

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

Amendment



Yes



No

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	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2023	07/01/2023	09/26/2023	Beatrice Jones

6. Type of Committee (Check one)		7. Type of Report (check only the type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

11. Account Information		12. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Southern Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Revenue and Expenses	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1,000.00		

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.

Beatrice Jones Beatrice Jones 09/28/2023
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 9/29/23 Employee: AC

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.

Committee Full Name (and Fund if applicable)		Type of Report		Reporting Period	
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

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of

Amendment

☐

Yes

☒

No

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

1. Committee Full Name (and P.O. Box if applicable)				2. Summary		
Beatrice Jones for Fremont						
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	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					\$
4. Total only this Page					\$ 655.00	
5. Total of ALL CRO-1205 Pages					\$ 655.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 1 of

Amendment

☐ Yes ☐ No

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

1. Contributor Information						2. ID Number	
Beatrice Jones for Fremont							
3. Contributor Information				4. Job Title/Profession		5. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Carl D. Martin 801 S. Baines Pl Goldsboro, NC 27534				Retired Claim Manager			
				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"/>					\$		
6. Contributor Information				7. Job Title/Profession		8. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Evelyn Jacobs 1917 Elton Dr. Goldsboro, NC 27530				Unemployed			
				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"/>					\$		
9. Contributor Information				10. Job Title/Profession		11. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tarchar Wilkins 9 Tall Tree Court Ewing, NJ 08618				Sr. Program Manager			
				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"/>					\$		
12. Total Contributions						\$ 300.00	
13. Total Contributions						\$	

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

Beatrice Jones for Fremont						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Shanell R. Burwell 2 Broadway Apt 213 Lynnfield, MA 01940			b. Job Title/Profession Compliance c. Employer's Name/Specific Field Pfizer		d. Comments 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) Agnes Batts 130 Adler Land Goldsboro, NC 27530			b. Job Title/Profession Not employed c. Employer's Name/Specific Field 		d. Comments 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) Lynwood Batts 13292 Oakham Court Woodbridge, VA 22193			b. Job Title/Profession Not employed c. Employer's Name/Specific Field 		d. Comments 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

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Amendment
☐ Yes ☐ No

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

Contributor Information						Report	
Beatrice Jones for Fremont							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Yvonne Johnson 56 Texas Avenue Lawrenceville, NJ 08648				b. Job Title/Profession		d. Comments	
				Not employed			
				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"/>					\$		
Contributor Information						Report	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Yvonne Johnson 56 Texas Avenue Lawrenceville, NJ 08648				b. Job Title/Profession		d. Comments	
				Not employed			
				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"/>					\$		
Contributor Information						Report	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lauretta Holloway 12220 Kyle Abbey Ln Raleigh, NC 27613				b. Job Title/Profession		d. Comments	
				Not Employed			
				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"/>					\$		
4. Total from this Page						\$ 1200.00	
5. Total from all CRO 1203/1204 Pages						\$	

Contributions from Individuals

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Amendment

☐ Yes ☐ No

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

Contributor Information						Amount	
Beatrice Jones for Fremont							
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"/>					\$		
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			
				\$ 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"/>					\$		
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			
				\$ 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"/>					\$		
Total Contributions						\$ 275.00	
Total Available CRO-1205 Pages						\$	

Contributions from Individuals

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Amendment

☐

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) Mark Sutton 3709 Creekside Circle Wilson, NC 27896		b. Job Title/Profession clergy		d. Comments		
		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"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tony Moore 1109 Wild Pine Dr.. Fayetteville, NC 28312		b. Job Title/Profession Noy 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	Electronic		08/29/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Nia Abuwi 1018 Prospect Street Ewing, NJ 08638		b. Job Title/Profession		d. Comments		
		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

Pg 6 of

Amendment

☐ Yes ☐ No

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

1. Contributor Information Beatrice Jones for Fremont						2. Election Sum to Date \$ 200.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) L & F Enterprise PO Box 218 Fremont, NC 27830				b. Job Title/Profession Owner		d. Comments	
				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"/>					\$		
3. Contributor Information Cedric Dickerson 356 Harlandale Drive Wilmington, NC 28411						b. Job Title/Profession Insurance	
						c. Employer's Name/Specific Field Self	
						d. Comments	
						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"/>					\$		
4. Contributor Information Michael Newsome 100 Shamrock Rd Goldsboro, NC 27530						b. Job Title/Profession Management	
						c. Employer's Name/Specific Field NC DOT?DMV	
						d. Comments	
						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//202	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
5. Total only this Page						\$ 550.00	
6. Total ALL CRO-1205 Pages						\$	

Contributions from Individuals

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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 Contact Information						2. ID Number
Beatrice Jones for Fremont						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Teshia L. Bowser 1018 Prospect St Ewing, NJ 08638			Compliance Officer			
			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"/>					\$	
4. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Leslie O. Summiel 1 Sabrina Drive Ewing, NJ 08628			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		09/13/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Milford Bethea 7514 Cummings Drive Mebane, NC 27302			Not employed			
			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"/>					\$	
Total on this Page					\$ 350.00	
Total on All CRO-1210 Pages					\$ 4375.00	

Disbursements

Pg

of

Amendment

☐ Yes ☐ No

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
Beatrice Jones for Fremont						
3. Type of Disbursement <i>Please use separate CRO-1100 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 Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Cain Gallery Capture the Moment 117 N. James St Goldsboro, NC 27530					e. Election Sum to Date \$ 275.00	
			c. Level Registered (Specify)			
			<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	
01	Debit Card	O	07/18/2023	\$275.00	Photographs	
				\$		
4. Payee Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Victory Store. com 5200 SW 30 th Street Davenport, Iowa 52802					e. Election Sum to Date \$ 796.60	
			c. Level Registered (Specify)			
			<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	
01	Debit Card	B	08/17/23	\$828.10	Yard signs	
01	Debit Card)	08/21/2023	\$-31.50	Refund	
4. Payee Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Accu Copy 322 N John St. Goldsboro, NC 27530					e. Election Sum to Date \$ 907.38	
			c. Level Registered (Specify)			
			<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	
01	Debit Card	B	08/31/2023	\$453.69	Color Flyers	
01	Debit Card	B	09/13/2023	\$453.69	Colo	
5. Total only this Page					\$ 1978.98	
6. Total GRAND TOTAL (All Pages)					\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Payment Method (See detailed explanation code in 4. 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						
Code requires detailed explanation in required remarks field (s)						

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.

Committee Full Name (and fund if applicable)					
Beatrice Jones for Fremont					
Type of Disbursement <i>Please use correct CRO-1310 code in explanation of disbursements</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
Payee Information <i>Add</i> <i>Remove</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Walmart Supercenter 1002 N Spence Avenue Goldsboro, NC 27534					
			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
					\$ 32.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	O	08/31/2023	\$32.00	Candy- parade
				\$	
Payee Information <i>Add</i> <i>Remove</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ActBlue PO Box 441146 Sommerville, MA 02144					
			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
					\$ 40.51
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Draft	O	09/01/23	\$39.01	Service fee
01	Draft	0	08/01/23	\$1.50	Service fee
Payee Information <i>Add</i> <i>Remove</i>					
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					\$ 72.50
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 2,051.49
(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					

Outstanding Loans

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Amendment

☐ Yes ☒ No

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			
1. Lender Information			
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		d. Comments
	Not employed		
	c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
			06/23/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution			l. Loan Number
2. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession		d. Comments
	c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession		d. Comments
	c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
			\$ 1,000.00
			\$ 1,000.00