

Disclosure Report Cover

Amendment

Yes

X

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 Darrell Jackson			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO Box 460 Kannapolis, NC 28082		12-30-19	
		c. Phone Number	
		704-301-4602	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2019	07-05-19	12-30-19	Elizabeth P Robinson
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	Party	Municipal	State/County
<input type="checkbox"/> PAC	Referendum	Organizational	Organizational
<input type="checkbox"/> Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly
<input type="checkbox"/> Legal Expense Fund		Pre-primary	First
7. Type of Fund (if applicable, check one)		Pre-election	Second
"Booster Fund"		Pre-runoff	Third
Building Fund		Semi-annual	Fourth
Other:		Mid Year	Semi-annual
		Year End	Mid Year
		<input checked="" type="checkbox"/> Final	Year End
8. Number of Fundraisers this Report		Special	<input checked="" type="checkbox"/> Final
			Special
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	

**CABARRUS COUNTY
BOARD OF ELECTIONS**
JAN 10 2020
RECEIVED

Final

10. Special Report Name

Wells Fargo			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Expenditures	9164		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2020.00		\$

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.

Elizabeth P Robinson

Printed Name of Signer



Signature of Appointed Treasurer

12-30-19

Date

FOR OFFICE USE ONLY

Date Received:	<u>1/10/2020</u>	Employee:	<u>smg</u>	<u>Delivery Method</u>
Date Postmarked:	_____	Employee:	_____	Normal Mail
Date Scanned:	<u>1/23/20</u>	Employee:	<u>smg</u>	Registered Mail
Date Data Entered:	_____	Employee:	_____	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.

Amendment

X Yes No

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 Darrell Jackson	Final		
Start of Election Cycle: January 1, <u>2019</u>	Total this	Total this	
	Reporting Period	Election Cycle	
4) Cash on Hand at Start	\$ 0	\$ 0	
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$ 30.00	\$ 30.00
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ 1990.00	\$ 1990.00
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$ 0	\$ 0
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$ 0	\$ 0
9) Loan Proceeds	<i>(CRO-1410)</i>	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$ 0	\$ 0
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$ 0	\$ 0
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 2020.00	\$ 2020.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$ 2020.00	2020.00
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$	\$
15) Loan Repayments	<i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$	\$
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$	\$
19) Cash on Hand at End <i>(Add lines 4 and 12 together; then subtract line 18)</i>		\$ 0	\$

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)	\$	\$

CRO-1100

NC State Board of Elections

August 2008

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 Darrell Jackson					
3. Contributor Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Frederick Hilbish 2600 S Cannon Blvd Kannapolis, NC 28083		Car Dealer			
		c. Employer's Name/Specific Field			
		Owner Hilbish Ford			
				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
	9164	Check		12-01-19	\$ 100.00
					\$
					\$
3. Contributor Information			Add	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Evander Rowell 1316 Towns Gate Court Kannapolis, NC 28081		Retired			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	9164	Check		11-05-19	\$ 200.00

					\$
					\$
3. Contributor Information					Add Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Elizabeth P Robinson 11123 Brush Hollow Road Matthews, NC 28105			Retired		
			c. Employer's Name/Specific Field		
			Retired		e. Election Sum to Date
					\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	9164	Cash		07-12-19	\$ 50.00
					\$
					\$
4. Total only this Page					\$ 350.00
5. Total of ALL CRO-1210 Pages					\$ 1990.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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 Darrell Jackson					
3. Contributor Information				Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Darrell Jackson PO 460 Kannapolis, NC 28082		Owner Apparel Unlimited			
		c. Employer's Name/Specific Field			
		Owner Apparel Unlimited			
				e. Election Sum to Date	
				\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	9164	Cash		07-12-19	\$ 50.00
					\$
					\$
3. Contributor Information				Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Darrell Jackson PO 460 Kannapolis, NC 28082		Owner Apparel Unlimited			
		c. Employer's Name/Specific Field			
		Owner Apparel Unlimited			
				e. Election Sum to Date	
				\$ 850.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	9164	Check		08-20-19	\$ 800.00

					\$
					\$
3. Contributor Information					Add Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
Darrell Jackson PO 460 Kannapolis, NC 28082			Owner Apparel Unlimited		
			c. Employer's Name/Specific Field		
			Owner Apparel Unlimited		e. Election Sum to Date
					\$ 1640.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	9164	Check		10-28-19	\$ 790.00
					\$
					\$
4. Total only this Page					\$ 1640.00
5. Total of ALL CRO-1210 Pages					\$ 1990.00
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

	Add					\$
	Remove					\$
	Add					\$
	Remove					\$
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	Remove					\$
	Add					\$
	Remove					\$
	Add					\$
	Remove					\$
4. Total only this Page						\$ 30.00
5. Total of ALL CRO-1205 Pages						\$ 30.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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
Committee to Elect Darrell Jackson	

3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>		
<input checked="" type="checkbox"/> Operating Expenses	Contributions to Candidates/Political Committees	Coordinated Party Expenditures

4. Payee Information	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
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a. Full Name, Mailing Address & Phone (include city, state, & zip) Omega Graphics Inc 293 Brookdale Street Kannapolis, NC 28083 704-933-5715	b. Coordinated Committee Name		d. Comments
	c. Level Registered (Specify)		
	Federal	County:	
	State	<input checked="" type="checkbox"/> Municipality: City of Kannapolis	
			e. Election Sum to Date
			\$ 770.19

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9164	Check	B* - Printing O* - Other	8-16-19	770.19	-Printing of Vinyl Decals for yard signs -Yard Sign Step Stakes -Yard Signs

4. Payee Information	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
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a. Full Name, Mailing Address & Phone (include city, state, & zip) Omega Graphics Inc 293 Brookdale Street Kannapolis, NC 28083 704-933-5715	b. Coordinated Committee Name		d. Comments
	c. Level Registered (Specify)		
	Federal	County:	
	State	<input checked="" type="checkbox"/> Municipality: City of Kannapolis	
			e. Election Sum to Date

					\$ 866.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9164	Check	B* - Printing	11-12-19	96.30	Printing of 4.25x6 Re-elect Darrell Jackson for City Council full color double sided on 14pt with UV coating
4. Payee Information X Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
WEGO 98.3 FM/1410 AM 1525 Jake Alexander Blvd. W Salisbury, NC 28147 704-633-0621		c. Level Registered (Specify)		e. Election Sum to Date	
		Federal	County:		
		State	X Municipality: City of Kannapolis		
					\$ 1016.49
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9164	Check	A* - Media	11-13-19	150.00	11 Radio Spots
5. Total only this Page					\$ 1016.49
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 2020.00
<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)					

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
Committee to Elect Darrell Jackson					
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
DCB Associates Inc. 1120 Miss Daisy Lane Kannapolis, NC 28083					
			c. Level Registered (Specify)		
			Federal	County:	
			State	<input checked="" type="checkbox"/> Municipality: City of Kannapolis	e. Election Sum to Date
					\$ 1802.79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9164	Check	B* - Printing I - Postage	10-30-19	786.30	-Printing of mailer to Re-elect Darrell Jackson for City Council - Postage for mailer to Re-elect Darrell Jackson for City Council
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Wells Fargo 704 N Cannon Blvd Kannapolis, NC 28083 704-934-5040					
			c. Level Registered (Specify)		
			Federal	County:	

				State	<input checked="" type="checkbox"/>	Municipality:City of Annapolis	e. Election Sum to Date
							\$ 1822.79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks	
9164	Draft	K*- Office Expenses	7-23-19	\$ 20.00		Service Fee for Checks	
4. Payee Information							
				<input checked="" type="checkbox"/> Add		<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Wells Fargo 704 N Cannon Blvd Kannapolis, NC 28083 704-934-5040							
				c. Level Registered (Specify)			
				Federal	County:		
				State	<input checked="" type="checkbox"/>	Municipality:City of Kannapolis	e. Election Sum to Date
						\$ 1832.79	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks	
9164	Draft	K*- Office Expenses	10-10-19	\$10.00		Monthly Service Fee	
5. Total only this Page							\$ 816.30
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							\$ 2020.00
<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)							

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
Committee to Elect Darrell Jackson					
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 checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Well Fargo 704 N Cannon Blvd Kannapolis, NC 28083 704-934-5040		c. Level Registered (Specify)		e. Election Sum to Date \$ 1852.79	
		Federal	County:		
		State	Municipality: City of Kannapolis		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9164	Draft	K*- Office Expense	11-13-19	\$ 10.00	Monthly Service Fee
9164	Draft	K*-Office Expense	12-11-19	\$10.00	Monthly Service Fee
4. Payee Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Harmony United Methodist Church 101 White Street NW Concord, NC 28027 704-782-8237		c. Level Registered (Specify)		e. Election Sum to Date \$ 2020.00	
		Federal	County:		
		State	Municipality: City of Kannapolis		

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9164	Check	Q*- Donation to Legal Expense Fund	12-20-19	\$ 167.21	Donation to Harmony United Methodist Church to zero and close out campaign account
				\$	

4. Payee Information		Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	
		c. Level Registered (Specify)	
		Federal	County:
		State	Municipality:
		d. Comments	
		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 \$ 187.21

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 2020.00

(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)**