

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	RECEIVED WCBOE			c. ID Number
Committee to Elect J. Jerome Newton Mayor				KK1B7N
b. Mailing Address (include City, State and Zip Code)				d. Date Filed
P.O. Box 471 Mount Olive, NC 28365	NOV 03 2023			11/03/2023
BY _____				e. Phone Number
				301-448-0379
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2023	09/27/2023	10/23/2023	Lula Faye Powell	

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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum
	<input type="checkbox"/> Pre-primary <input checked="" 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"/> 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"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

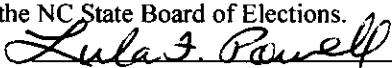
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
United Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Expenses	Checking		\$
	d. Period Begin Balance		
	\$ 4733.76		

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.

Lula F. Powell

Printed Name of Signer



Signature of Appointed Treasurer

11/03/2023

Date

FOR OFFICE USE ONLY

Date Received:	11/3/23	Employee:	AC	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
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.

Detailed Summary

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 Newton Mayor	Pre-Election	KK1B7N	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4733.76	\$ 2725.70	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1417.00	\$ 1950.55
6) Contributions from Individuals	(CRO-1210)	\$ 1546.37	\$ 5878.90
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2963.37	\$ 7829.45	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 144.11	\$ 1189.60
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 65.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 703.90	\$ 703.90
17) In-Kind Contributions	(CRO-1510)	\$ 521.37	\$ 2268.90
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1369.38	\$ 4227.40	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 6327.75	\$ 6327.75	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 521.37	\$ 703.90

Aggregated Contributions from Individuals

Page

1 of 2

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Committee to Elect J. Jerome Newton Mayor			KK1B7N		
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	Checking	Check		09/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Check		09/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		09/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		09/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		09/30/2023	\$ 42.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		09/30/203	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		09/30/2023	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/09/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/11/2023	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Check		10/12/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/12/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/12/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	Checking	Cash		10/12/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 892.00
5. Total of ALL CRO-1205 Pages					\$ 1417.00
<p><i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i></p>					

Aggregated Contributions from Individuals

Page 2 of 2 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect J. Jerome Newton Mayor				KK1B7N	
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	Checking	Cash	10/12/2023	\$ 50.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/12/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/12/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/12/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/12/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/13/2023	\$ 50.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/13/2023	\$ 50.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/13/2023	\$ 50.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/13/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/13/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/15/2023	\$ 50.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/15/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Cash	10/15/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Check	10/23/2023	\$ 50.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	Checking	Check	10/23/2023	\$ 25.00
<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				
4. Total only this Page				\$ 525.00	
5. Total of ALL CRO-1205 Pages				\$ 1417.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 1 of 2 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
			No Job Title		
Gwendolyn M. Simmons 102 Breezewood Drive Goldsboro, NC 27534			c. Employer's Name/Specific Field		e. Election Sum to Date
			Not Employed		\$ 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"/>	Checking	Check		09/30/2023	\$ 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)			b. Job Title/Profession		d. Comments
			No Job Title		
Angelene M. Bowden-Bryant 106 Honey Dew Dr. Dudley, NC 28333			c. Employer's Name/Specific Field		e. Election Sum to Date
			Not Employed		\$ 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"/>	Checking	Check		09/30/2023	\$ 150.00
<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
			No Job Title		
Irene M. Rakestraw 7771 Jayden Dr. Trussville, AL 35173			c. Employer's Name/Specific Field		e. Election Sum to Date
			Not Employed		\$ 125.00
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		09/30/2023	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 775.00
5. Total of ALL CRO-1210 Pages					\$ 1546.37
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect 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	
			No Job Title		
Robert L Weeks 7054 Stirewalt Rd. Concord, NC 28027			c. Employer's Name/Specific Field		
			Not Employed		
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		10/03/2023	\$ 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	
			No Job Title	In-Kind to be reimbursed	
J. Jerome Newton P.O. Box 241 Mt. Olive, NC 28365			c. Employer's Name/Specific Field		
			Not Employed		
e. Election Sum to Date					
\$ 767.90					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	Checking	Credit Cd	Signs & Stakes	10/04/2023	\$ 521.37
<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	
			No Job Title		
Angela Brice Smith 2622 Wynfreid Road West Friendship, MD 21794			c. Employer's Name/Specific Field		
			Not Employed		
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"/>	Checking	Check		10/11/2023	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 771.37					
5. Total of ALL CRO-1210 Pages \$ 1546.37					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Disbursements

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 J Jerome Newton Mayor					KK1B7N
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
					Banner
Reese Sign Service, Inc. PO Box 10593 Goldsboro, NC 27532 919-736-7883			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$ 144.11
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Checking	Check	O	10/16/2023	\$144.11	Campaign Banner
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					
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 <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		
Q* - Other					

Refunds/Reimbursements From the Committee

Pg 1 of 1 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Committee to Elect J. Jerome Newton Mayor		KK1B7N		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) J. Jerome Newton P.O. Box 241 Mt. Olive, NC 28365		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date 09/16/2023	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	i. Original Receipt Amount \$ 75.78	
		f. Purpose Code P	j. Election Sum to Date \$ 140.78	
b. Job Title/Profession No Job Title		c. Employer's Name/Specific Field Not Employed	g. Comments In-Kind Reimbursement	
l. Form of Payment Check	m. Required Remarks Utensils,Cups Plates, Ice		n. Date (mm/dd/yyyy) 10/14/2023	o. Amount \$ 75.78
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) J. Jerome Newton P.O. Box 241 Mt. Olive, NC 28365		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date 09/25/2023	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	i. Original Receipt Amount \$ 106.75	
		f. Purpose Code P	j. Election Sum to Date \$ 247.53	
b. Job Title/Profession No Job Title		c. Employer's Name/Specific Field Not Employed	g. Comments In Kind Reimbursement	k. Account Code Checking
l. Form of Payment Check	m. Required Remarks Yard Sign Stakes		n. Date (mm/dd/yyyy) 10/14/2023	o. Amount \$ 106.75
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) J. Jerome Newton P.O. Box 241 Mt. Olive, NC 28365		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date 10/04/2023	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	i. Original Receipt Amount \$ 521.37	
		f. Purpose Code P	j. Election Sum to Date \$ 768.90	
b. Job Title/Profession No Job Title		c. Employer's Name/Specific Field Not Employed	g. Comments In Kind Reimbursement	k. Account Code Checking
l. Form of Payment Check	m. Required Remarks Yard Signs		n. Date (mm/dd/yyyy) 10/14/2023	o. Amount \$ 521.37
4. Total only this Page				\$ 703.90
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 703.90
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind		O* Other		
* Codes require detailed explanation in required remarks field (m)				

In-Kind Contributions

Pg 1 of 1 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) Committee to Elect J. Jerome Newton Mayor		2. ID Number KK1B7N
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) J, Jerome Newton P.O. Box 241 Mt. Olive, NC 28365	b. Type of Contributor	
	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments In-Kind to be Refunded
d. Election Sum to Date		\$ 767.90
e. Description Yard Signs	f. Date (mm/dd/yyyy) 10/04/2023	g. Fair Market Amount \$ 521.37
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
d. Election Sum to Date		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	
	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
d. Election Sum to Date		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 521.37
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 521.37

Contributions to be Reimbursed

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
Committee to Elect J. Jerome Newton Mayor		KK1B7N	
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
Signs On The Cheap 11550 Stonehollow Dr. Austin, TX 78758		J. Jerome Newton P.O. Box 241 Mt. Olive, NC 28365	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Campaign Signs	10/04/2023	Y	\$ 521.37
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
3. Contributor Information <input type="checkbox"/>		Add <input type="checkbox"/>	Remove <input type="checkbox"/>
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			\$
4. Total only this Page \$ 521.37			
5. Total of ALL CRO-1215 Pages \$ 521.37			
<i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			