

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 Jeannette Council for County Commissioner	c. ID Number TCEUGX
b. Mailing Address (include City, State and Zip Code) P. O. Box 87167 Fayetteville, NC 28304	d. Date Filed 10/20/14
	e. Phone Number 910-323-1040

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 07/01/14	4. Period End Date (mm/dd/yy) 10/18/14	5. Treasurer Full Name A. Johnson Chestnutt
-------------------------------	--	--	---

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	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 type="checkbox"/> Thirty-five day	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
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	10. Special Report Name
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	3rd Quarter Plus
1		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name New Century Bank		a. Financial Institution Full Name	
b. Purpose Campaign Account	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 17,426.59		d. Period Begin Balance \$

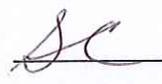
CERTIFICATION

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.

A. Johnson Chestnutt  **10/20/14**

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: ~~OCT 20 2014~~ Employee: 

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Jeannette Council for Cumberland County Commissioner		3rd quarter plus		TCEUGX	
Start of Election Cycle: January 1, 2011			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 17,426.59		\$ 2,310.10
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 1,995.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 19695.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$ 286.34	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$ 120.00	
9) Loan Proceeds (CRO-1410)		\$		\$ 4197.00	
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)		\$		\$ 708.16	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 0.00		\$ 24,798.16
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 15.00		\$ 9363.57	
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)		\$ 5,648.06		\$ 5,648.06	
17) In-Kind Contributions (CRO-1510)		\$		\$ 36.34	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 5,663.06		\$ 15,344.73
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 11,763.53		\$ 11,763.53
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$		\$	
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)		\$		\$	

Disbursements

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	
Jeanette Council for County Commissioner					TCEUGX	
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)				b. Coordinated Committee Name		d. Comments
New Century Bank 2818 Raeford Road Fayetteville, NC 28303				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 80.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Draft	O	07/31/2014	\$ 5.00	Bank Charges	
01	Draft	O	08/31/2014	\$ 5.00	Bank Charges	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
New Century Bank 2818 Raeford Road Fayetteville, NC 28303				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" 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	
01	Draft	O	09/30/2014	\$ 5.00	Bank Charges	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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					\$ 15.00	
6. Total of ALL CRO-1310 Pages					\$ 15.00	
<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 (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)						

Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment 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	
Jeannette Council for Cumberland County Commissioner			TCEUGX	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Jeannette Council 3310 Lake Bend Drive Fayetteville, NC 28311		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		Please see attached
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ Please see attached
f. Purpose Code		j. Election Sum to Date		
O		\$ 5,648.06		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Educator	Education			1
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Check	Reimbursement of Expenses	07/17/14	\$ 5,648.06	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Purpose Code		j. Election Sum to Date		
		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i>				\$
6. Purpose Codes (List detailed disbursement code in (f) above)				
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)				

Jeannette Council for Cumberland County Commissioner

Original Receipt Date	Payee	Purpose Code	Explanation	Amount	Election Sum To Date
5/6/2014	Angie Lee	O	Poll Worker	\$ 560.00	\$ 560.00
5/6/2014	Iesha Bynum-Joy	O	Poll Worker	\$ 81.00	\$ 81.00
5/6/2014	Tiffany Harrington	O	Poll Worker	\$ 25.00	\$ 25.00
5/6/2014	Joseph Anderson	O	Poll Worker	\$ 64.00	\$ 64.00
5/6/2014	Dwayne Robinson	O	Poll Worker	\$ 40.00	\$ 40.00
5/6/2014	Alonzo Jones	O	Poll Worker	\$ 100.00	\$ 100.00
5/6/2014	Lisa Barnard	O	Poll Worker	\$ 100.00	\$ 100.00
5/6/2014	Brianna	O	Poll Worker	\$ 100.00	\$ 100.00
5/6/2014	Gwen Barnes	O	Poll Worker	\$ 80.00	\$ 80.00
5/6/2014	Rodney	O	Poll Worker	\$ 200.00	\$ 200.00
5/6/2014	Thomas Council	B	Signs	\$ 450.00	\$ 450.00
5/6/2014	Lakelli Butler	K	Web Design & Maint	\$ 450.00	\$ 450.00
5/6/2014	Equilla Trotter	O	Poll Worker	\$ 20.00	\$ 20.00
5/6/2014	Bridget Jones	O	Poll Worker	\$ 40.00	\$ 40.00
5/6/2014	Rachael Simms-Thompkins	O	Poll Worker	\$ 110.00	\$ 110.00
5/1/2014	Swan Davis	O	Food	\$ 600.00	\$ 600.00
5/6/2014	Fayetteville Press	B	Paper Ad	\$ 600.00	\$ 600.00
5/6/2014	Holiday Inn	O	Election Return Room	\$ 899.34	\$ 899.34
5/6/2014	Office Max	B	Printing	\$ 98.00	\$ 98.00
5/6/2014	Sophia Pierce	B	Printing Door Knockers	\$ 328.00	\$ 328.00
5/5/2014	Political Calling	O	Robo Calling	\$ 702.72	\$ 702.72
TOTAL				\$ 5,648.06	\$ 5,648.06