#### Amendment

## **Disclosure Report Cover**

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. 0	Committee Int	formation			100 T		
a. Fı	ıll Name						c. ID Number
Con	nmittee to Ele	ct Darrell Jackson					-
b. M	ailing Address (i	nclude City, State and Zip Code)					d. Date Filed
	Box 460 napolis, NC 2	28082	CABARRUS COUNTY BOARD OF ELECTIONS  JAN 1 0 2020				12-30-19
							c. Phone Number
				REC	EIVED		704-301-4602
2. R	eport Year	3. Period Start Date (mm/dd/	уу)	4. Period En	d Date (mm/	5. Treasurer F	Full Name
2019 07-05-19		12		Elizabeth P Robin		binson	
6. T	ype of Comm	ittee (Check One)	9. Type of Report		(check only one type of repor		port from one category)
X	Candidate Can	npaign Party	Munic	cipal	State/C	ounty	Referendum
	PAC	Referendum		Organizational		Organizational	Organizational
	Independent Expenditure	Joint Fundraiser		Thirty-five day	Quarterly		Pre-referendum
	Legal Expense	Fund					
7. Ty	pe of Fund	(if applicable, check one)		Pre-primary		First	X Final
	"Booster Fund"			Pre-election		Second	Supplemental Final
	Building Fund			Pre-runoff		Third	Annual
				Semi-annual		Fourth	Special
				Mid Year	S	emi-annual	
	Other:			Year End		Mid Year	10. Special Report Name
			X	Final		Year End	
. N	umber of Fun	draisers this Report		Special	X F	inal	
						pecial	
1. A	ccount Infor	mation	4		1. Account I	V-17 7 - 17 - 17	
200	ancial Institution			11-01-11-11-11-11-11-11-11-11-11-11-11-1		tution Full Name	mes mestical and Angresia

Wells Fargo				
b. Purpose	c. Account Code		b. Purpose	c. Account Code
Campaign Expenditures	916	4		
	d. Period Begin Balance			d. Period Begin Balance
	\$ 2020.00			\$
CERTIFICATION			I.	
I certify that the Committee the NC General Statutes an is complete, true and correct	d that no funds are comr	ningled with proh	ibited or other non-disclose	A, 22B, & 22D-22M of Chapter 163 of d funds. I further certify that this report
Elizabeth P Rol	binson	2/3	2 P. Rue	12-30-19
Pri	nted Name of Signer	s	ignature of Appointed Treasurer	Date
FOR OFFICE USE ONLY				
Date Received:	1/10/2020	Employee:	ma	Delivery Method
	7	project		Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received

mandatory training

1/23/20

Employee:

Employee:

5mg

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.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000

Date Postmarked:

Date Scanned:

NC State Board of Elections

August 2008

#### Amendment

# **Detailed Summary**

X 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	2. Type of Report		3. ID Number
Committee to Elect Darrell Jackson	Final		
Start of Election Cycle: January 1, 2	<u>2019</u>	Total this	Total this ed Election Cycle
4) Cash on Hand at Start		S 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	S 30.00	\$ 30.00
6) Contributions from Individuals	(CRO-1210)	S 1990.00	\$ 1990.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	S 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	s o
11b) Contributions from Not-for-Profit Organization	1S (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	S 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	S 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	lld and lle)	\$ 2020.00	\$ 2020.00
<u>EXPENDITURES</u>	nte licharenes		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2020.00	2020.00
13b) Contributions to Candidates/Political Committee	ces (CRO-1310)	S	\$
13c) Coordinated Party Expenditures	(CRO-1310)	S	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	S	\$
15) Loan Repayments	(CRO-1420)	S	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	S	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	S 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)	\$ \$

NC State Board of Elections

August 2008

#### **Contributions from Individuals**

Pg \_\_\_ of \_\_\_ Yes X No

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

1. Com	mittee Full Nam	e (and Fund if appl		2. ID N	Number			
Comm	nittee to Elect I	Darrell Jackson						
3. Cont	ributor Informa	tion	A	ıdd Re	emove			
a. Full N	ame, Mailing Addres	s & Phone	b	b. Job Title/Profession			nents	
(includ	le city, state, & zip)		C	Car Dealer				
2600 S	ick Hilbish S Cannon Blvd polis, NC 2808		c,	Employer's Name/	/Specific Field			
				Owner Hilbish Fo	ord	e. Election	on Sum to Date	
						\$100.0	00	
f. Prior	rior g. Account Code h. Form of Payment i.		i. In-Kind	Kind Description j. Date (mm/dd/		/уууу)	yyyy) k. Amount	
	9164	Check		12-0		\$ 100		100.00
							\$	
							S	
3. Cont	ributor Informat	tion	A	.dd Re	emove		191	
a. Full Na	ame, Mailing Address	s & Phone	b.	Job Title/Professio	on	d. Comn	nents	
(includ	e city, state, & zip)		R	etired				
1316 T	er Rowell Towns Gate Co polis, NC 2808							
Kaima <sub>.</sub>	pons, NC 2006	51	c.	Employer's Name/	Specific Field			
						e. Electio	on Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind	l Description	j. Date (mm/dd/	/yyyy)	k. Amoun	i
	9164	Check			11.0	5-19	\$	200.00

3. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Elizabeth P Robinson 11123 Brush Hollow Road Matthews, NC 28105  c. Employer's Name/Specific Field  Retired	d. Comme	\$ ents	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Elizabeth P Robinson 11123 Brush Hollow Road Matthews, NC 28105  c. Employer's Name/Specific Field	d. Comme	ents	
(include city, state, & zip)  Retired  Elizabeth P Robinson 11123 Brush Hollow Road  Matthews, NC 28105  c. Employer's Name/Specific Field	d. Comme	ents	
Elizabeth P Robinson 11123 Brush Hollow Road Matthews, NC 28105  c. Employer's Name/Specific Field			
11123 Brush Hollow Road Matthews, NC 28105  c. Employer's Name/Specific Field			
Retired			
	e. Election	1 Sum to Date	
	\$	50.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd.	уууу)	k. Amoun	t
9164 Cash 07-1	2-19	\$	50.00
		\$	
		\$	
4. Total only this Page	\$		350.00
5. Total of ALL CRO-1210 Pages  (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$		1990.00

NC State Board of Elections

April 2007

No

### **Contributions from Individuals**

Pg 2 of Yes X

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

	mittee Full Name	e (and Fund if appli	icable)			2. ID Nu	mber	
Comm	ittee to Elect D	Darrell Jackson						
3. Cont	ributor Informat	tion		Add Ren	nove			
	ame, Mailing Address e city, state, & zip)	s & Phone		b. Job Title/Profession	d. Comments			
PO	rrell Jackson 0 460 nnapolis, NC 2	28082		Owner Apparel Un				
				c. Employer's Name/Sp	pecific Field			
				Owner Apparel Uni	limited			
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	Prior g. Account Code h. Form of Payment		i. In-K	j. Date (mm/dd		l/yyyy) k. Amount		
	9164	Cash		07-1		2-19	\$	50.00
					IN.		\$	
							\$	
3. Cont	ributor Informat	cion		Add Rem	nove	,		
	nme, Mailing Address	s & Phone		b. Job Title/Profession		d. Comme	nts	
	e city, state, & zip)							
Da: PO	rrell Jackson 9460 nnapolis, NC 2	28082		Owner Apparel Unl	limited			
Da: PO		28082		Owner Apparel Unl				
Da: PO	460	28082			pecific Field	e. Election	Sum to Date	
Da: PO	460	28082		c. Employer's Name/Sp	pecific Field	e. Election	Sum to Date 850.00	
Da: PO	460	h. Form of Payment	i. In-K	c. Employer's Name/Sp	pecific Field	\$		

							\$	
							\$	
3. Contribut	tor Informat	tion		Add Remove				
a. Full Name, M	failing Address	s & Phone		b. Job Title/Profess	d. Comm	ents		
(include city,	state, & zip)			Owner Apparel	Unlimited			
PO 460	Jackson ) polis, NC 2	28082		c. Employer's Name	e/Specific Field			
			Owner Apparel Unlimited		e. Election Sum to Date		te	
						\$		1640.00
f. Prior g. A	ccount Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd	/yyyy)	k, Amou	nt
910	64	Check			10-2	28-19	\$	790.00
							\$	
							\$	
4. Total on	ly this Pag	ge				\$		1640.00
		0-1210 Pages  f Detailed Summary Pag	re CRO-11	00)		\$		1990.00

NC State Board of Elections

April 2007

# Aggregated Contributions from Individuals

Page

1 of 1

Yes X N

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

1. Com	mittee Full Na	ime (and Fun	d if applicable)		2.1	ID Number
Commi	ttee to Elect Da	arrell Jackson				
3. Cont	ributor Inform	nation				
a. Ameno	ī	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/ yyyy)	f. Amount
	Add	9164	Check		10-30-19	\$ 30.00
	Remove					
	Add					\$
	Add					
	Remove					\$
	Add					
	Remove					\$
	Add					
	Remove					\$
	Add					
	Remove					\$
	Add					
	Remove					\$
	Add					e.
	Remove					\$
	Add					\$
	Remove					D.
	Add					\$
	Remove					Ψ
	Add					S
	Remove					w

5. Total of ALL C			\$	30.00
4. Total only this			 \$	30.00
Remove				Ψ
Add				\$
Remove				\$
Add				ď.
Remove				\$
Add				
Remove	+			\$
Add				
Add	_			\$
Remove				
Add				\$
Remove				Ų
Add				\$
Remove				\$
Add				
Remove				\$
Add				
Add Remove				\$
Remove				
Add		ş:		\$

### **Disbursements**

Pg 1

1 of 3

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 Fu	nd if applicable	)		2. ID Number
Committee to I	Elect Darrell Jackson	ı			
3. Type of Disl	bursement (Plea	ase use separate	CRO-1310 forms for	each type of Disburs	ement.)
X Operati	ing Expenses	Contributions to C	andidates/Political Commit	tees Co	pordinated Party Expenditures
4. Payee Infor	mation	X	Add	Remove	
a. Full Name, Mai	iling Address & Phone		b. Coordinated Comm	ittee Name	d. Comments
(include city, state	e, & zip)				
Omega Graphio 293 Brookdale Kannapolis, NO 704-933-5715	Street		c. Level Registered (Sp	ecify)	
			Federal State	County:  Municipality:City of Kannapolis	c. Election Sum to Date
				↑ of Kannapolis	\$ 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 Inform	nation	X	Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Spe	cify)	
Omega Graphics Inc 293 Brookdale Street Kannapolis, NC 28083 704-933-5715			Federal	County:	
			State	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 Inform	mation	X	Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	, & zip)				
WEGO 98.3 FM/1410 AM 1525 Jake Alexander Blvd. W Salisbury, NC 28147 704-633-0621			c. Level Registered (Specify)  Federal  State X	County:  Municipality:City of Kannapolis	e. Election Sum to Date
				o	\$ 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 th	is Page				\$ 1016.49
6. Total of ALL	CRO-1310 Pages				
(This line goes in	ı line 13b of Detailed Su	mmary Page CRO-11	00 if Operating Expenses) 00 if Contrib to Candidates/Po 00 if Coordinated Party Expen		\$ 2020.00
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fund	draising	D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party	H* - Holding	Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other					
* Codes requir	re detailed explana	tion in required	remarks field (k)		

### **Disbursements**

Pg

of 3

Yes

No

X

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	
Commit	tee to Elect Darrell J	fackson				
3. Type of Disl	bursement (Plea	ise use separate	CRO-1310 forms for ea	ch type of Disburse	ment,)	
X Operating	Expenses	Contributions to Ca	andidates/Political Committees	S Coo	ordinated Party Expenditures	
4. Payee Infor	mation	X	Add	Remove	-	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments	
(include city, state	e, & zip)					
DCB Associates Inc. 1120 Miss Daisy Lane Kannapolis, NC 28083			c. Level Registered (Specify)			
			Federal	County;		
			State X	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 Inform	nation	X	Add	Remove		
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments	
(include city, state	, & zip)					
Wells Fargo 704 N Cannon Blvd Kannapolis, NC 28083 704-934-5040			c. Level Registered (Specify)			
			Federal	County:		

			State X	Municipality:City of Annapolis	e. Election Sum to Date
50					\$ 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 Infor	mation	X	Add	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 State X	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
(This line goes in	n line 13b of Detailed Su	mmary Page CRO-11	00 if Operating Expenses) 00 if Contrib to Candidates/Po 00 if Coordinated Party Expen		\$ 2020.00
7. Purpose Coo	les (List detailed ex	kpenditure code in	n (h.) above)		
A* - Media	B* - Printing	C* - Fun	draising D - To Anotho		er Candidate
E - Salaries	Salaries F* - Equipment G - Politic		cal Party	Party H* - Holding Public Office Expenses	
I - Postage J - Penalties K*-Offic		ce Expenses	Q* - Donatio	n to Legal Expense Fund	
O* - Other					
* Codes requir	re detailed explana	tion in required	remarks field (k)		

## Disbursements

Pg 3

of 3

Yes

No

X

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 E	lect Darrell Jackson				
3. Type of Disb	ursement (Plea	se use separate (	CRO-1310 forms for each	type of Disburse	ement.)
X Operating E	xpenses	Contributions to Ca	ndidates/Political Committees	Coe	ordinated Party Expenditures
4. Payee Inform	nation	X	Add	Remove	
a, Full Name, Mail	ing Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,	& zip)				
Well Fargo 704 N Cannon Blvd Kannapolis,NC 28083 704-934-5040			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:City of Kannapolis	e. Election Sum to Date
					\$ 1852.79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
9164	Draft	K*- Office Expense	11-13-19	\$ 10.00	Monthly Service Fee
9164	Draft	K*-Office Expense	12-11-19	\$10.00	Monthly Service Fee
4. Payee Inform	nation	X	Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments
(include city, state,	& zip)				
				-	
			c. Level Registered (Specify)		
Harmony United Methodist Church 101White Street NW Concord, NC 28027 704-782-8237		Federal	County:		
		State	Municipality:City of Kannapolis	e. Election Sum to Date	
÷					s 2020.00

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
				s	
4. Payee Inform	nation	A	Add	Remove	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments
(include city, state,	& zip)				
*		c	. Level Registered (Specify	)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					S
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only thi	is Page				\$ 187.21
	CRO-1310 Pages line 13a of Detailed Sun	nmary Page CRO-1100 (	if Operating Expenses)		
			if Contrib to Candidates/Po		\$ 2020.00
			f Coordinated Party Expend	ditures)	
A* - Media	es (List detailed ex			D T .	
A*-Media B*-Printing C*-Fundrai $\mathbb{E}$ - Salaries F*-Equipment G-Political I					
I - Postage J - Penalties K*-Office		•	H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund		
O* - Other	o i onamos	K - Office P	whenere	Q - Donati	on to Legat Expense Fund