250)	\$	\$
<b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)	\$	\$
<b>11c) Outside Sources of Income</b> (CRO-1250)	\$	\$
<b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)	\$	\$
<b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)	\$	\$
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 297	\$ 297
<b>13) Disbursements</b>		
<b>13a) Operating Expenditures</b> (CRO-1310)	\$ 197	\$ 197
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)	\$	\$
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)	\$	\$
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)	\$	\$
<b>15) Loan Repayments</b> (CRO-1420)	\$	\$
<b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)	\$	\$
<b>17) In-Kind Contributions</b> (CRO-1510)	\$	\$
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)	\$ 100	\$ 100
<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)	\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)	\$	
<b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)	\$	
<b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)	\$	
<b>24) Account Transfers Within the Committee</b> (CRO-1720)	\$	
<b>25) Administrative Support</b> (CRO-1710)	\$	\$
<b>26) Forgiven Loans</b> (CRO-1440)	\$	\$
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)	\$	\$
<b>28) Contributions to be Refunded</b> (CRO-1215)	\$	\$

# Contributions from Individuals

Pg 1 of 1  Yes  No

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

Kevin Johnson for Wayne County					CK1AC7	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			Extension Agent		Candidate's Spouse	
Jennifer Johnson 200 Vivian Lane Pikeville NC 27863			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Wayne County Cooperative Ext.		\$ 197	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In Kind	Parade register	11/26/25	\$ 75	
<input type="checkbox"/>		In Kind	Parade register	11/26/25	\$ 40	
<input type="checkbox"/>		In Kind	Filing fee	12/1/25	\$ 82	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			Extension Agent		Candidate's Spouse	
Jennifer Johnson 200 Vivian Lane Pikeville, NC 27863			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Wayne County Cooperative Ext.		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>		Check		11/26/25	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		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	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 297	
					\$ 297	

# Disbursements

Pg 1 of 1

Amendment

Yes

No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Kevin Johnson for Wayne County					CK1AC7	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures		
<b>4. Payee Information</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input checked="" type="checkbox"/> Add</span> <span><input type="checkbox"/> Remove</span> </div>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Wayne County Chamber Goldsboro NC		<b>b. Coordinated Committee Name</b>			<b>d. Comments</b>	
					In Kind from Sp	
		<b>c. Level Registered (Specify)</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </div>				
<b>f. Account Code</b>  In Kind		<b>g. Form of Payment</b> O			<b>i. Date (mm/dd/yyyy)</b> 11/26/25	<b>j. Amount</b>
					\$75	<b>k. Required Remarks</b>
					\$	
						Parade
<b>4. Payee Information</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input checked="" type="checkbox"/> Add</span> <span><input type="checkbox"/> Remove</span> </div>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  MOACOC Mount Olive, NC		<b>b. Coordinated Committee Name</b>			<b>d. Comments</b>	
					In Kind Parade	
		<b>c. Level Registered (Specify)</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </div>				
<b>f. Account Code</b>  In Kind		<b>g. Form of Payment</b> O			<b>i. Date (mm/dd/yyyy)</b> 11/26/25	<b>j. Amount</b>
					\$40	<b>k. Required Remarks</b>
					\$	
						Parade
<b>4. Payee Information</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input checked="" type="checkbox"/> Add</span> <span><input type="checkbox"/> Remove</span> </div>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  WCBOE Goldsboro NC		<b>b. Coordinated Committee Name</b>			<b>d. Comments</b>	
					In Kind	
		<b>c. Level Registered (Specify)</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </div>				
<b>f. Account Code</b>  In Kind		<b>g. Form of Payment</b> O			<b>i. Date (mm/dd/yyyy)</b> 12/1/2025	<b>j. Amount</b>
					\$82	<b>k. Required Remarks</b>
					\$	
						Filing Fee
<b>5. Total only this Page</b>					\$	
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 197	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other						
* Codes require detailed explanation in required remarks field (k)						