

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 Hiawatha Jones for City Council "One Goldsboro, One Future"		c. ID Number
b. Mailing Address (include City, State and Zip Code) Hiawatha Jones 111 South Virginia Street Goldsboro, NC 27530		d. Date Filed 10/10/2023
		e. Phone Number

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 7/10/23	4. Period End Date (mm/dd/yy) 9/16/23	5. Treasurer Full Name Hiawatha Jones
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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 checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure				
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<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"/> Other:		<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		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Southern Bank		a. Financial Institution Full Name	
b. Purpose Campaign Contribution	c. Account Code Peter01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 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.

Hiawatha Jones
Printed Name of Signer

Hiawatha Jones
Signature of Appointed Treasurer

10/10/2023
Date

FOR OFFICE USE ONLY

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

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

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

Detailed Summary

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	
Hiawatha Jones for City Council "One Goldsboro-One Future"	Candidate Campaign		
Start of Election Cycle: January 1, <u>2023</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 00	\$ 00	
5) Aggregated Contributions from Individuals (CRO-1205)	\$ N/A	\$ N/A	
6) Contributions from Individuals (CRO-1210)	\$ 1800	\$ 1800	
7) Contributions from Political Party Committees (CRO-1220)	\$ N/A	\$ N/A	
8) Contributions from Other Political Committees (CRO-1230)	\$ N/A	\$ N/A	
9) Loan Proceeds (CRO-1410)	\$ N/A	\$ N/A	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ N/A	\$ N/A	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ N/A	\$ N/A	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ N/A	\$ N/A	
11c) Outside Sources of Income (CRO-1250)	\$ N/A	\$ N/A	
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$ N/A	\$ N/A	
11 e) Exempt Purchase Price Sales (CRO-1265)	\$ N/A	\$ N/A	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1800	\$ 1800	
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 237.42	\$ 237.42	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 00	\$ 00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 00	\$ 00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 00	\$ 00	
15) Loan Repayments (CRO-1420)	\$ 00	\$ 00	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 00	\$ 00	
17) In-Kind Contributions (CRO-1510)	\$ 00	\$ 00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 237.42	\$ 237.42	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1562.58	\$ 1562.58	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 00		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 00		
22) Debts and Obligations owed By the Committee (CRO-1610)	\$ 00		
23) Debts and Obligations owed To the Committee (CRO-1620)	\$ 00		
24) Account Transfers Within the Committee (CRO-1720)	\$ 00		
25) Administrative Support (CRO-1710)	\$ 00	\$	
26) Forgiven Loans (CRO-1440)	\$ 00	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 00	\$	
28) Contributions to be Refunded (CRO-1215)	\$ 00	\$	

Contributions from Individuals

Pg 1 of 3 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	
Hiawatha Jones for City Council "One Goldsboro-One Future"						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ms. Hiawatha Jones 111 South Virginia Street Goldsboro, NC 27530 919-330-7743			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Peter01	Cash		07/13/2023	\$ 100	
<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) Mrs. Nancy Norwood 216 Ridgewood Drive Goldsboro, NC 27534			b. Job Title/Profession		d. Comments	
			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 500		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Peter01	Check		07/23/2023	\$ 500	
<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) Munroe Best 800 Mill Road Goldsboro, NC 27534			b. Job Title/Profession		d. Comments	
			VP of Best Distributing Goldsboro, NC 27530			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$ 1100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	Peter01	Check		09/06/2023	\$ 500	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1100	
5. Total of ALL CRO-1210 Pages					\$ 1800	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Hiawatha Jones for City Council-One Goldsboro- One Future						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Broadway 1901 E. Walnut Street Goldsboro, NC 27530			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			Retired 919-580-4330			
			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"/>	Peter01	Check		08\092023	\$ 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) David Perry 1906 Walnut Street Goldsboro, NC 27530			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			President of Goldsboro Builder Supply 919-734-4071 Goldsboro Builders			
			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"/>	Peter 01	Check		09\11\2385 7213 45	\$ 500.00	
<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) Rex Harris 207 North George Street Goldsboro, NC 27530			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			Owner and Operator of Harris Insurance Harris Insurance			
			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"/>	Peter01	Check		09\02\23	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1800.00	

Disbursements

Pg 1 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.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Hiawatha Jones for City Council- "One Goldsboro-On					
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) Wayne County Board of Election 309 E, Chestnut St. Goldsboro, NC 27530 919-731-1409		b. Coordinated Committee Name		d. Comments	
				Filing Fee	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Peter01	Check	0	7/10/2023	\$90.00	Filing Fee
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ES DOZ IT Ernest Watson Jr. 121 Running Deer Circle Dudley, NC 28333 336-587-7942		b. Coordinated Committee Name		d. Comments	
				Campaign Sign Construction	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 100	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Peter01	Cash	0	9/12///2023	\$100	Campaign Sign Construction
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Builder's Discount Center 1301 Collier Street Goldsboro, NC 27530 919-731-7877		b. Coordinated Committee Name		d. Comments	
				Campign Sign Material	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 47.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Peter01	Check	0	7/10/2023	\$47.42	
				\$	
5. Total only this Page					\$ 237.42
6. Total of ALL CRO-1310 Pages					\$ 237.42
(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. 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)					