

Disclosure Report Cover

Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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							
Julie Mayfield for NC Senate		STA-Z7FZ16-C-001							
b. Mailing Address (include City, State and Zip Code)		d. Date Filed							
PO Box 17883 Asheville, NC 28816-7883		05/06/2022							
		e. Phone Number							
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name						
2022	01/01/2022	04/30/2022	Frank Gerald Dillashaw						
6. Type of Committee (Check one)		9. Type of Report (check only one type of report from one category)							
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
7. Type of Fund (if applicable, check one)		10. Special Report Name							
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other: NC Candidates Financing Fund									
8. Number of Fundraisers this Report									
4									
11. Account Information									
a. Financial Institution Full Name									
Hometrust Bank									
b. Purpose		c. Account Code							
Primary Account for Campaign Contributions and Expenditures		HT							
		d. Period Begin Balance							
		\$ 28,778.49							
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 undisclosed 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.									
_____		_____	_____						
Printed Name of Signer		Signature of Appointed Treasurer	Date						
FOR OFFICE USE ONLY			Delivery Method						
Date Received: _____	Employee: _____		<input type="checkbox"/> Normal Mail						
Date Postmarked: _____	Employee: _____		<input type="checkbox"/> Registered Mail						
Date Scanned: _____	Employee: _____		<input type="checkbox"/> Hand Delivered						
Date Data Entered: _____	Employee: _____		<input type="checkbox"/> Electronically Filed						
			<input type="checkbox"/> 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.									
CRO-1000	NC State Board of Elections		August 2008						

Detailed Summary

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)	2. Type Of Report	3. ID Number
Julie Mayfield for NC Senate	2022 First Quarter	STA-Z7FZ16-C-001
Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$25,522.66	\$29,011.59
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$932.00	\$2,377.49
6) Contributions from Individuals (CRO-1210)	\$29,648.22	\$52,609.99
7) Contributions from Political Party Committees (CRO-1220)	\$0.00	\$0.00
8) Contributions from Other Political Committees (CRO-1230)	\$6,100.00	\$6,100.00
9) Loan Proceeds (CRO-1410)	\$0.00	\$0.00
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$0.00	\$0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$0.00	\$0.00
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$0.00	\$0.00
11c) Outside Sources of Income (CRO-1250)	\$0.00	\$0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$0.00	\$0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$0.00	\$0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, and 11e)	\$36,680.22	\$61,087.48
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$21,895.90	\$44,792.09
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$1,400.00	\$6,400.00
13c) Coordinated Party Expenditures (CRO-1310)	\$0.00	\$0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$31.12	\$31.12
15) Loan Repayments (CRO-1420)	\$0.00	\$0.00
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$250.00	\$250.00
17) In-Kind Contributions (CRO-1510)	\$1,701.00	\$1,701.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$25,278.02	\$53,174.21
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$36,924.86	\$36,924.86
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$0.00	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$0.00	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$0.00	
25) Administrative Support (CRO-1710)	\$0.00	\$0.00
26) Forgiven Loans (CRO-1440)	\$0.00	\$0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$0.00	\$0.00
28) Contributions to be Refunded (CRO-1215)	\$0.00	\$0.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable) Julie Mayfield for NC Senate	2. ID Number STA-Z7FZ16-C-001
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP	Credit Card		03/02/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		03/04/2022	\$25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		03/07/2022	\$10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP	Credit Card		03/18/2022	\$2.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Check		03/20/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		03/26/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		03/26/2022	\$10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Check		03/30/2022	\$30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Check		03/31/2022	\$30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		04/03/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP	Credit Card		04/08/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP	Credit Card		04/08/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP	Credit Card		04/10/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP	Credit Card		04/10/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP	Credit Card		04/10/2022	\$25.00

4. Total only this Page	\$532.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$932.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable) Julie Mayfield for NC Senate	2. ID Number STA-Z7FZ16-C-001
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PP	Credit Card		04/11/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		04/20/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		04/21/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Check		04/24/2022	\$25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Check		04/24/2022	\$25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		04/24/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		04/25/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		04/28/2022	\$50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card		04/28/2022	\$50.00

4. Total only this Page	\$400.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$932.00

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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
caroline proctor 91 Tacoma Cir Asheville, NC 28801-1648 (828) 713-2979		Doctor of Chinese Medicine and Acupuncture		Prior: \$25.00	
		c. Employer's Name/Specific Field			
		Self Employed at Elemental Health LLC		e. Election Sum to Date	
				\$25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	HT	Credit Card		04/06/2021	* \$25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Howard BERKOWITZ 254 Fennel Dun Cir Biltmore Lake, NC 28715-8910 (407) 489-6662		Retired		Prior: \$25.00	
		c. Employer's Name/Specific Field			
		Retired		e. Election Sum to Date	
				\$79.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	HT	Credit Card		11/22/2021	* \$25.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Andrew Pardue 284 Riverview Dr Asheville, NC 28806-4403 (972) 955-9873		Technologist		Prior: \$41.69	
		c. Employer's Name/Specific Field			
		Datatrac Corporation		e. Election Sum to Date	
				\$91.69	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	PP	Electronic Funds Transfer		11/22/2021	* \$41.69

4. Total only this page	\$0.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Marianne Rackoff 45 Tree Top Dr Arden, NC 28704-3040 (330) 701-5574		Retired		Prior: \$50.00	
		c. Employer's Name/Specific Field			
		Retired		e. Election Sum to Date	
				\$304.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	HT	Credit Card		11/23/2021	* \$50.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Chris Pelly 109 Cisco Rd Asheville, NC 28805-1310 (828) 231-3704		Realtor		Prior: \$27.00	
		c. Employer's Name/Specific Field			
		Chris Pelly Real Estate		e. Election Sum to Date	
				\$177.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	HT	Credit Card		12/01/2021	* \$27.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Stephen Dwayne Stutzman 5753 Highway 85 N # 3021 Crestview, FL 32536-9365		Retired		Prior: \$50.00	
		c. Employer's Name/Specific Field			
		Retired		e. Election Sum to Date	
				\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	HT	Credit Card		12/11/2021	* \$50.00

4. Total only this page	\$0.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Beth Blalock 862 Rosedale Rd NE Atlanta, GA 30306-4826 (404) 409-7326		Attorney			
		c. Employer's Name/Specific Field			
		Gilbert Harrell	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		01/01/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Charles Stripling 340 Fuller St Camilla, GA 31730-2206		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		01/02/2022	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Chuck Thornton 1 W Cove St Weaverville, NC 28787-9409 (828) 776-5428		Engineer			
		c. Employer's Name/Specific Field			
		Retired Engineer/Project Manager	e. Election Sum to Date		
			\$150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		01/12/2022	\$20.00

4. Total only this page	\$620.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Susan Richardson 4372 N Buckhead Dr NE Atlanta, GA 30342-3453 (678) 984-4894		Attorney			
		c. Employer's Name/Specific Field			
		Kilpatrick townsend	e. Election Sum to Date		
			\$300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		01/24/2022	\$300.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Bruce Emory 9 Sandon Cir Asheville, NC 28804-2421 (828) 225-4588		retired			
		c. Employer's Name/Specific Field			
		Manuel Padron & Associates	e. Election Sum to Date		
			\$300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		01/26/2022	\$300.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Sue McAvoy 436 Leonardo Ave NE Atlanta, GA 30307-1754 (404) 373-1272		Retired			
		c. Employer's Name/Specific Field			
		Emory University	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		01/26/2022	\$100.00

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Bill Smyth 76 Louisiana Ave Asheville, NC 28806-3448		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$54.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		01/26/2022	\$54.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Richard Horder 3286 Northside Pkwy NW Ph 1 Atlanta, GA 30327-2226 (404) 812-0843		attorney			
		c. Employer's Name/Specific Field			
		KMCL Law	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		01/28/2022	\$200.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Annette Mayfield 11 Wakefield Dr Apt 2001 Asheville, NC 28803-4159 (404) 431-8666		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$1,045.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		01/30/2022	\$20.00

4. Total only this page	\$274.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jason Rooks 18 Berkeley Rd Avondale Estates, GA 30002-1467 (404) 343-0777			Consultant			
			c. Employer's Name/Specific Field			
			Clean Energy Strategies, LLC		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			01/30/2022	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charlie Brown 304 Allen Mountain Dr Black Mountain, NC 28711-2606 (704) 906-9874			Psychologist			
			c. Employer's Name/Specific Field			
			Self employed		e. Election Sum to Date	
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			01/31/2022	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Susan winton 463 Sinclair Ave NE Atlanta, GA 30307-1946 (404) 524-9067			education/ art			
			c. Employer's Name/Specific Field			
			Chastain Art Center		e. Election Sum to Date	
					\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			02/01/2022	\$200.00

4. Total only this page	\$1,200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Jill Frayne 115 Loganberry Trl Fletcher, NC 28732-0560 (828) 628-2720		teaching assistant			
		c. Employer's Name/Specific Field			
		buncombe county schools	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/02/2022	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Buck Bragg 1 Page Ave Apt 507 Asheville, NC 28801-2388 (309) 826-7953		No job title			
		c. Employer's Name/Specific Field			
		Not currently employed	e. Election Sum to Date		
			\$1,261.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		02/05/2022	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Virginia Craig 24 Highbridge Xing Apt 1315 Asheville, NC 28803-4161 (850) 933-2216		No current title			
		c. Employer's Name/Specific Field			
		Not Currently Employed	e. Election Sum to Date		
			\$600.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		02/05/2022	\$600.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Margaret K Storey 12 Stuyvesant Cres Asheville, NC 28803-3138 (828) 274-4242		unknown			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		02/05/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Chuck Thornton 1 W Cove St Weaverville, NC 28787-9409 (828) 776-5428		Engineer			
		c. Employer's Name/Specific Field			
		Retired Engineer/Project Manager	e. Election Sum to Date		
			\$150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/12/2022	\$20.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Jim Samsel 52 Glendale Rd Asheville, NC 28804-3805 (828) 712-6394		Architect & R Estate			
		c. Employer's Name/Specific Field			
		Self	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/13/2022	\$500.00

4. Total only this page	\$620.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Heath Shuler 184 Lower Brush Creek Rd Fletcher, NC 28732-8482		Executive			
		c. Employer's Name/Specific Field			
		ISG		e. Election Sum to Date	
				\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/15/2022	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DJ Gerken 53 Baker Pl Asheville, NC 28806-2402		Attorney			
		c. Employer's Name/Specific Field			
		Southern Environmental Law Center		e. Election Sum to Date	
				\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/20/2022	\$150.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
caroline proctor 91 Tacoma Cir Asheville, NC 28801-1648 (828) 713-2979		Doctor of Chinese Medicine and Acupuncture			
		c. Employer's Name/Specific Field			
		Self Employed at Elemental Health LLC		e. Election Sum to Date	
				\$525.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/22/2022	\$500.00

4. Total only this page	\$1,150.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Frank Goldsmith 1355 Cane Creek Rd Fletcher, NC 28732-7420 (828) 230-6977		Mediator			
		c. Employer's Name/Specific Field			
		Self	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/23/2022	\$200.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Lee Anne Mangone 392 Racquet Club Rd Asheville, NC 28803-3133 (828) 230-0814		Adjunct Assistant Professor			
		c. Employer's Name/Specific Field			
		UNC Asheville	e. Election Sum to Date		
			\$250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/24/2022	\$250.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Peter Mangone 392 Racquet Club Rd Asheville, NC 28803-3133 (828) 231-5481		Physician			
		c. Employer's Name/Specific Field			
		Emerge Ortho	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/24/2022	\$500.00

4. Total only this page	\$950.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Dennis Creech 2418 Lively Trl NE Atlanta, GA 30345-3837 (678) 701-4146		Administrator			
		c. Employer's Name/Specific Field			
		The Kendeda Fund			
		e. Election Sum to Date			
					\$1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/26/2022	\$1,000.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Richard Wasch 7 Patton Ave Ste 1601 Asheville, NC 28801-3372 (910) 620-7260		Retired			
		c. Employer's Name/Specific Field			
		not working			
		e. Election Sum to Date			
					\$1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/26/2022	\$1,000.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Blake Fagan 16 Bear Knoll Dr Asheville, NC 28805-1170 (828) 768-6232		Physician			
		c. Employer's Name/Specific Field			
		MAHEC			
		e. Election Sum to Date			
					\$300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/27/2022	\$300.00

4. Total only this page	\$2,300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Mark McNeill 56 Ardmion Park Asheville, NC 28801-4202 (828) 772-8673		Family Physician			
		c. Employer's Name/Specific Field			
		Trillium Family Medicine	e. Election Sum to Date		
			\$350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		02/28/2022	\$350.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Sibylle Barron 8 Springmoor Dr Raleigh, NC 27615-4324 (919) 848-7008		Retired			
		c. Employer's Name/Specific Field			
		The Literary Council	e. Election Sum to Date		
			\$300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/01/2022	\$300.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Howard BERKOWITZ 254 Fennel Dun Cir Biltmore Lake, NC 28715-8910 (407) 489-6662		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$79.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/01/2022	\$54.00

4. Total only this page	\$704.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Carol Falender 2110 Wakefield Dr Apt. #2110 Asheville, NC 28803 (828) 505-8123		No current title			
		c. Employer's Name/Specific Field			
					e. Election Sum to Date
					\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/01/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Theodore Figura 118 Logan Ave Asheville, NC 28806-4529 (757) 879-3124		Consultant			
		c. Employer's Name/Specific Field			
					e. Election Sum to Date
					\$157.25
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		03/01/2022	\$50.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Susan Harper 945 Long Branch Rd Swannanoa, NC 28778-3528 (828) 337-3026		Art Executive			
		c. Employer's Name/Specific Field			
					e. Election Sum to Date
					\$154.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/01/2022	\$100.00

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)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Scott Laseter 1294 Briardale Ln NE Atlanta, GA 30306-2624		Attorney			
		c. Employer's Name/Specific Field			
		Self Employed	e. Election Sum to Date		
			\$300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/01/2022	\$300.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Craig Pendergrast 645 Wilson Rd NW Atlanta, GA 30318-1716 (404) 514-1319		Attorney			
		c. Employer's Name/Specific Field			
		Taylor English	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/01/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Kieran Roe 187 Solomons Cove Rd Flat Rock, NC 28731-5688 (828) 231-1650		nonprofit director			
		c. Employer's Name/Specific Field			
		Conserving Carolina	e. Election Sum to Date		
			\$54.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/01/2022	\$54.00

4. Total only this page	\$454.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
John Ross 432 Crowfields Dr Asheville, NC 28803-3278 (828) 505-3979		Writer			
		c. Employer's Name/Specific Field			
		self	e. Election Sum to Date		
			\$350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/01/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Charles Alan Clogston 125 Black Oak Dr Asheville, NC 28804-1835 (828) 254-8452		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/02/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Woody Farmer 230 Pearson Dr Asheville, NC 28801-1614 (704) 975-8749		Attorney			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		03/02/2022	\$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)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Arthur Parker 10 Northwood Rd Asheville, NC 28804-2845			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			03/02/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Maryanne Rackoff 45 Tree Top Dr Arden, NC 28704-3040 (330) 701-5574			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$304.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			03/02/2022	\$54.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stephen Dwayne Stutzman 5753 Highway 85 N # 3021 Crestview, FL 32536-9365			Retired			
			c. Employer's Name/Specific Field			
			Retired			
					e. Election Sum to Date	
					\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			03/04/2022	\$100.00

4. Total only this page	\$254.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
DeRothea Goodman-Williams 136 Wyoming Rd Asheville, NC 28803-2440 (828) 275-6217		Executive			
		c. Employer's Name/Specific Field			
		Dee Williams and Company, Inc.	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		03/05/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Russ Root 519 12th Ave S Saint Petersburg, FL 33701-5231		Realtor			
		c. Employer's Name/Specific Field			
		dkaten FIP	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/07/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Michael Garrett 5 Blue Gill Cove Greensboro, NC 27455-3411 (336) 207-7460		Managing partner			
		c. Employer's Name/Specific Field			
		Marketing Associates	e. Election Sum to Date		
			\$1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/08/2022	\$1,000.00

4. Total only this page	\$1,200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Cathy Heck 279 Snyder Ln Mills River, NC 28759-7642 (828) 505-9182		Nurse			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/11/2022	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Joel David Farren 1310 William St River Forest, IL 60305-1135 (919) 444-8717		Nonprofit foundation CEO			
		c. Employer's Name/Specific Field			
		Gaylord and Dorothy Donnelley Foundation	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/12/2022	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Timothy Schaller 46 Spears Ave Asheville, NC 28801-1214 (828) 505-2792		merchant			
		c. Employer's Name/Specific Field			
		Wedge Brewery	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	In-Kind	Event space for shooting videos	03/12/2022	\$500.00

4. Total only this page	\$1,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Chuck Thornton 1 W Cove St Weaverville, NC 28787-9409 (828) 776-5428		Engineer			
		c. Employer's Name/Specific Field			
		Retired Engineer/Project Manager			
				e. Election Sum to Date	
				\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/12/2022	\$20.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Marc W Hunt 55 Cambridge Rd Asheville, NC 28804-2424 (828) 273-2172		retired			
		c. Employer's Name/Specific Field			
		Retired			
				e. Election Sum to Date	
				\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/13/2022	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
William Scheer 14 Wanda Ln Asheville, NC 28806-0042 (504) 458-0412		Retired			
		c. Employer's Name/Specific Field			
		Retired			
				e. Election Sum to Date	
				\$150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/14/2022	\$150.00

4. Total only this page	\$370.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Charles Wise 25 Fulton St Asheville, NC 28801-1806 (609) 712-4894		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date	\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/15/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
David Bailey 6 Beechwood Rd Asheville, NC 28805-2319 (828) 777-3990		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date	\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/18/2022	\$250.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
D. Michael Brooks 55 Blackwood Rd Asheville, NC 28804-2666 (704) 826-5874		Health Coach			
		c. Employer's Name/Specific Field			
		Self Employed	e. Election Sum to Date	\$222.22	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/18/2022	\$222.22

4. Total only this page	\$572.22
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Zoe Schumaker PO Box 582 Hiawassee, GA 30546-0582 (317) 695-5154		Artist			
		c. Employer's Name/Specific Field			
		Self Employed	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/19/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Sandra K Cummings 11 Wakefield Dr #2115 Asheville, NC 28803-4158 (828) 277-4115		no job title			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/20/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Linda G Furr 11 Wakefield Dr Apt 2208 Asheville, NC 28803-4155		No current title			
		c. Employer's Name/Specific Field			
		Not Currently Employed	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/20/2022	\$500.00

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Margaret C Griner 25 Yorkminster Loop Apt D2 Asheville, NC 28803-3453 (248) 514-0146		no job title			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/20/2022	\$200.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Dale P Hanning 49 Sheffield Cir Ste 1601 Asheville, NC 28803-3420 (786) 390-6499		no job title			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/20/2022	\$150.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Jack Page 248 Patton Ave Apt 215 Asheville, NC 28801-2775 (276) 698-4237		Self Employed			
		c. Employer's Name/Specific Field			
		Self Employed	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/20/2022	\$500.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Amy Hornaday 154 Cherokee Rd Asheville, NC 28801-1504 (512) 659-5487		Designer			
		c. Employer's Name/Specific Field			
		Self Employed	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/21/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Joe Bavonese 113 Estes Ct Asheville, NC 28806-8885		Psychologist			
		c. Employer's Name/Specific Field			
		Self	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/22/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Walter Forehand 69 Brown St Weaverville, NC 28787-8462 (850) 264-7130		Attorney			
		c. Employer's Name/Specific Field			
		Lewis, Longman, and Walker, P.A.	e. Election Sum to Date		
			\$75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		03/22/2022	\$75.00

4. Total only this page	\$275.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Louise Glickman 7 White Palmer Ct Biltmore Lake, NC 28715-8973 (828) 273-8783			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			03/22/2022	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Marc Langweiler 21 Verde Dr Asheville, NC 28806-4569 (603) 306-2244			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$154.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			03/22/2022	\$54.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Wyatt S. Stevens 63 White Ash Dr Asheville, NC 28803-2491 (828) 258-6992			Attorney			
			c. Employer's Name/Specific Field			
			Roberts & Stevens, P.A.		e. Election Sum to Date	
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			03/22/2022	\$250.00

4. Total only this page	\$554.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Wyatt S. Stevens 63 White Ash Dr Asheville, NC 28803-2491 (828) 258-6992		Attorney			
		c. Employer's Name/Specific Field			
		Roberts & Stevens, P.A.			
				e. Election Sum to Date	
				\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/22/2022	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Joan Ana-Leo 14 Deaver Dr Asheville, NC 28806-1304 (678) 772-5857		Retired			
		c. Employer's Name/Specific Field			
		Retired			
				e. Election Sum to Date	
				\$114.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/23/2022	\$54.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
John Haas 22 Chantilly Dr Asheville, NC 28804-0018 (828) 335-6331		No job title			
		c. Employer's Name/Specific Field			
		Not currently employed			
				e. Election Sum to Date	
				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		03/23/2022	\$100.00
4. Total only this page				\$404.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$29,648.22	

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Andrew Pardue 284 Riverview Dr Asheville, NC 28806-4403 (972) 955-9873		Technologist			
		c. Employer's Name/Specific Field			
		Datatrac Corporation	e. Election Sum to Date		
			\$91.69		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		03/23/2022	\$50.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Curry First 57 A Broadway St Asheville, NC 28801-2919 (828) 450-1118		Attorney			
		c. Employer's Name/Specific Field			
		First, Blondis, & Albrecht, s.c.	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/24/2022	\$200.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Dane Barrager 71 Broadway St Asheville, NC 28801-2901 (248) 514-4978		Not Employed			
		c. Employer's Name/Specific Field			
		Not Employed	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/27/2022	\$100.00

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)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kenneth A Dierks 105 Kimberly Knoll Rd Asheville, NC 28804-3521 (757) 348-5974			Environmental consultant			
			c. Employer's Name/Specific Field			
			Fernleaf		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Check			03/27/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Woody Farmer 230 Pearson Dr Asheville, NC 28801-1614 (704) 975-8749			Attorney			
			c. Employer's Name/Specific Field			
			not working		e. Election Sum to Date	
					\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>		In-Kind	Food and drink for house party		03/27/2022	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Nutter 169 Flint St Asheville, NC 28801-2246 (828) 505-8242			City & County Planner			
			c. Employer's Name/Specific Field			
			Nutter Associates		e. Election Sum to Date	
					\$154.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			03/27/2022	\$100.00

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Milbrey Raney 503 Cokesbury Ln Asheville, NC 28803-2011		No job title			
		c. Employer's Name/Specific Field			
		Not currently employed	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/27/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Marc Rudow 38 Westall Ave Asheville, NC 28804-3530 (828) 273-7653		Attorney			
		c. Employer's Name/Specific Field			
		Roberts & Stevens, PA	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/27/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Laura Daniel PO Box 1467 Leicester, NC 28748-1467		bookkeeper			
		c. Employer's Name/Specific Field			
		self	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/29/2022	\$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)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Susan Kidd 1898 Wycliff Rd NW Atlanta, GA 30309-1874 (404) 471-6080		Unemployed			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/29/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Peter Boggs PO Box 131 Montreat, NC 28757-0131 (828) 777-1098		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$54.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/30/2022	\$54.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Alex Cury 174 Montford Ave Asheville, NC 28801-2102 (828) 253-5088		Attorney			
		c. Employer's Name/Specific Field			
		Ball Barden & Cury	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/31/2022	\$100.00

4. Total only this page	\$254.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Donna Ensley 55 Newman Cove Rd Arden, NC 28704-8711 (828) 768-6061		Self Employed			
		c. Employer's Name/Specific Field			
		Self Employed	e. Election Sum to Date		
			\$54.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		03/31/2022	\$54.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
William F Loftis 170 Montford Ave Asheville, NC 28801-2102 (678) 428-6561		attorney			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/31/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Elizabeth Stevenson 190 Broadway St Apt 403 Asheville, NC 28801-2399 (828) 200-7177		Sales			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		03/31/2022	\$100.00

4. Total only this page	\$254.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Guillermo Rodriguez 685 Flint Hill Rd Alexander, NC 28701-9656 (828) 301-5137			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$204.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/01/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Virginia Dollar 74 Crayton Rd Asheville, NC 28803-1302 (828) 274-7257			fund raising			
			c. Employer's Name/Specific Field			
			Community Foundation of Western North Carolina		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Check			04/02/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Theodore Figura 118 Logan Ave Asheville, NC 28806-4529 (757) 879-3124			Consultant			
			c. Employer's Name/Specific Field			
			Ted Figura Consulting, Inc.		e. Election Sum to Date	
					\$157.25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/02/2022	\$27.00

4. Total only this page	\$227.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Mary Cissy Majebe 369 Montford Ave Asheville, NC 28801-1051 (704) 254-9720		Accupuncturist			
		c. Employer's Name/Specific Field			
		Daoist College of Traditional Chinese Medicine	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/02/2022	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Susan Harper 945 Long Branch Rd Swannanoa, NC 28778-3528 (828) 337-3026		Art Executive			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$154.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/03/2022	\$54.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Karen Teel 12 Amherst Rd Asheville, NC 28803-3008 (925) 890-0726		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/03/2022	\$100.00

4. Total only this page	\$654.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Anita Fletcher 5 Timson Rd Asheville, NC 28803-3442 (828) 712-0931			retired			
			c. Employer's Name/Specific Field			
			retired		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/05/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mary Beth Gwynn 65 Starnes Ave Asheville, NC 28801-2240 (828) 545-6487			retired			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/05/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Donald Kraus 42 Brookwood Rd Asheville, NC 28804-1632			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/05/2022	\$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)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Sandra Smith PO Box 1419 Skyland, NC 28776-1419 (828) 808-5820		Consultant			
		c. Employer's Name/Specific Field			
		AlchemyWorks	e. Election Sum to Date		
			\$250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/05/2022	\$250.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Chuck Dayton 1666 Coffman St Saint Paul, MN 55108-1330 (651) 341-2049		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/08/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Will Harlan 64 Walker Creek Rd Barnardville, NC 28709-6102 (828) 230-6818		Biologist			
		c. Employer's Name/Specific Field			
		Center for Biological Diversity	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/08/2022	\$500.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Glen C. Shults Jr 21 Forest View Dr Asheville, NC 28804-2318 (828) 225-6898		Retired			
		c. Employer's Name/Specific Field			
		Retired			
				e. Election Sum to Date	
				\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/08/2022	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Mark Ward 60 Elk Mountain Scenic Hwy Asheville, NC 28804-1705 (828) 337-2382		miniister			
		c. Employer's Name/Specific Field			
		UU Congregation of Asheville			
				e. Election Sum to Date	
				\$378.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		04/08/2022	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Madeline Davis 24 Highbridge Xing Apt 1316 Asheville, NC 28803-4161 (828) 253-5983		No current title			
		c. Employer's Name/Specific Field			
		Not Currently Employed			
				e. Election Sum to Date	
				\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/09/2022	\$200.00

4. Total only this page	\$650.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Susan Loftis 170 Montford Ave Asheville, NC 28801-2102			Environmental Planner		food & beverage for house party	
			c. Employer's Name/Specific Field			
			self		e. Election Sum to Date	
					\$90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	In-Kind	food & beverage		04/09/2022	\$90.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Larry Thompson 47 Bell Rd Asheville, NC 28805-1537 (828) 273-0961			Executive			
			c. Employer's Name/Specific Field			
			retired		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/09/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Bill Jacobs 43 Sheffield Cir Asheville, NC 28803-3420 (828) 506-4071			Writer			
			c. Employer's Name/Specific Field			
			Self Employed		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/10/2022	\$100.00

4. Total only this page	\$290.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Jacquelyn Simms 11 Woodmere Dr Arden, NC 28704-3203 (828) 279-7807		unknown			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		04/10/2022	\$200.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
MaryAnn Watjen 16 Whisper Creek Ln Asheville, NC 28804-1859 (828) 243-1773		Mental health therapist			
		c. Employer's Name/Specific Field			
		self employed	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		04/10/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Thomas Frank 16 Stony Rdg Asheville, NC 28804-2770 (336) 602-3770		no job title			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	PP	Credit Card		04/11/2022	\$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)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Claudia Jimenez 18 Valle Vista Dr Asheville, NC 28804-2334			Minister			
			c. Employer's Name/Specific Field			
			UU Congregation of Asheville		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/11/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Susan Maley 9 Ellenwood Dr Asheville, NC 28804-2345 (828) 253-9799			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$54.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/11/2022	\$54.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Nancy Nachman 135 Spring View Dr Black Mountain, NC 28711-0329			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$54.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/11/2022	\$54.00

4. Total only this page	\$208.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Chuck Thornton 1 W Cove St Weaverville, NC 28787-9409 (828) 776-5428		Engineer			
		c. Employer's Name/Specific Field			
		Retired Engineer/Project Manager	e. Election Sum to Date		
			\$150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/12/2022	\$20.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Joanne Parker 288 Macon Ave Apt 102 Asheville, NC 28804-3831 (214) 755-3085		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/15/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Chris Pelly 109 Cisco Rd Asheville, NC 28805-1310 (828) 231-3704		Realtor			
		c. Employer's Name/Specific Field			
		Chris Pelly Real Estate	e. Election Sum to Date		
			\$177.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/15/2022	\$150.00

4. Total only this page	\$270.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Pamela Evans 18 Lookout Rd Asheville, NC 28804-3238 (408) 718-2000		Consultant			
		c. Employer's Name/Specific Field			
		Self Employed	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/21/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Linda Kane 26 E Owl Creek Ln Fairview, NC 28730-8816 (828) 338-0222		No job title			
		c. Employer's Name/Specific Field			
		Not currently employed	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/21/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Kathie Kline 320 Lakewood Dr Asheville, NC 28803-2219 (828) 776-3751		No Occupation			
		c. Employer's Name/Specific Field			
		Not Employed	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/21/2022	\$200.00

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)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Tricia Reeks 216 Patton Mountain Rd Asheville, NC 28804-2848 (678) 984-5489		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/21/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
George Webb 7 Dearborn St Asheville, NC 28803-2697 (561) 512-1059		no job title			
		c. Employer's Name/Specific Field			
		not currently employed	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/21/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Michael Thun 564 Ridgecrest Rd NE Atlanta, GA 30307-1846 (404) 931-8076		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/22/2022	\$500.00

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
John S. Curry 59 Edgemont Rd Asheville, NC 28801-1543 (828) 254-3924		retired Attorney			
		c. Employer's Name/Specific Field			
		Self	e. Election Sum to Date		
			\$1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/23/2022	\$1,000.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Marshall Fields 96 Kimberly Knoll Rd Asheville, NC 28804-3520 (828) 681-1710		no job title			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/24/2022	\$250.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Ian Fischer 33 Franklin Trace Dr Asheville, NC 28804-5509 (832) 776-9305		Geologist			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/24/2022	\$200.00

4. Total only this page	\$1,450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Jacqueline Highton 49 Franklin Trace Dr Asheville, NC 28804-5509 (713) 898-1521		jury consultant assistant			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/24/2022	\$300.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Ellie Kirby 729 Hazelwood Rd Troutdale, VA 24378-2379 (276) 579-4011		Artist			
		c. Employer's Name/Specific Field			
		Self Employed	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/24/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
John C Koenig 15 Myra Pl Apt 109 Asheville, NC 28806-8954 (828) 505-1102		no job title			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/24/2022	\$100.00

4. Total only this page	\$500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Ann McLellan 14 Duke St Asheville, NC 28803-2208 (828) 350-9005		unknoqn			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/24/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
David Nutter 169 Flint St Asheville, NC 28801-2246 (828) 505-8242		City & County Planner			
		c. Employer's Name/Specific Field			
		Nutter Associates	e. Election Sum to Date		
			\$154.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/24/2022	\$54.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Donna Owen 138 Longspur Lane Ext Asheville, NC 28804-0154 (432) 934-4000		Petroleum Engineer			
		c. Employer's Name/Specific Field			
		Burlington Resources	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/24/2022	\$100.00

4. Total only this page	\$254.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Dawn Rubin 40 Lookout Rd Asheville, NC 28804-3238 (713) 515-0929		Human resources			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/24/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Sarah S. Thornburg 216 Robinhood Rd Asheville, NC 28804-1620 (828) 236-2683		att			
		c. Employer's Name/Specific Field			
		McGuire, Wood & Bisette, P.A.	e. Election Sum to Date		
			\$250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/24/2022	\$250.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Mark Threlkeld 119 Domeno Dr Swannanoa, NC 28778-2717 (828) 200-6280		Unknown			
		c. Employer's Name/Specific Field			
		Not working	e. Election Sum to Date		
			\$153.48		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/24/2022	\$50.00

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)	\$29,648.22

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	
Julie Mayfield for NC Senate					STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert Udashen 28 Woodland Aster Way Asheville, NC 28804-0061 (972) 333-2401			Attorney			
			c. Employer's Name/Specific Field			
			Self Employed		e. Election Sum to Date	
					\$350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/24/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ronald G Walther 83 Bartrams Walk Dr Asheville, NC 28804-9752 (828) 708-4686			no job title			
			c. Employer's Name/Specific Field			
			not working		e. Election Sum to Date	
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card			04/24/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
David Johnson 11 Boddington Ct Asheville, NC 28803-3149 (828) 277-5792			Retired			
			c. Employer's Name/Specific Field			
			Retired		e. Election Sum to Date	
					\$104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	HT	Check			04/25/2022	\$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)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
John Sterling 210 Cherokee Rd Asheville, NC 28804-3802 (815) 739-6449		Retired			
		c. Employer's Name/Specific Field			
		Retired	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/25/2022	\$200.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Buck Bragg 1 Page Ave Apt 507 Asheville, NC 28801-2388 (309) 826-7953		No job title			
		c. Employer's Name/Specific Field			
		Not currently employed	e. Election Sum to Date		
			\$1,261.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	In-Kind	Food, beverage, and incidentals for "Extended" guest	04/26/2022	\$761.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Karen Ramshaw 2 Vanderbilt Pl Asheville, NC 28801-2176 (828) 215-6997		property manager			
		c. Employer's Name/Specific Field			
		Public Interest Projects, Inc	e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/26/2022	\$200.00

4. Total only this page	\$1,161.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Pat Whalen 2 Vanderbilt Pl Asheville, NC 28801-2176 (828) 215-6995			Business and RE Investment		
			c. Employer's Name/Specific Field		
			Public Interest Projects, Inc		
			e. Election Sum to Date		
			\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/26/2022	\$200.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Robert Udashen 28 Woodland Aster Way Asheville, NC 28804-0061 (972) 333-2401			Attorney		
			c. Employer's Name/Specific Field		
			Self Employed		
			e. Election Sum to Date		
			\$350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	In-Kind	Food, drink, & flowers for fund raiser	04/27/2022	\$100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Hugh Lee 2875 Drake Mallard Dr Grimesland, NC 27837-9509			Professor		
			c. Employer's Name/Specific Field		
			East Carolina University		
			e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/28/2022	\$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)	\$29,648.22

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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Tory Schmitz 22 Lenoir St Asheville, NC 28803-2506 (713) 252-5178		no job title			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/28/2022	\$100.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Ann P Kemske 75 Broadway St Apt 204 Asheville, NC 28801-2972 (763) 458-9166		no job title			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/29/2022	\$500.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
Edward S Orris 18 Rain Lily Trl Arden, NC 28704-0680 (828) 654-0875		unknown			
		c. Employer's Name/Specific Field			
		not working	e. Election Sum to Date		
			\$125.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Check		04/29/2022	\$125.00

4. Total only this page	\$725.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Maryanne Rackoff 45 Tree Top Dr Arden, NC 28704-3040 (330) 701-5574			Retired		
			c. Employer's Name/Specific Field		
			Retired	e. Election Sum to Date	
				\$304.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	HT	Credit Card		04/29/2022	\$200.00

PREVIEW

(DO NOT FILE THIS COPY)

4. Total only this page	\$200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$29,648.22

Contributions from Other Political Committees Pg 56 Of 73

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	
Julie Mayfield for NC Senate			STA-Z7FZ16-C-001	
3. Contributor <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state & zip)		b. Type of Committee		d. Comments
Lillians List Political Action Comm 2912 Highwoods Blvd Ste 203 Raleigh, NC 27604-1095		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Elec Cyc Sum to Date
				\$500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
HT	Check		03/24/2022	\$500.00
3. Contributor <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state & zip)		b. Type of Committee		d. Comments
NC Craft Brewers PAC PO Box 27921 Raleigh, NC 27611-7921 (919) 951-8588		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Elec Cyc Sum to Date
				\$1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
HT	Check		04/15/2022	\$1,000.00
3. Contributor <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state & zip)		b. Type of Committee		d. Comments
NC Clean Energy Business Alliance PAC 811 9th St Ste 120-158 Durham, NC 27705-4188 (919) 608-1060		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Elec Cyc Sum to Date
				\$2,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
HT	Check		04/20/2022	\$2,000.00

4. Total on this Page	\$3,500.00
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>	\$6,100.00

Contributions from Other Political Committees Pg 57 Of 73

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	
Julie Mayfield for NC Senate			STA-Z7FZ16-C-001	
3. Contributor <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state & zip)		b. Type of Committee		d. Comments
NC Nurses PAC 4350 Lassiter At North Hills Ave Ste 250 Raleigh, NC 27609-5792 (919) 821-4250		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Elec Cyc Sum to Date
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
HT	Check		04/21/2022	\$1,000.00
3. Contributor <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state & zip)		b. Type of Committee		d. Comments
Rural Electric Action Program PO Box 27306 Raleigh, NC 27611-7306 (919) 872-0800		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Elec Cyc Sum to Date
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$600.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
HT	Check		04/21/2022	\$600.00
3. Contributor <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state & zip)		b. Type of Committee		d. Comments
NCANA Polital Action Committee 701 Exposition Pl Ste 206 Raleigh, NC 27615-3359 (919) 434-9350		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Elec Cyc Sum to Date
		<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
HT	Check		04/25/2022	\$1,000.00

4. Total on this Page	\$2,600.00
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>	\$6,100.00

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Sage Payment Solutions 1505 N Hayden Rd Ste 110 Scottsdale, AZ 85257-3770				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$1,648.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	01/03/2022	\$450.58	Bankcard Merch Fees		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
United State Postal Service 30 Coxe Ave Asheville, NC 28801-3308				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$442.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Check	K	01/03/2022	\$134.00	2022 PO Box rental		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ActBlue 366 Summer St Somerville, MA 02144-3132 (617) 517-7600				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$67.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	01/05/2022	\$17.27	ActBlue donation fee		
5. Total only this page						\$601.85	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Zoom.us 55 Almaden Blvd Fl 6 San Jose, CA 95113-1608 (888) 799-9666				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$112.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	01/07/2022	\$112.42	Zoom Video Conferencing fee		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Sage Payment Solutions 1505 N Hayden Rd Ste 110 Scottsdale, AZ 85257-3770				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,648.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	01/11/2022	\$37.04	Bankcard fees		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
The News & Observer 421 Fayetteville St Ste 104 Raleigh, NC 27601-3010				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$420.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	K	01/19/2022	\$420.00	Subscription to The Insider		
5. Total only this page						\$569.46	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Sage Payment Solutions 1505 N Hayden Rd Ste 110 Scottsdale, AZ 85257-3770				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$1,648.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	02/02/2022	\$101.25	Bankcard fee		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ActBlue 366 Summer St Somerville, MA 02144-3132 (617) 517-7600				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$67.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	02/03/2022	\$10.50	ActBlue donation fee		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Buncombe County Board of Elections 59 Woodfin Pl Asheville, NC 28801-2417 (828) 250-4200				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$140.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Check	H	03/01/2022	\$140.00	2022 Election Candidate Filing Fee		
5. Total only this page						\$251.75	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Sage Payment Solutions 1505 N Hayden Rd Ste 110 Scottsdale, AZ 85257-3770				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$1,648.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	03/02/2022	\$240.00	Bank card fees		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ActBlue 366 Summer St Somerville, MA 02144-3132 (617) 517-7600				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$67.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	C	03/03/2022	\$22.50	ActBlue fees		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Vantiv, LLC 8500 Governors Hill Dr Symmes Twp, OH 45249-1384				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$66.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	C	03/09/2022	\$36.92	Funds disbursement fee		
5. Total only this page						\$299.42	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Allegra Image 360 Asheville PO Box 7557 Asheville, NC 28802-7557 (828) 236-0076				c. Level Registered (Specify)		e. Election Sum to Date \$209.89	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	B	03/11/2022	\$209.89	Palm Cards		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NGP-Van Inc. PO Box 392264 Pittsburgh, PA 15251-9264				c. Level Registered (Specify)		e. Election Sum to Date \$2,520.00	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	K	03/12/2022	\$420.00	NGP access		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
United State Postal Service 30 Coxe Ave Asheville, NC 28801-3308				c. Level Registered (Specify)		e. Election Sum to Date \$442.00	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	I	03/17/2022	\$116.00	postage		
5. Total only this page						\$745.89	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Sage Payment Solutions 1505 N Hayden Rd Ste 110 Scottsdale, AZ 85257-3770				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$1,648.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	03/23/2022	\$19.45	Bankcard fee		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Facebook 1 Hacker Way Menlo Park, CA 94025-1456				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$1,980.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	K	03/31/2022	\$50.00	Facebook Ad		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ActBlue 366 Summer St Somerville, MA 02144-3132 (617) 517-7600				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$67.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	04/04/2022	\$17.44	ActBlue processing fees		
5. Total only this page						\$86.89	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Mountain Xpress 2 Wall St Asheville, NC 28801-2721 (828) 251-1333				c. Level Registered (Specify)		e. Election Sum to Date \$3,744.00	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	A	04/04/2022	\$2,304.00	Back cover display ad		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Sage Payment Solutions 1505 N Hayden Rd Ste 110 Scottsdale, AZ 85257-3770				c. Level Registered (Specify)		e. Election Sum to Date \$1,648.45	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	04/04/2022	\$295.27	Bankcard Merch fees		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
The Meda Corporation 65 Town Mountain Rd Asheville, NC 28804-3835 (828) 252-2585				c. Level Registered (Specify)		e. Election Sum to Date \$11,800.50	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Check	A	04/05/2022	\$5,904.75	Campaign Postcards		
5. Total only this page						\$8,504.02	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Cross and Oberlie 916 Byrd Ave Neenah, WI 54956-3913 (888) 414-1776				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$1,661.64	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	K	04/07/2022	\$1,661.64	Yard signs		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Facebook 1 Hacker Way Menlo Park, CA 94025-1456				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$1,980.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	K	04/11/2022	\$10.00	Facebook ad		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Vantiv, LLC 8500 Governors Hill Dr Symmes Twp, OH 45249-1384				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$66.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Electronic Funds Transfer	K	04/16/2022	\$29.23	processing fees		
5. Total only this page						\$1,700.87	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
Julie Mayfield for NC Senate						STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Mountain Xpress 2 Wall St Asheville, NC 28801-2721 (828) 251-1333						Advertisement in Mountain Xpress	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$3,744.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	A	04/18/2022	\$1,440.00	campaign ads		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Facebook 1 Hacker Way Menlo Park, CA 94025-1456						Facebook ads	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,980.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	A	04/24/2022	\$900.00	Facebook ads		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Facebook 1 Hacker Way Menlo Park, CA 94025-1456							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,980.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HT	Credit Card	A	04/30/2022	\$900.00	Facebook ads		
5. Total only this page						\$3,240.00	
6. Total of ALL CRO-1310 Pages						\$21,895.90	
(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	
Julie Mayfield for NC Senate				STA-Z7FZ16-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
The Meda Corporation 65 Town Mountain Rd Asheville, NC 28804-3835 (828) 252-2585		c. Level Registered (Specify)		e. Election Sum to Date \$11,800.50	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Check	B	04/30/2022	\$5,895.75	campaign post cards



5. Total only this page	\$5,895.75
6. Total of ALL CRO-1310 Pages	\$21,895.90
(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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information	<input type="checkbox"/> Add <input type="checkbox"/> Remove
-----------------------------	--

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
North Carolina Democratic Party 220 Hillsborough St Raleigh, NC 27603-1724 (919) 821-2777		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$1,100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Credit Card	G	02/05/2022	\$550.00	2022 Passport Patron Membership

4. Payee Information	<input type="checkbox"/> Add <input type="checkbox"/> Remove
-----------------------------	--

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Young Democrats of North Carolina 220 Hillsborough St Raleigh, NC 27603-1724 (919) 821-2777		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$750.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Credit Card	O	03/01/2022	\$500.00	donation to Young Democrats of North Carolina

4. Payee Information	<input type="checkbox"/> Add <input type="checkbox"/> Remove
-----------------------------	--

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Planned Parenthood South Atlantic 68 McDowell St Asheville, NC 28801-4104 (828) 252-7928		
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Credit Card	O	03/07/2022	\$100.00	Monetary contribution

5. Total only this page	\$1,150.00
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6. Total of ALL CRO-1310 Pages	\$1,400.00
(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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
Julie Mayfield for NC Senate		STA-Z7FZ16-C-001			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
Young Democrats of North Carolina 220 Hillsborough St Raleigh, NC 27603-1724 (919) 821-2777			Donation to Young Dems of NC		
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
			e. Election Sum to Date		
			\$750.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
HT	Credit Card	O	04/12/2022	\$250.00	Donation to Young Dems of NC



5. Total only this page	\$250.00
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)	\$1,400.00
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)	

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Julie Mayfield for NC Senate	STA-Z7FZ16-C-001

3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card	O	03/27/2022	\$8.26	Refreshments for volunteers
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card	K	03/29/2022	\$6.10	Refreshments for volunteers
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HT	Credit Card	K	03/30/2022	\$16.76	Snacks for phone bankers

PREVIEW

(DO NOT FILE THIS COPY)

4. Total only this Page	\$31.12
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$31.12

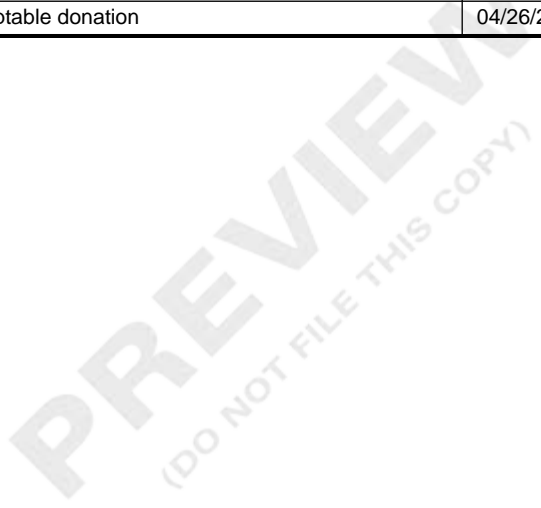
6. Purpose Codes (List detailed expenditure code in (d.) above)			
	B* - Printing	C*- Fundraising	D - To Another Candidate
E - salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* - Other			
*Codes require detailed explanation in required remarks field (g)			

Refunds/Reimbursements From the Committee

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
Julie Mayfield for NC Senate		STA-Z7FZ16-C-001	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee	
Wyatt S. Stevens 63 White Ash Dr Asheville, NC 28803-2491 (828) 258-6992		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		h. Original Receipt Date	
		03/22/2022	
		i. Original Receipt Amt	
		\$250.00	
		j. Election Sum To Date	
		\$250.00	
b. Job Title/Profession	c. Employer's Name/Specific	g. Comments	
Attorney	Roberts & Stevens, P.A.		
		k. Account Code	
		HT	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Electronic Funds Transfer	unacceptable donation	04/26/2022	\$250.00



4. Total only this page	\$250.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$250.00
6. Purpose Codes (List detailed disbursement code in (f))	
L - Returned to Contributor	M - Overpayment for Service
P* - Reimbursement of In-Kind	O* Other
N - Exceeded Contribution Limit	
*Codes require detailed explanation in required remarks field (m)	

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
Julie Mayfield for NC Senate		STA-Z7FZ16-C-001
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Timothy Schaller 46 Spears Ave Asheville, NC 28801-1214 (828) 505-2792	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date \$500.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Event space for shooting videos	03/12/2022	\$500.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Woody Farmer 230 Pearson Dr Asheville, NC 28801-1614 (704) 975-8749	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date \$300.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food and drink for house party	03/27/2022	\$250.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Susan Loftis 170 Montford Ave Asheville, NC 28801-2102	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	food & beverage for house party
		d. Election Sum to Date \$90.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
food & beverage	04/09/2022	\$90.00

4. Total only this page	\$840.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$1,701.00

In-Kind Contributions

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number
Julie Mayfield for NC Senate		STA-Z7FZ16-C-001
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Buck Bragg 1 Page Ave Apt 507 Asheville, NC 28801-2388 (309) 826-7953	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$1,261.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food, beverage, and incidentals for "Fundraiser" event	04/26/2022	\$761.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Robert Udashen 28 Woodland Aster Way Asheville, NC 28804-0061 (972) 333-2401	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$350.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Food, drink, & flowers for fund raiser	04/27/2022	\$100.00

4. Total only this page	\$861.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$1,701.00