

Statement of Organization - Candidate Committee

Is this statement:

New Amended

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

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee	d. ID Number		
Committee to Elect J. Jerome Newton Mayor	KK1B7N		
b. Mailing Address (include City, State and Zip Code)	e. Date Organized		
P.O. Box 471, Mount Olive, NC 28365	03/11/2022		
c. Committee Website (Optional)	f. Phone Number		
	919-658-9769		

2. Candidate Information

a. Full Name	e. Party Affiliation		
Jerry Jerome Newton	Democratic		
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought		
P.O. Box 241, Mount Olive 28365	MAYOR		
c. Phone Number	d. Email Address	g. Next Election Year	
919-658-9769	JJerome@aol.com	2022	
h. Jurisdiction			
Mount Olive			
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information

a. Full Name	a. Full Name		
Lula Faye Powell	Marilyn Trudy Dixon		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)		
108 W Spruce St Goldsboro, NC 27530	28580 343 Jim Grant Rd. Snow Hill, NC.		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-440-7765	15powell13@aol.com	252 747-5781	Trudydixon821@yahoo.com
<input checked="" type="checkbox"/> Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Email copy of report notices			

5. Custodian of Books Information (Keeper of Records)

a. Full Name	a. Financial Institution Full Name		
Comatha Boyette Johnson	United Bank		
b. Mailing Address (include City, State, and Zip Code)	b. Account Information (incl. CRO-3500)		
709 Robinson Place Goldsboro, North Carolina 27530	<input checked="" type="checkbox"/> Financial Institution Full Name <input checked="" type="checkbox"/> Account Code <input type="checkbox"/> Type <input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Business		
c. Phone Number	d. Email Address	b. Account Code	
919-734-1513	comathabj.johnson@gmail.com	c. Type	
<input checked="" type="checkbox"/> Email copy of report notices			



I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Lula F. Powell

Printed Name of Treasurer

Lula F. Powell

Signature of Appointed Treasurer

3/11/2022

Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Jerry Jerome Newton

Printed Name of Candidate

Jerry Jerome Newton

Signature of Candidate

3/15/2022

Date



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to Elect J. Jerome Newton Mayor
Treasurer Name: Lula Faye Powell
Treasurer Address: 108 W Spruce St
(include city, state, & zip) Goldsboro, NC 27530

Treasurer Phone: 919.440.7765

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

3/11/2022
Date Signed

Lula F. Powell
Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

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).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: J. Jerome Newton

Committee Name: Committee to Elect J. Jerome Newton Mayor

Treasurer Name: Lula Faye Powell

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

Committee ID #: _____

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

I, J. Jerome Newton, 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).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>Corver Alumni and Friends</u>	<u>100%</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: J. Jerome Newton

Date: 3/15/2022

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Friday, March 18, 2022 2:52 PM
To: 'jjeromen@aol.com'
Subject: Statement of Organization: Committee to Elect J. Jerome Newton Mayor

Mr. Newton,

I'm reaching out to remind you that since you filed over threshold on the CRO-3600 submitted to our office on March 17, 2022 as part of your Statement of Organization, you are required to complete the relevant disclosure reports within 10 days of that notification. You may find the relevant documents, schedules, and resources on the NC State Board of Elections' Campaign Finance website: <https://www.ncsbe.gov/campaign-finance>

Please provide our office with these reports by March 27, 2022.

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

Disclosure Report Cover

Amendment

Yes

No

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

1. Committee Information									
a. Full Name	b. Mailing Address (include City, State and Zip Code)								
<p>Committee to Elect J. Jerome Newton Mayor P.O. Box 471 Mount Olive, North Carolina 28365</p>									
c. ID Number	d. Date Filed								
e. Phone Number									
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name						
2022	03/17/2022	03/28/2022	Lula Faye Powell						
6. Type of Committee (Check One)									
<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									
7. Type of Fund (if applicable, check one)									
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:									
8. Number of Fundraisers this Report									
9. Type of Report (check only one type of report from one category)									
<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <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 </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input 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 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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input 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							
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10. Special Report Name									
11. Account Information									
a. Financial Institution Full Name	11. Account Information								
United Bank	a. Financial Institution Full Name								
b. Purpose	c. Account Code	b. Purpose	c. Account Code						
Campaign expense and contributions	Checking								
d. Period Begin Balance		d. Period Begin Balance							
\$100.00		\$							
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.									
Printed Name of Signer		Signature of Appointed Treasurer							
Jerry Jerome Newton		I have not been trained. 25 Mar 2022							
FOR OFFICE USE ONLY									
Date Received:	Employee:	Delivery Method							
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed							
Date Scanned:	Employee:	<input type="checkbox"/> Signer has not received mandatory training							
Date Data Entered:	Employee:								
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.									
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.									

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Jerome Neutel Mutu Disclosure We		KK1B7N
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 70 ⁰⁰ \$ 70 ⁰⁰
6) Contributions from Individuals	(CRO-1210)	\$ 100 ⁰⁰ \$ 100 ⁰⁰
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0 \$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0 \$
9) Loan Proceeds	(CRO-1410)	\$ 0 \$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0 \$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 6 \$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0 \$
11c) Outside Sources of Income	(CRO-1250)	\$ 0 \$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0 \$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0 \$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 170 ⁰⁰ \$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 70 \$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0 \$
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0 \$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0 \$
15) Loan Repayments	(CRO-1420)	\$ 0 \$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0 \$
17) In-Kind Contributions	(CRO-1510)	\$ 0 \$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 70 \$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 100 ⁰⁰ \$
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0 \$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0 \$
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0 \$
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0 \$
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0 \$
25) Administrative Support	(CRO-1710)	\$ 0 \$
26) Forgiven Loans	(CRO-1440)	\$ 0 \$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0 \$
28) Contributions to be Refunded	(CRO-1215)	\$ 0 \$

Contributions from Individuals

Pg 1 of 1 Yes No

Amendment

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 I. Jerome Newton Mayor		KK1B7N																																																			
<table border="1"> <tr> <td colspan="2">3. Contributor Information</td> <td><input type="checkbox"/> Add</td> <td><input type="checkbox"/> Remove</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2">Jerry Jerome Newton P.O. Box 241 Mount Olive North Carolina 28365 301-448-0379</td> <td>Retired</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>N/A</td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date</td> <td colspan="3">\$ 100⁰⁰</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3"></td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="3"></td> </tr> </table>						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			Jerry Jerome Newton P.O. Box 241 Mount Olive North Carolina 28365 301-448-0379		Retired						c. Employer's Name/Specific Field						N/A						e. Election Sum to Date	\$ 100 ⁰⁰														
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		e. Election Sum to Date	\$ 100 ⁰⁰																																																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																																																
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Aggregated Contributions from Individuals

Page

1 of

Amendment

□ No

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

4. Total only this Page

1-5 70*

5. Total of ALL CRO-1205 Pages

\$ 70⁰⁰

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Disbursements

Pg 1 of 1 Yes No

Amendment

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 Jerome Newton Mayor				KK 1B7N	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
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
Board of Election 309 East Chestnut Street Goldsboro North Carolina 27530					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" 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
Checkng	CASIT		03/03/2022	\$ 25.00	Filing 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
United States Postal Service 611 N. Breaux Ave Mount Olive, North Carolina 28345					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" 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
Checkng	VISA		03/12/2022	\$ 45.00	Mailbox for campaign
				\$	
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
					RECEIVED WAYNE BOE OF ELECTIONS
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" 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
				\$	
				\$	
5. Total only this Page					
\$ 70.00					
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 (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)					

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Tuesday, March 29, 2022 3:15 PM
To: 'jjeromen@aol.com'; 'lfpowell13@aol.com'
Subject: Audit Completed: Committee to Elect J. Jerome Newton Mayor

Good Afternoon,

Your Organizational Disclosure Report audit has been completed. The following discrepancies were noted and require amendment:

- Line 11d on your CRO-1000 should reflect the number on line 4 of the CRO-1100.
- The "Total this election column" of the CRO-1100 is incomplete.
- The first Payee Info entry of your CRO-1310 is missing Box 4c, 4e, and 4h (Reference box 7).
- The second Payee Info entry on your CRO-1310 is missing box 4e and 4h (Reference box 7). Box 4g should be one of the following: cash, check, draft, money order, credit card or debit card.

Please amend your report and resubmit to our office. As a reminder, our office is responsible for auditing all campaign finance reports so we may not assist you with completing your reports. The campaign finance guide, reporting forms, and instructions are all available on the NC State Board of Elections' website: <https://www.ncsbe.gov/campaign-finance>

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

Disclosure Report Cover

Amendment

Yes No

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

1. Committee Information			
a. Full Name <i>Committee to Elect Jerome Newton, Mayor</i>		c. ID Number <i>KK137N</i>	
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 471 Mount Olive, North Carolina 28365</i>		d. Date Filed <i>1 April 2022</i>	
e. Phone Number <i>301-448-0379</i>			
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	03/17/2022	03/28/2022	<i>Jula Faye Powell</i>
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		<input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State/County <input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> First <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Pre-primary <input type="checkbox"/> Second <input type="checkbox"/> Final <input type="checkbox"/> Pre-election <input type="checkbox"/> Third <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Fourth <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Special <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Year End <input type="checkbox"/> Final <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 <i>0</i>			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>United Bank</i>		a. Financial Institution Full Name	
b. Purpose <i>Campaign Expense and Contributions</i>		c. Account Code <i>Checking</i>	
d. Period Begin Balance <i>\$ 100.00</i>		b. Purpose <i>I have not been trained.</i>	
		c. Account Code <i></i>	
		d. Period Begin Balance <i>\$</i>	
CERTIFICATION <p>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.</p>			
<i>Jerry Jerome Newton</i> <small>Printed Name of Signer</small>		<i>Signature of Appointed Treasurer</i> <small>April 1, 2022</small> <small>Day</small>	
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	
Date Postmarked:	Employee:		
Date Scanned:	Employee:		
Date Data Entered:	Employee:	<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.			



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 Jason Nantz	Disclosure	KK1B7N
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100 ⁰⁰	\$ 100 ⁰⁰
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 70 ⁰⁰
6) Contributions from Individuals	(CRO-1210)	\$ 100 ⁰⁰
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 170
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 70
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 70
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 100
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0
25) Administrative Support	(CRO-1710)	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0

Disbursements

Pg 1 of 1 Amendment Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
<i>Committee to Elect Jerome Newton Mayor</i>				<i>KK1B7N</i>	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
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	
<i>Board of Election 309 East Chestnut Street Goldsboro, North Carolina 27590</i>					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			e. Election Sum to Date	\$ <i>25.00</i>	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
<i>Checking</i>		<i>CASH</i>	<i>O</i>	<i>03/03/2022</i>	\$ <i>25.00</i>
					\$
k. Required Remarks <i>Filing Fee</i>					
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	
<i>United States Postal Service 611 N Breazeale AVG Mount Olive, North Carolina 28365</i>					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			e. Election Sum to Date	\$ <i>45.00</i>	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
<i>Checking</i>		<i>Credit card</i>	<i>O</i>	<i>03/12/2022</i>	\$ <i>45.00</i>
					\$
k. Required Remarks <i>Postage for campaign</i>					
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)		
			<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					
5. Total only this Page					
\$ <i>70.00</i>					
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>					
\$ <i>70.00</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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)					

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Friday, April 1, 2022 3:52 PM
To: 'jjeromen@aol.com'; 'lfpowell13@aol.com'
Subject: Audit Completed: Committee to Elect J. Jerome Newton Mayor

Good Afternoon,

Your Organizational Disclosure Report audit has been completed. The following discrepancies were noted and require amendment:

- Block 11d on your CRO-1000 and line 4 of your CRO-1100 should indicate the amount of cash on hand at the beginning of the period. The first disclosure report should cover all transactions from the beginning of the committee's formation and should begin with a \$0 balance. If there is an additional contribution of \$100 that was made during this period, it should be documented accordingly.

Please amend your report and resubmit to our office. The campaign finance guide, reporting forms, and instructions are all available on the NC State Board of Elections' website: <https://www.ncsbe.gov/campaign-finance>

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

Disclosure Report Cover

Amendment

Yes No

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

1. Committee Information

a. Full Name	b. Mailing Address (include City, State and Zip Code)			c. ID Number
Committee to Elect Jerome Newton Mayor		P.O. Box 471 Mount Olive, North Carolina 28365		KK1B7IV
d. Date Filed		e. Phone Number		7 April 2022 301-448-0379

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	03/11/2022	03/28/2022	Lula Faye Powell

6. Type of Committee (Check One)	7. Type of Fund (if applicable, 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> State/County <input type="checkbox"/> Quarterly <input 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"/> 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
		10. Special Report Name		

8. Number of Fundraisers this Report	11. Account Information
0	a. Financial Institution Full Name
United Bank	b. Purpose
Campaign Expense and Contribution	c. Account Code
\$ 0	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.

Jerome Jerome Newton I have not been trained 7 April 2022
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

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

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

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



Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect J. Jerome Nentu	Disclosure	KK1B7N
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100 ⁰⁰	\$ 100 ⁰⁰
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 70 ⁰⁰	\$ 70 ⁰⁰
6) Contributions from Individuals (CRO-1210)	\$ 100	\$ 100 ⁰⁰
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 170	\$ 170
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 70	\$ 70
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 70	\$ 70
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 100	\$ 100
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	
25) Administrative Support (CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0

Aggregated Contributions from Individuals Page 1 of 1 Yes No

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

Amendment

Yes

No

Contributions from Individuals

Pg 1 of 1 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	
Committee to Elect J. Jerome Newton Mayor				KK1B7N	
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	
			Retired		
b. Job Title/Profession			c. Employer's Name/Specific Field	e. Election Sum to Date	
			N/A	\$ 100 ⁰⁰	
e. Election Sum to Date	\$ 100 ⁰⁰				
2. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Check		03/17/2022	\$ 100 ⁰⁰
<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	
b. Job Title/Profession			c. Employer's Name/Specific Field	e. Election Sum to Date	
				\$	
2. 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	
b. Job Title/Profession			c. Employer's Name/Specific Field	e. Election Sum to Date	
				\$	
2. 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				\$ 100 ⁰⁰	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 100 ⁰⁰	

Disbursements

Amendment

Pg 1 of 1 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			
Committee to Elect Jerome Newton Mayor		KK1B7N			
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	
Board of Election 309 East Chestnut Street Goldsboro, North Carolina 27530					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:		
				e. Election Sum to Date	
				\$ 25.00	
5. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
Checking	Cash	0	03/03/2022	\$ 25.00	Filing Fee
				\$	
6. 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 States Postal Service 611 N. Broadale Ave. Mount Olive, North Carolina 27365					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:		
				e. Election Sum to Date	
				\$ 45.00	
7. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
Checking	Credit Card	0	03/12/2022	\$ 45.00	Pd. Box for Campaign
				\$	
8. 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)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
				e. Election Sum to Date	
				\$	
9. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
				\$	
				\$	
10. Total only this Page \$ 70.00					
11. Total of ALL CRO-1310 Pages \$ 70.00					
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>					
12. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
<small>* Codes require detailed explanation in required remarks field (k)</small>					

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Friday, April 8, 2022 2:13 PM
To: 'jjeromen@aol.com'; 'lfpowell13@aol.com'
Subject: Audit Completed: Committee to Elect J. Jerome Newton Mayor

Good Afternoon,

Your Organizational Disclosure Report audit has been completed. The following discrepancies were noted and require amendment:

- Line 4 of your CRO-1100 should indicate the amount of cash on hand at the beginning of the period. The first disclosure report should cover all transactions from the beginning of the committee's formation and should begin with a \$0 balance. If there is an additional contribution of \$100 that was made during this period, it should be documented accordingly.

Please amend your report and resubmit to our office. The campaign finance guide, reporting forms, and instructions are all available on the NC State Board of Elections' website: <https://www.ncsbe.gov/campaign-finance>

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

Disclosure Report Cover

Amendment

Yes No

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

1. Committee Information					
a. Full Name <i>Committee to Elect J. Jerome Newton Mayor</i>		c. ID Number <i>KK1B7N</i>			
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 471 Mount Olive, North Carolina 28365</i>		d. Date Filed <i>22 April 2022</i>			
e. Phone Number <i>301-948-0379</i>					
2. Report Year <i>2022</i>	3. Period Start Date (mm/dd/yy) <i>03/17/2022</i>	4. Period End Date (mm/dd/yy) <i>03/28/2022</i>	5. Treasurer Full Name <i>LuluFaye Powell</i>		
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		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> Thirty-five day <input type="checkbox"/> First <input type="checkbox"/> Pre-primary <input type="checkbox"/> Second <input type="checkbox"/> Pre-election <input type="checkbox"/> Third <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Final <input type="checkbox"/> Special <input type="checkbox"/> Special		Referendum	
7. Type of Fund (if applicable, check one)				<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	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				10. Special Report Name	
8. Number of Fundraisers this Report <i>0</i>					
11. Account Information				11. Account Information	
a. Financial Institution Full Name <i>United Bank</i>		a. Financial Institution Full Name			
b. Purpose <i>Campaign Expense and Contribution</i>	c. Account Code <i>Checking</i>	b. Purpose	c. Account Code	d. Period Begin Balance	
	d. Period Begin Balance <i>\$ 0</i>			\$	
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.					
<i>Jerry Jerome Newton</i> Printed Name of Signer		<i>J. Jerome Newton</i> Signature of Appointed Treasurer		<i>22 April 2022</i> Date	
FOR OFFICE USE ONLY					
Date Received:		Employee:		Delivery Method	
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:		Employee:		<input type="checkbox"/> Signer has not received mandatory training	
Date Data Entered:		Employee:			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.					
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.					



Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Jerome Neuharth Disclosure		KK1B7N
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 70 \$ 70
6) Contributions from Individuals	(CRO-1210)	\$ 100 \$ 100
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0 \$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0 \$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0 \$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0 \$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0 \$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0 \$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0 \$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0 \$ 0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0 \$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 170 \$ 170
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 70 \$ 70
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0 \$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0 \$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0 \$ 0
15) Loan Repayments	(CRO-1420)	\$ 0 \$ 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0 \$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0 \$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 70 \$ 70
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 100 \$ 100
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0
25) Administrative Support	(CRO-1710)	\$ 0 \$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0 \$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0 \$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0 \$ 0

Contributions from Individuals

Page 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Jerome Newton Mayor				KK1B7N	
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	
Jerry Jerome Newton P.O. Box 241 Mount Olive, North Carolina 28345			N/A		
			c. Employer's Name/Specific Field		
			No Employment		
e. Election Sum to Date \$ 100.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Check		03/17/2022	\$ 100.00
<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 \$ 100.00					
5. Total of ALL CRO-1210 Pages \$ 100.00 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					