

Disclosure Report Cover

Amendment

Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

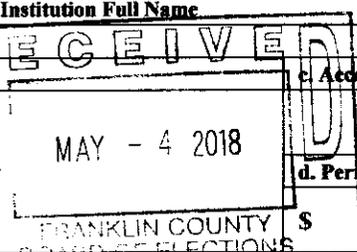
Do not use this form to update information

| | | | |
|--|--|------------------------|--|
| a. Full Name | | c. ID Number | |
| Committee to Elect Cedric K. Jones, Sr. for Commissioner | | 45-5467618 8CR851 | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 482 Phelps Road Franklinton, NC 27525 | | 4/30/18 | |
| | | e. Phone Number | |
| | | 919-496-3626 | |

| | | | |
|------|------------|------------|---------------------|
| 2018 | 02/13/2018 | 04/21/2018 | Fannie Wilder Brown |
|------|------------|------------|---------------------|

| | | | | |
|---|--|---|---|---|
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | Municipal <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 | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> 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 | Referendum <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 |
|---|--|---|---|---|

| | | | |
|---|--------------------------------|---|--------------------------------|
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| First Citizens Bank | | First Citizens Bank | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| Campaign Contribution Disburse,emt | 001 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 225.86 | | \$ |



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

Fannie Wilder Brown0 *Fannie Wilder Brown* 04/30/2018
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

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

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

| Committee to Elect Cedric K. Jones for Commissioner | | Quarterly | 8CR851 | |
|---|---|------------|-----------------------------|---------------------------|
| Start of Election Cycle: | January 1, | 2018 | Total this Reporting Period | Total this Election Cycle |
| 4) | Cash on Hand at Start | | \$ 225.86 | \$ 225.86 |
| 5) | Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) | Contributions from Individuals | (CRO-1210) | \$ | \$ |
| 7) | Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) | Contributions from Other Political Committees | (CRO-1230) | \$ | \$ |
| 9) | Loan Proceeds | (CRO-1410) | \$ | \$ |
| 10) | Refunds/Reimbursements To the Committee | (CRO-1240) | \$ | \$ |
| 11) | Other Receipt Sources | | | |
| 11a) | Interest on Bank Accounts | (CRO-1250) | \$ | \$ |
| 11b) | Contributions from Not-for-Profit Organizations | (CRO-1250) | \$ | \$ |
| 11c) | Outside Sources of Income | (CRO-1250) | \$ | \$ |
| 11d) | Legal Expense Fund – Other Sources | (CRO-1270) | \$ | \$ |
| 11 e) | Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) | TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 0.00 | \$ 0.00 |
| 13) | Disbursements | | | |
| 13a) | Operating Expenditures | (CRO-1310) | \$ 141.00 | \$ 141.00 |
| 13b) | Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ |
| 13c) | Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 14) | Aggregated Non-Media Expenditures | (CRO-1315) | \$ | \$ |
| 15) | Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) | Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 17) | In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 18) | TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 141.00 | \$ 141.00 |
| 19) | Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 84.86 | \$ 84.86 |
| 20) | Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | \$ |
| 21) | Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | \$ |
| 22) | Debts and Obligations owed By the Committee | (CRO-1610) | \$ | \$ |
| 23) | Debts and Obligations owed To the Committee | (CRO-1620) | \$ | \$ |
| 24) | Account Transfers Within the Committee | (CRO-1720) | \$ | \$ |
| 25) | Administrative Support | (CRO-1710) | \$ | \$ |
| 26) | Forgiven Loans | (CRO-1440) | \$ | \$ |
| 27) | 48-Hour Notice Reports Sum | (CRO-2220) | \$ | \$ |
| 28) | Contributions to be Refunded | (CRO-1215) | \$ | \$ |

RECEIVED
MAY - 4 2018
FRANKLIN COUNTY
COMMISSIONERS

Disbursements

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

| | | | | | |
|--|--|---|--|---|--------|
| Committee to Elect Cedric K. Jones, Sr. for Commis | | | | | 8CR851 |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Franklin County Board of Elect 107 Industrial Drive Louisburg, NC 27549 | | b. Coordinated Committee Name _____ | | d. Comments FILING FEE | |
| | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ | |
| | | f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | 001 CHECK O 02/13/2018 \$141.00 | |
| | | | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name _____ | | d. Comments | |
| | | 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 \$ | |
| | | f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | \$ | |
| | | | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name _____ | | d. Comments | |
| | | 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 \$ | |
| | | f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | \$ | |
| | | | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name _____ | | d. Comments | |
| | | 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 \$ | |
| | | f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | \$ | |
| | | | | \$ | |
| | | | | \$ 141.00 | |
| (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) | | | | | \$ |
| 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 | | | | | |