

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	c. ID Number
Beatrice Jones for Fremont	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
PO Box 477 Fremont, NC 27830	09/29/2023
	e. Phone Number
	(919) 273-9511

2. Report Year	Effective Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Reportor
2023	07/01/2023	09/26/2023	Beatrice Jones

6. Type of Committee	7. Type of Report	8. Number of Fundraisers this Report	9. Special Report Name	
<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 type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input checked="" 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"/> 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	10. Referendum
7. Type of Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<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		

11. Account Information			
a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
Southern Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Revenue and Expenses	01	SEP 29 2023	
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1,000.00	BY	\$

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.

Beatrice Jones

Printed Name of Signer

Beatrice Jones

09/28/2023

Date

FOR OFFICE USE ONLY

Date Received:

9/29/23

Employee:

AC

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- 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

Amendment

Yes

No

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

Beatrice Jones for Fremont	Thirty-five Day		
Start of Election Cycle:	January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1,000.00	\$ 0	
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 655.00	\$ 655.00	
6) Contributions from Individuals (CRO-1210)	\$ 4,375.00	\$ 4,416.13	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$ 1,000	
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)	\$ 5,030.00	\$ 6,071.13	
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 2051.49	\$ 2,051.49	
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)	\$	\$ 41.13	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2051.49	\$ 2092.62	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 3978.51	\$ 3,978.51	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1,000.00		
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)	\$	\$	

Aggregated Contributions from Individuals

Page

1 of _____

Amendment

Yes No

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

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	01	Check		08/03/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Check		08/14/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Check		08/29/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Check		08/31/2023	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Check		08/31/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Check		09/05/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Cash		09/05/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Cash		09/05/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Cash		09/11/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Cash		09/11/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Electronic		08/06/2023	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Electronic		08/07/2023	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Electronic		08/26/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Electronic		09/03/2023	\$ 30.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	01	Electronic		09/20/2023	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
4. Total only this Page						\$ 655.00
5. Total of ALL CRO-1205 Pages						\$ 655.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

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

Beatrice Jones for Fremont					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Retired Claim Manager	d. Comments	
Carl D. Martin 801 S. Baines Pl Goldsboro, NC 27534			c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		07/14/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Evelyn Jacobs 1917 Elton Dr. Goldsboro, NC 27530			b. Job Title/Profession Unemployed	d. Comments	
			c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		07/25/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Tarchar Wilkins 9 Tall Tree Court Ewing, NJ 08618			b. Job Title/Profession Sr. Program Manager	d. Comments	
			c. Employer's Name/Specific Field Amplity Health		
				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"/>	01	Electronic		07/25/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 300.00	
				\$	

Contributions from Individuals

Pg _____ of _____

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

Beatrice jones for Fremont

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Shanell R. Burwell 2 Broadway Apt 213 Lynnfield, MA 01940	Compliance	
	c. Employer's Name/Specific Field	
	Pfizer	e. Election Sum to Date
		\$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Electronic		08/02/2023	\$ 1000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Agnes Batts 130 Adler Land Goldsboro, NC 27530	Not employed	
	c. Employer's Name/Specific Field	
	e. Election Sum to Date	
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		08/10/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Lynwood Batts 13292 Oakham Court Woodbridge, VA 22193	Not employed	
	c. Employer's Name/Specific Field	
	e. Election Sum to Date	
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Electronic		08/03/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1200.00
					\$

Contributions from Individuals

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

Beatrice Jones for Fremont					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Not employed	d. Comments	
Yvonne Johnson 56 Texas Avenue Lawrenceville, NJ 08648			c. Employer's Name/Specific Field	e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Electronic		08/04/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Yvonne Johnson for Fremont					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Not employed	d. Comments	
Yvonne Johnson 56 Texas Avenue Lawrenceville, NJ 08648			c. Employer's Name/Specific Field	e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	01	Electronic		08/04/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Lauretta Holloway for Holloway					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Not Employed	d. Comments	
Lauretta Holloway 12220 Kyle Abbey Ln Raleigh, NC 27613			c. Employer's Name/Specific Field	e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Electronic		08/04/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1200.00
					\$

Contributions from Individuals

Pg 4 of _____ Yes No

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

Contributor Information (continued on back)						Amendment
Beatrice Jones for Fremont						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Gina Bertolini 5412 Highcroft Drive Cary, NC 27519			lawyer			
c. Employer's Name/Specific Field			K & L Gates			
			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"/>	01	Electronic		08/06/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information (continued on back)						Amendment
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Ernestine Best 401 Hamilton Avenue Goldsboro, NC 27530			Not employed			
c. Employer's Name/Specific Field						
			e. Election Sum to Date	\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		08/29/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information (continued on back)						Amendment
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Sandra Kemp 103 Myrtle Road Goldsboro, NC 27534			Not employed			
c. Employer's Name/Specific Field						
			e. Election Sum to Date	\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		08/31/2023	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
				\$ 275.00		
				\$		

Contributions from Individuals

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

Contributions from Individuals						Signature
Beatrice Jones for Fremont						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
			clergy			
Mark Sutton 3709 Creekside Circle Wilson, NC 27896			c. Employer's Name/Specific Field			
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		09/05/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						b. Job Title/Profession
						Noy employed
						c. Employer's Name/Specific Field
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Electronic		08/29/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						b. Job Title/Profession
						c. Employer's Name/Specific Field
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		8/29/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						\$ 500.00
						\$

Contributions from Individuals

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

Beatrice Jones for Fremont					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Owner	d. Comments	
L & F Enterprise PO Box 218 Fremont, NC 27830			c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/05/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Cedric Dickerson					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Insurance	d. Comments	
Cedric Dickerson 356 Harlandale Drive Wilmington, NC 28411			c. Employer's Name/Specific Field Self		
				e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Electronic		09/05/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Michael Newsome					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Management	d. Comments	
Michael Newsome 100 Shamrock Rd Goldsboro, NC 27530			c. Employer's Name/Specific Field NC DOT?DMV		
				e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Electronic		09/05/2022	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributions from Individuals

Pg 7 of 7 Yes No

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

Beatrice Jones for Fremont					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Teshia L. Bowser 1018 Prospect St Ewing, NJ 08638			b. Job Title/Profession Compliance Officer	d. Comments c. Employer's Name/Specific Field TESU	
				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"/>	01	Electronic		09/05/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Leslie O. Summeli for Fremont					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Leslie O. Summeli 1 Sabrina Drive Ewing, NJ 08628			b. Job Title/Profession Not employed	d. Comments c. Employer's Name/Specific Field e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/13/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Milford Bethea for Fremont					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Milford Bethea 7514 Cummings Drive Mebane, NC 27302			b. Job Title/Profession Not employed	d. Comments c. Employer's Name/Specific Field e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		09/22/2023	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 350.00	
				\$ 4375.00	

Disbursements

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

Amendment

Pg _____ of _____ Yes No

Beatrice Jones for Fremont

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Cain Gallery
Capture the Moment
117 N. James St
Goldsboro, NC 27530

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 275.00

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

01

Debit Card

O

07/18/2023

\$275.00

Photographs

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Victory Store. com
5200 SW 30th Street
Davenport, Iowa 52802

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 796.60

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

01

Debit Card

B

08/17/23

\$828.10

Yard signs

01

Debit Card

)

08/21/2023

\$-31.50

Refund

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

Accu Copy
322 N John St.
Goldsboro, NC 27530

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$ 907.38

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

01

Debit Card

B

08/31/2023

\$453.69

Color Flyers

01

Debit Card

B

09/13/2023

\$453.69 Colo

5. Total on Disbursements

\$ 1978.98

6. Total on Contributions to Candidates/Political Committees

\$

(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 Commt)

(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

Disbursements

Pg 2 of 2

Amendment

Yes

No

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

<input type="checkbox"/> Committee <input type="checkbox"/> Candidate <input type="checkbox"/> Political Party <input type="checkbox"/> Coordinated Party					
Beatrice Jones for Fremont					
<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) Walmart Supercenter 1002 N Spence Avenue Goldsboro, NC 27534			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 32.00
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code O	i. Date (mm/dd/yyyy) 08/31/2023	j. Amount \$32.00	k. Required Remarks Candy- parade
a. Full Name, Mailing Address & Phone (include city, state, & zip) ActBlue PO Box 441146 Sommerville, MA 02144					
b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 40.51			
f. Account Code 01	g. Form of Payment Draft	h. Purpose Code O	i. Date (mm/dd/yyyy) 09/01/23	j. Amount \$39.01	k. Required Remarks Service fee
f. Account Code 01	g. Form of Payment Draft	h. Purpose Code O	i. Date (mm/dd/yyyy) 08/01/23	j. Amount \$1.50	k. Required Remarks Service fee
a. Full Name, Mailing Address & Phone (include city, state, & zip) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 72.50			
a. Full Name, Mailing Address & Phone (include city, state, & zip) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					
b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 2,051.49			
a. Full Name, Mailing Address & Phone (include city, state, & zip) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
f. Account Code A* - Media E - Salaries I - Postage O* - Other					
g. Form of Payment B* - Printing F* - Equipment J - Penalties					
h. Purpose Code C* - Fundraising G - Political Party K* - Office Expenses					
i. Date (mm/dd/yyyy) D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund					

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

Beatrice Jones for Fremont			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Beatrice Jones PO Box 477 Fremont, NC 27830 (919) 273-9511		b. Job Title/Profession Not employed	d. Comments e. Start Date (mm/dd/yyyy) 06/23/2023
g. Rate % 1,000.00	h. Security Pledged \$ 1,000.00	i. Original Loan Amount \$ 1,000.00	j. Remaining Loan Balance \$ 1,000.00
k. Full Name of Lending Institution (Leave blank if self-employed)		l. Loan Number (Leave blank if self-employed)	
a. Full Name, Mailing Address & Phone (include city, state, & zip) (Leave blank if self-employed)		b. Job Title/Profession (Leave blank if self-employed)	d. Comments e. Start Date (mm/dd/yyyy) (Leave blank if self-employed)
g. Rate % \$ 1,000.00	h. Security Pledged \$ 1,000.00	i. Original Loan Amount \$ 1,000.00	j. Remaining Loan Balance \$ 1,000.00
k. Full Name of Lending Institution (Leave blank if self-employed)		l. Loan Number (Leave blank if self-employed)	
a. Full Name, Mailing Address & Phone (include city, state, & zip) (Leave blank if self-employed)		b. Job Title/Profession (Leave blank if self-employed)	d. Comments e. Start Date (mm/dd/yyyy) (Leave blank if self-employed)
g. Rate % \$ 1,000.00	h. Security Pledged \$ 1,000.00	i. Original Loan Amount \$ 1,000.00	j. Remaining Loan Balance \$ 1,000.00
k. Full Name of Lending Institution (Leave blank if self-employed)		l. Loan Number (Leave blank if self-employed)	