



NOTICE OF CANDIDACY
NORTH CAROLINA
FRANKLIN COUNTY

ELECTION PRIMARY
 ELECTION DATE 05/06/2014
 JURISDICTION COMMISSION JURISDICTION VALUE CC02

FALSELY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

TO: FRANKLIN COUNTY BOARD OF ELECTIONS Candidate ID: 8CR851
 RE: NOTICE OF CANDIDACY FOR OFFICE OF: BOARD OF COMMISSIONERS DISTRICT 2

CANDIDATE'S NOTICE AND PLEDGE

(select appropriate checkbox and complete section based on the contest for which you are filing your notice of candidacy)

PARTISAN CONTESTS
 (Federal, State, County or Municipal)

I hereby file notice as a candidate for nomination as BOARD OF COMMISSIONERS DISTRICT 2 in District _____ in the DEMOCRATIC party primary election to be held on 05/06/2014. I affiliate with the DEMOCRATIC party, and I certify that I am now registered on the registration records of the precinct in which I reside as an affiliate of the DEMOCRATIC party. I further certify that I have not changed my political party affiliation within the past ninety (90) days, nor have I changed from "unaffiliated" status to my current affiliation with the past ninety (90) days. I pledge that if I am defeated in the primary, I will not run for the same office as a write-in candidate in the next general election.

NON-PARTISAN CONTESTS

I hereby file notice as a candidate for election to the office of _____ in District _____ in the _____ Election to be held on _____ in _____ County.

JUDICIAL CONTESTS

I hereby file notice as a candidate for election to the office of _____ to succeed _____ (Name and District if applicable), in the regular election to be conducted _____. I certify that I am now registered on the registration records of the precinct in which I reside. I understand that if required by G.S. § 163-322, a non-partisan primary is scheduled to be conducted on _____. My N.C. State Bar No. is _____.

CANDIDATE INFORMATION

CEDRIC KINDELL JONES Cedric K. Jones
 Full Legal Name Name to Appear on Ballot
482 PHELPS RD
 Residential Address Mailing Address
FRANKLINTON, NC 27525
 City, State and Zip City, State and Zip
(919) 496-3626 (919) 496-5334
 Home Phone Cell Phone Business Phone Email Address

FELONY DISCLOSURE

Have you ever been convicted of a felony? YES NO

If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. GS § 163-106. The required form can be obtained from any election office or from the NC State Board of Elections website at www.NCSBE.gov. A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored. Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.

AFFIDAVIT ATTESTING TO NICKNAME

I, _____ have been duly sworn, hereby state under oath that I have been commonly known by the nickname, _____ for at least five years and request that my name be placed on the ballot as follows: _____
 Legal Name Nickname
 _____ In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed as follows: _____
 Name to Appear on Ballot (Legal name and nickname)

CANDIDATE'S AFFIRMATION

I swear or affirm that the statements on this form are true, correct and complete to the best of my knowledge or belief.

X Cedric K. Jones 02/12/2014
 Signature of Candidate Date

Scanned Batch Cover Sheet

2014-02-11 3:17PM

Scan Date	Batch Number	Source Code	Batch ID
2014-02-11 3:17PM	8	95	11104

Scan Date/Time: 2014-02-11 3:17PM

Batch Number: 8

Batch Size: 7

Source Code: 95

Batch ID: 11104

Operator: mchavis

CERTIFICATION OF AFFIDAVIT OF NICKNAME
(if applicable)

STATE OF NORTH CAROLINA, _____ COUNTY

I hereby certify that, _____ the candidate who signed the AFFIDAVIT ATTESTING TO NICKNAME, personally appeared before me this day and signed this document in my presence.

Sworn to and subscribed before me this _____ day of _____.

X

Notary Signature

Printed Name

My Commission Expires

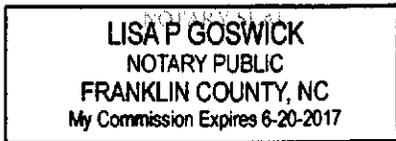
NOTARY SEAL

ACKNOWLEDGMENT OF NOTICE OF CANDIDACY

STATE OF NORTH CAROLINA, FRANKLIN COUNTY

I hereby certify that, CEDRIC KINDELL JONES, the candidate who signed this NOTICE OF CANDIDACY, personally appeared before me this day and signed this document in my presence or acknowledged his/her signature to be the same.

Date: 02/12/2014



X Lisa Goswick
Signature of Certifying Officer (or Notary)
Lisa Goswick
Printed Name of Certifying Officer (or Notary)
Director
Title of Certifying Officer
6-20-2017
My Commission Expires

VERIFICATION BY COUNTY BOARD OF ELECTIONS

The undersigned has examined the voter registration records in FRANKLIN COUNTY and found that CEDRIC KINDELL JONES

- Is a registered voter in this county.
- (Municipal Contests Only) Is a registered voter in the municipality of _____.
- (Partisan Contests Only) Is affiliated with Democratic party and has not changed his/her political party affiliation within the past ninety (90) days.

Director X Lisa Goswick
Title of County Official Signature of County Official Date

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to be any officer authorized to administer an oath. (See NCGS § 163-294.2.)

Disbursements

Pg _____ of _____

Amendment
 Yes No

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

Name (and fund if applicable) **Committee to Elect Cedric Jones Commissioner** ID Number **8CR851**

Disbursement (Use only on CRO-1310 forms for coordinated disbursements)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Franklin County Bd of Elections PO Box 180 Louisburg, NC 27549	b. Coordinated Committee Name	d. Comments
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 \$ 125.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check		2/12/14	\$ 125.56	Filing Fee
				\$	

Add Remove

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 checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 55.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check			\$ 55.00	Ads
				\$	

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Franklin Co. Dem. Women Nash St. Louisburg, NC 27549	b. Coordinated Committee Name	d. Comments
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 \$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check		9/18/13	\$ 100.00	Donation Golf Tournament
				\$	

\$ 280.56

(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)

\$ 280.56

7. Purpose Codes (See detailed expenditure code on the 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)

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

Committee Name (Full Name, Address, City, State, Zip)						LID Number
Committee to Elect Cedric K. Jones Commissioner						8 CR851
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	
Tina Greene 8560 2nd Ave. # 909 Silver, Maryland 20910 Spring 3			Attorney			
			c. Employer's Name/Specific Field			
			Self-Employed		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		PayPal		2/21/14	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
					RECEIVED	
			c. Employer's Name/Specific Field			
			FEB 25 2014		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total only this Page					\$ 100 ⁰⁰	
Total of ALL CRO-1210 Pages					\$ 100 ⁰⁰	

Statement of Organization - Candidate Committee

Amendment
 Yes No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

a. Full Name <i>Committee to Elect Cedric K. Jones for Commissioner</i>		c. ID Number <i>45-5467618</i>
b. Mailing Address (include City, State and Zip Code) <i>482 Phelps Road Franklinton, NC 27525</i>		d. Date Organized <i>2-12-2014</i>
		e. Phone Number <i>919-496-3626</i>

a. Full Name <i>Cedric Kindell Jones</i>		e. Candidate ID Number	f. Party Affiliation <i>Democrat</i> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <i>782 Phelps Road Franklinton, NC 27525</i>		g. Office Sought <i>Franklin County Commissioner</i>	
c. Phone Number <i>9194963626</i>	d. Email Address <i>cedricjones456@gmail.com</i>	h. Next Election Year <i>2014</i>	i. Jurisdiction <i>Franklin</i>
<input type="checkbox"/> Email copy of notices			

a. Full Name <i>Fannie Wilder Brown</i>		4. Custodian of Books Information	
b. Mailing Address (include City, State, and Zip Code) <i>220 Hawkins Street Franklinton, NC 27525</i>		a. Full Name <i>Fannie Wilder Brown</i>	
c. Phone Number <i>919-494-5541</i>	d. Email Address <i>fbrown810@yahoo.com</i>	c. Phone Number	d. Email Address

I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
a. Full Name		a. Financial Institution Full Name <i>First Citizens Bank</i>	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose <i>Campaign contributions and disbursements</i>	
c. Phone Number	d. Email Address	c. Account Code <i>001</i>	d. Type <i>checking</i>
<input type="checkbox"/> Email copy of notices			

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.

Fannie Wilder Brown *Fannie Wilder Brown* *2-24-2014*
 Printed Name of Signer Signature of Appointed Treasurer Date

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 <i>Committee to Elect Cedric K. Jones for Commissioner</i>		c. ID Number <i>45-5467618</i>
b. Mailing Address (include City, State and Zip Code) <i>482 Phelps Road Franklinton, NC 27525</i>		d. Date Filed <i>2-12-2014</i>
		e. Phone Number

1. Period End Date <i>2014</i>	2. Period End Date <i>2/12/2014</i>	3. Treasurer Full Name <i>Fannie W. Brown</i>
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Type of Campaign (check only)		
<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	(check only) Municipal <input checked="" 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 checked="" 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	FEB 24 2014

a. Financial Institution Full Name <i>First Citizens Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign Contributions and disbursements</i>	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance <i>\$1,153.17</i>		d. Period Begin Balance	\$

CERTIFICATION

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

Fannie W. Brown Printed Name of Signer *Fannie W. Brown* Signature of Appointed Treasurer *2/24/2014* Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Signer has not received mandatory training

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

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Cedric K. Jones <i>Commissioner</i>		Organizational		45-5467618 8CR851	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,153.17		\$ 1,153.17	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 100.00		\$ 100.00	
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)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 100.00		\$ 100.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 280.56		\$	
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)		\$ 280.56		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 972.61		\$	
ADDITIONAL INFORMATION					
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
 FEB 25 2014
 HARRIS COUNTY
 ELECTIONS



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

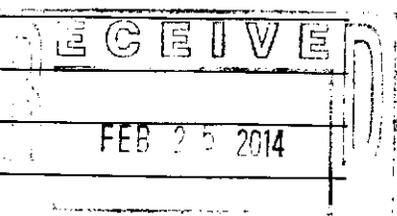
Candidate Name: Cedric K. Jones

Treasurer Name: Fannie W. Brown

Treasurer Address: 220 Hawkins Street

(include city, state, & zip) Franklinton, NC 27525

Treasurer Phone: 919-494-5541



I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2-12-2014
 Date Signed

Cedric K Jones
 Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

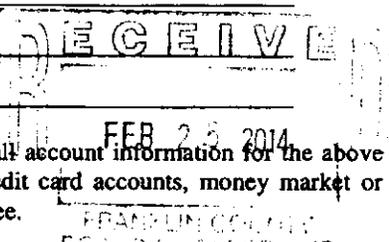
Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: Committee to Elect Cedric K. Jones Commissioner
 Treasurer Name: Fannie W. Brown
 Treasurer Address: 220 Hawkins Street
 (include city, state, & zip) Franklinton, NC 27525
 Treasurer Phone: 919-494-5541



I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided is only used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. **Each treasurer (or candidate) must designate below an account code (any number or letter or combination of numbers and letters) by which to refer to the account number on reports.** If an account number is used as the "account code," confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	First Citizens	101 N. Main St Franklinton, NC 27525		001

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

2-24-2014
Date Signed

Fannie W. Brown
Signature of Candidate or Treasurer

For Candidate Committees Only

In lieu of providing account information, I certify that this committee will not raise any money nor spend any money except that which is the candidate's personal funds. I furthermore understand that an audit or investigation could warrant the probe of any personal bank account that is being used for campaign expenditures.

By signing this statement, I authorize agents of the State Board of Elections to inspect applicable accounts.

2-24-2014
Date Signed

Fannie W. Brown
Signature of Candidate or Treasurer



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: Cedric K. Jones

Committee Name: Committee to Elect Cedric K. Jones for Commissioner

Treasurer Name: Fannie W. Brown

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: _____

Level Registered: [State] [County] If county, specify: Franklin

I, Cedric K. Jones, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Franklin County Dem. Party</u>	_____
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Cedric K. Jones

Date: 2-25-2014

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.

Detailed Summary

Amendment
 Yes No

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

1. Committee Name		2. Type of Report		3. ID Number	
Committee to Elect Cedric K. Jones for Commissione		1 st Quarter		8CR851	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 972.61		\$	
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 300.00		\$ 300.00	
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)		\$ 300.00		\$ 300.00	
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 103.20		\$	
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)		\$ 103.20		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1169.41		\$ 526.8	
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-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Amendment

 Yes No**Disclosure Report Cover**

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 Committee to Elect Cedric K. Jones, Sr. for Commissioner		c. ID Number 45-5467618 8CR851	
b. Mailing Address (include City, State and Zip Code) 482 Phelps Road Franklinton, NC 27525		d. Date Filed 04/20/2014	
		c. Phone Number 9194963626	
2. Report Year 2014	3. Period Start Date (mm/dd/yy) 02/12/2014	4. Period End Date (mm/dd/yy) 04/19/2014	5. Treasurer Full Name Fannie Wilder Brown
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <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	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name	
b. Purpose Campaign Contribution Disbursement	c. Account Code 001	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 972.61		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
Fannie Wilder Brown Printed Name of Signer		Fannie Wilder Brown Signature of Appointed Treasurer	04/20/2014 Date
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<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.			

Disbursements

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
Committee to Elect Cedric K. Jones, Sr. Commission					8CR851
3. Type of Disbursement (Please use various 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	
PayPal					
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	check		03/18/2014	\$3.20	Service 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	
Happy Camper PO Box 669 Louisburg, NC 27549				Donation Hole Sponsor for Golf Tournament	
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Electronic		03/17/2014	\$100.00	
				\$	
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	
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 103.20
6. Total of ALL CRO-1310 Pages					\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (See detailed explanation codes 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)					

Contributions from Individuals

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	
Committee to Elect Cedric K. Jones, Sr. for Commissioner					8CR851	
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	
Mrs. Phronsenia Andrews PO Box 220 Elizabethtown, NC			Retired Educator			
			c. Employer's Name/Specific Field Bladen County Schools			
					e. Election Sum to Date \$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 300.00	



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Training Confirmation Affidavit

FILED BY:

Treasurer Name: Fannie W. Brown

Candidate/Committee Name: Committee to Elect Cedric K. Jones for Commissioner

Where is Committee Filed? State or County Board of Elections - if county, specify: Franklin

Office Running For: Franklin County Commissioner

Treasurer Address: 220 Hawkins St.

(include city, state, & zip) Franklinton, NC 27525

Treasurer Phone: 919-494-5641

Email: fbrown810@yahoo.com

I hereby attest that I have completed the on-line treasurer training and/or reviewed every page of the attached training packet in order to meet my certification requirement for treasurer of a NC political committee.

4-6-2014
 Date Signed

Fannie W. Brown
 Signature

