

# 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

Committee to Elect J. Jerome Newton Mayor

RECEIVED  
WCBOE

c. ID Number

KK1B7N

b. Mailing Address (include City, State and Zip Code)

P.O. Box 471  
Mount Olive, NC 28365

NOV 03 2023

d. Date Filed

11/03/2023

e. Phone Number

301-448-0379

BY \_\_\_\_\_

2. Report Year

2023

3. Period Start Date (mm/dd/yy)

09/27/2023

4. Period End Date  
(mm/dd/yy)

10/23/2023

5. Treasurer Full Name

Lula Faye Powell

6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent  
☐ Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"  
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational  
☐ Thirty-five day

☐ Pre-primary

☒ Pre-election

☐ Pre-runoff

☐ Semi-annual

☐ Mid Year

☐ Year End

☐ Final

☐ Special

State/County

- ☐ Organizational  
☐ Quarterly

☐ First

☐ Second

☐ Third

☐ Fourth

☐ Semi-annual

☐ Mid Year

☐ Year End

☐ Final

☐ Special

Referendum

- ☐ Organizational  
☐ Pre-referendum

☐ Final

☐ Supplemental Final

☐ Annual

☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

United Bank

b. Purpose

Campaign  
Expenses

c. Account Code

Checking

d. Period Begin Balance

\$ 4733.76

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

Lula F. Powell

Printed Name of Signer

*Lula F. Powell*

Signature of Appointed Treasurer

11/03/2023

Date

## FOR OFFICE USE ONLY

Date Received:

11/3/23

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.

# Detailed Summary

Amendment

☒ Yes ☐ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Committee to Elect J Jerome Newton Mayor		Pre-Election		KK1B7N	
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2023</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 4733.76		\$ 2725.70	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)		\$ 1417.00		\$ 1950.55	
<b>6) Contributions from Individuals</b> (CRO-1210)		\$ 1546.37		\$ 5878.90	
<b>7) Contributions from Political Party Committees</b> (CRO-1220)		\$ 0.00		\$ 0.00	
<b>8) Contributions from Other Political Committees</b> (CRO-1230)		\$ 0.00		\$ 0.00	
<b>9) Loan Proceeds</b> (CRO-1410)		\$ 0.00		\$ 0.00	
<b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)		\$ 0.00		\$ 0.00	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b> (CRO-1250)		\$ 0.00		\$ 0.00	
<b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)		\$ 0.00		\$ 0.00	
<b>11c) Outside Sources of Income</b> (CRO-1250)		\$ 0.00		\$ 0.00	
<b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)		\$ 0.00		\$ 0.00	
<b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)		\$ 0.00		\$ 0.00	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2963.37		\$ 7829.45	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b> (CRO-1310)		\$ 144.11		\$ 1189.60	
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)		\$ 0.00		\$ 0.00	
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)		\$ 0.00		\$ 0.00	
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)		\$ 0.00		\$ 65.00	
<b>15) Loan Repayments</b> (CRO-1420)		\$ 0.00		\$ 0.00	
<b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)		\$ 703.90		\$ 703.90	
<b>17) In-Kind Contributions</b> (CRO-1510)		\$ 521.37		\$ 2268.90	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1369.38		\$ 4227.40	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)		\$ 6327.75		\$ 6327.75	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)		\$ 0.00			
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)		\$ 0.00			
<b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)		\$ 0.00			
<b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)		\$ 0.00			
<b>24) Account Transfers Within the Committee</b> (CRO-1720)		\$ 0.00			
<b>25) Administrative Support</b> (CRO-1710)		\$ 0.00		\$ 0.00	
<b>26) Forgiven Loans</b> (CRO-1440)		\$ 0.00		\$ 0.00	
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)		\$ 0.00		\$ 0.00	
<b>28) Contributions to be Refunded</b> (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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor				KK1B7N	
<b>3. Contributor Information</b>					
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		09/30/2023	\$ 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	\$ 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					
<b>4. Total only this Page</b>					\$ 892.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 1417.00

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

# Aggregated Contributions from Individuals

Page

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Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor				KK1B7N	
<b>3. Contributor Information</b>					
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					
<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					
<b>4. Total only this Page</b>					\$ 525.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 1417.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

# Contributions from Individuals

Pg 1 of 2 Amendment ☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor					KK1B7N	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Gwendolyn M. Simmons 102 Breezewood Drive Goldsboro, NC 27534			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			No Job Title			
			<b>c. Employer's Name/Specific Field</b>			
			Not Employed		<b>e. Election Sum to Date</b>	
				\$ 500.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		09/30/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Angelene M. Bowden-Bryant 106 Honey Dew Dr. Dudley, NC 28333			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			No Job Title			
			<b>c. Employer's Name/Specific Field</b>			
			Not Employed		<b>e. Election Sum to Date</b>	
				\$ 150.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		09/30/2023	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Irene M. Rakestraw 7771 Jayden Dr. Trussville, AL 35173			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			No Job Title			
			<b>c. Employer's Name/Specific Field</b>			
			Not Employed		<b>e. Election Sum to Date</b>	
				\$ 125.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	Checking	Check		09/30/2023	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 775.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1546.37	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Pg 2 of 2

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect J. Jerome Newton Mayor					KK1B7N	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Robert L Weeks 7054 Stirewalt Rd. Concord, NC 28027				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				No Job Title		
				<b>c. Employer's Name/Specific Field</b>		
				Not Employed		<b>e. Election Sum to Date</b>
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	Checking	Check		10/03/2023		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  J. Jerome Newton P.O. Box 241 Mt. Olive, NC 28365				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				No Job Title		
				<b>c. Employer's Name/Specific Field</b>		
				Not Employed		<b>e. Election Sum to Date</b>
				\$ 767.90		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	Checking	Credit Cd	Signs & Stakes	10/04/2023		\$ 521.37
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Angela Brice Smith 2622 Wynfreid Road West Friendship, MD 21794				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
				No Job Title		
				<b>c. Employer's Name/Specific Field</b>		
				Not Employed		<b>e. Election Sum to Date</b>
				\$ 150.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	Checking	Check		10/11/2023		\$ 150.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 771.37	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1546.37	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Disbursements

Amendment  
Pg 1 of 1 ☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
Committee to Elect J Jerome Newton Mayor					KK1B7N	
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Reese Sign Service, Inc. PO Box 10593 Goldsboro, NC 27532 919-736-7883			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b> Banner	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$ 144.11	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
Checking	Check	O	10/16/2023	\$144.11	Campaign Banner	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
			<b>c. Level Registered (Specify)</b>			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
					\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
				\$		
				\$		
<b>5. Total only this Page</b>					\$ 144.11	
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 144.11	
<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>						
<b>7. Purpose Codes</b> (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						

# Refunds/Reimbursements From the Committee

Amendment  
Pg 1 of 1 ☐ Yes ☒ No

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>																							
Committee to Elect J. Jerome Newton Mayor		KK1B7N																							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove																									
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  J, Jerome Newton P.O. Box 241 Mt. Olive, NC 28365		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>b. Type of Contributor</b></td> <td><b>c. Comments</b></td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td></td> <td rowspan="6">In-Kind to be Refunded</td> </tr> <tr> <td><input checked="" type="checkbox"/> Candidate</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Party</td> <td></td> </tr> <tr> <td><input type="checkbox"/> PAC</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Referendum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other Receipt Source</td> <td></td> </tr> <tr> <td colspan="2"></td> <td><b>d. Election Sum to Date</b></td> </tr> <tr> <td colspan="2"></td> <td>\$ 767.90</td> </tr> </table>		<b>b. Type of Contributor</b>		<b>c. Comments</b>	<input type="checkbox"/> Individual		In-Kind to be Refunded	<input checked="" type="checkbox"/> Candidate		<input type="checkbox"/> Party		<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Other Receipt Source				<b>d. Election Sum to Date</b>			\$ 767.90
<b>b. Type of Contributor</b>		<b>c. Comments</b>																							
<input type="checkbox"/> Individual		In-Kind to be Refunded																							
<input checked="" type="checkbox"/> Candidate																									
<input type="checkbox"/> Party																									
<input type="checkbox"/> PAC																									
<input type="checkbox"/> Referendum																									
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		<b>d. Election Sum to Date</b>																							
		\$ 767.90																							
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>																						
Yard Signs		10/04/2023	\$ 521.37																						
			\$																						
			\$																						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove																									
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<b>b. Type of Contributor</b>		<b>c. Comments</b>																							
<input type="checkbox"/> Individual																									
<input type="checkbox"/> Candidate																									
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<input type="checkbox"/> Referendum																									
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		\$																							
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<b>b. Type of Contributor</b>		<b>c. Comments</b>																							
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		\$																							
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			\$																						
			\$																						
			\$																						
<b>4. Total only this Page</b>		\$ 521.37																							
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 521.37																							

# Contributions to be Reimbursed

Pg 1 of 1 ☐ Yes ☒ No

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).

Amendment

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