

Disclosure Report Cover

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| Amendment |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | c. ID Number | |
| Committee to Elect Jennifer Talley to Graham City Council | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| PO Box 872 Graham, NC 27253 | | 7/29/19 | |
| | | e. Phone Number | |
| | | 336-229-4225 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2019 | 7/30/19 | 9/24/19 | Jennifer Talley |
| 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"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input checked="" type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| | | <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 |
| 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 | |
| Sun Trust | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| Campaign | 116 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 0 | | \$ |
| 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. | | | |
| Jennifer Talley | | [Signature] | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | 9/25/19 | |
| | | Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | 10-2-19 | Employee: | JG |
| Date Postmarked: | | Employee: | |
| Date Scanned: | 10/4/19 | Employee: | JG |
| Date Data Entered: | | Employee: | |
| | | Delivery Method | |
| | | <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 | |
| 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

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| Amendment |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 | |
|--|-----------------------------|---------------------------|--|
| Committee to Elect Jennifer Talley to Graham City Council | Organizational | | |
| Start of Election Cycle: January 1 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 0 | \$ 0 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 1,000 | \$ 1,010 | |
| 6) Contributions from Individuals (CRO-1210) | \$ | \$ | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ | |
| 9) Loan Proceeds (CRO-1410) | \$ | \$ | |
| 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) | \$ | \$ | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 1,000 | \$ 1,010 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 975.27 | \$ 975.27 | |
| 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) | \$ | \$ 10.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 975.27 | \$ 985.27 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 24.73 | \$ 24.73 | |
| 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

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 |
| Committee to Elect Jennifer Talley to Graham City Council | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <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 | |
| Board of Elections 115 S Maple Street Graham, NC 27253 (336) 570-6755 | | | Committee to Elect Jennifer Talley to Graham City Council | | Voter Info | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 25 ⁰⁰ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 16 | Check | B | 08/15/2019 | \$ 25 ⁰⁰ | | |
| | | | | \$ | | |
| 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 | |
| Deluxe Checks Care of: SunTrust 236 S Main Street Graham, NC 27253 (336) 290-8072 | | | Committee to Elect Jenn. for Talley to Graham City Council | | Check orders | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 200.27 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 16 | Draft | K | 08/12/2019 | \$ 147.64 | | |
| 16 | Draft | K | 08/13/2019 | \$ 52.63 | | |
| 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 | |
| WBAG Radio 1745 Birch Bridge Rd. Burlington, NC 27217 | | | | | | |
| | | | 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: | | \$ 750.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 16 | check | A | 09/23/2019 | \$ 750.00 | ads on radio | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 975.27 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 975.27 | |
| <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> | | | | | | |
| <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> | | | | | | |
| <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> | | | | | | |
| 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) | | | | | | |

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 Jennifer Talley to Graham City Council | | | | | | |
| 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 | |
| Jennifer Talley PO Box 872 Graham, NC 27253 (336) 229-4225 | | | Self-Employed | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Self | | \$ 1,000 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 16 | Check | Campaign | 8/5/19 | \$ 1,000.00 | |
| <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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,000.00 | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | \$ 1,000.00 | |