Disclosure Report Cover	Disc	losure	Report	Cover
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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.

1. Committee Information						
a. Full Name					c. ID Number	
JayNE WITH A	Y Willi	AMS				
b. Mailing Address (include City, State	e and Zip Code)				d. Date Filed	
320 Center					09-24-2023	
KANNAPOlis, M	VC 2808	33			e. Phone Number	
					704-441-7058	
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period End	Date (mm/dd/yy)	5. Treasure	r Full Name	
2023 01-01-2			2023	Abieze	+ M. Morales	
6. Type of Committee (Check C	14000000	The second of th		type of repo	rt from one category)	
Candidate Campaign Part	-	icipal	State/County		Referendum	
	1=	Organizational	Organization	onal	Organizational	
☐ Independent Expenditure ☐ Join ☐ Legal Expense Fund	t Fundraiser	Thirty-five day	Quarterly First		Pre-referendum	
Legal Expense Fund	IH	Pre-primary Pre-election	Secon	nd.	Final Supplemental Final	
7. Type of Fund (if applicable,		Pre-runoff	Third		Annual	
Booster Fund	cheek one)	Semi-annual	Fourt		Special	
Building Fund		Mid Year	Semi-annu		Special	
	IH.	Year End	Mid)		10. Special Report Name	
Other:	IH	Final	Year	End	To Speem Report Name	
8. Number of Fundraisers this Report						
O Special						
11. Account Information		11.	. Account Inform	ation		
a. Financial Institution Full Name		a. I	Financial Institution I	Full Name		
LGFCU			145 Years 100 100 100 100 100 100 100 100 100 10	IVED		
b. Purpose	c. Account Code	b. I	Purpose IN-PE	RSON	c. Account Code	
COMMITTEE	WCJ-12	22	SEP 2	5 2023		
Funds	d. Period Begin Balance		CABARRUS COUN	S COLINTY	d. Period Begin Balance	
runds	\$403.	01	BOARD OF ELECTION		\$	
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. Abiezet M. Morales Printed Name of Signer Agenture of Appointed Treasurer Date						
FOR OFFICE USE ONLY	100		Harr			
Date Received:	125/2023	Employee:	WAN		ivery Method Normal Mail	
Date Postmarked:		Employee:			Registered Mail Hand Delivered	
Date Scanned:	28/2023	Employee:	WAN	The second secon	Electronically Filed	
Date Data Entered:		Employee:			Signer has not received mandatory training	
	treasurer, custod	ian of books in	e information such formation, or acco CRO-2100A-E) to	n as the com	mittee address, treasurer, tion.	

Amendment Yes ☐ No

Detailed Summary	Yes No		
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
JAYNE WITH AY WILLIAMS		Year	
Start of Election Cycle: January 1, 2023	-	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$403.01	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	s 35,00	\$ 645.00
6) Contributions from Individuals	(CRO-1210)	\$ 300.00	\$ 645.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	S	S
9) Loan Proceeds	(CRO-1410)	\$	S
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	S	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	S	S
11c) Outside Sources of Income	(CRO-1250)	\$	S
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	S
11e) Exempt Purchase Price Sales	(CRO-1265)	S	S
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 335,00	\$ 2,845.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 365.48	\$ 2,492.47
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 20.00	\$
13c) Coordinated Party Expenditures	(CRO-1310)	S	\$
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)	\$ -	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 385.48	\$ 2,492.47
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 352.53	\$ 352.53
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)	\$	\$

	Aggregated Contributions from Individuals Page of Amendment No Optional form used to report NC Contributions From Individuals of \$50 or less							
_		_	nd Fund if applicat		12.1	D Number		
					2. 1	D Number		
(HYI	VE WITH	hAY Wi	MAMS				
STATE OF THE PARTY.		tor Information						
_	mend	b. Account Code	c. Form of Payment	d. In-Kind Description e. Date (mm		f. Amount		
H	Add Remove	WCJ-1222	cash	03-29	1-2023	\$ 25.00		
	Add	10T 10-0	cash electronic	25 10	2027	\$ 25.00 \$ 10.00		
片	Add	WCJ-1222	EICCHPONIC	05-19	7073	1.00		
	Remove					\$		
片	Add Remove					\$		
	Add					s		
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		nly this Page			\$	35.00		
		f ALL CRO-1 ust be on line 5 of Do	1205 Pages etailed Summary Page C	CRO-1100)	\$			

Contributions from Individuals	Pg	of	Yes No
Use this form to report individual contributions over \$5	0 or contributions unde	r \$50 if form CF	
1. Committee Full Name (and Fund if applicable)			2. ID Number
JAYNE WITH A Y WILLIA	MS		
3. Contributor Information	Add Ren		
a. Full Name, Mailing Address & Phone	b. Job Title/Profess Technicia		d. Comments
(include city, state, & zip) ABIEZER M. MORALES	Water Re		
	c. Employer's Nam	e/Specific Field	
320 Center St.	City OF K	annapolis	e. Election Sum to Date
Kannapolis, NC 28083			
			\$ 358, 26
f. Prior g. Account Code h. Form of Payment i. In-Kind		j. Date (mm/dd/yyy	
WCJ-1222 electronic		05-09-20.	23 \$ 300.00
			\$
			\$
3. Contributor Information	Add Ren	iove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profess	sion	d. Comments
(include city, state, & zip)			
	c. Employer's Nam	e/Specific Field	
			e. Election Sum to Date
			\$
f. Prior g. Account Code h. Form of Payment i. In-Kind l	Description	j. Date (mm/dd/yyy	y) k. Amount
			\$
			\$
	and the same of th		\$
3. Contributor Information	Add Rem	iove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profess	sion	d. Comments
(Include city, state, & zip)			
	c. Employer's Nam	e/Specific Field	,
			MITTER CONTROL AND PROPERTY OF THE PROPERTY OF
			e. Election Sum to Date
			\$
f. Prior g. Account Code h. Form of Payment i. In-Kind l	Description	j. Date (mm/dd/yyy	y) k. Amount
			\$
			\$
		n i fingenski o dibinara sporanje umanendante ovrace	\$
4. Total only this Page			\$300.00
5. Total of ALL CRO-1210 Pages	261	Sec. 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	\$300.00 \$300.00
(This line must be on line 6 of Detailed Summary Page CRO-110 NC St.	ate Board of Elections		April 2007

Amendment

TO .		
IIC	hircomon	tc
\mathbf{D} 13	bursemen	12

			Amendment	
Pg	 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

	coordinated party exp	CONTRACTOR OF THE PARTY OF THE					2. ID Number
							2. 1D Number
The second second second second	WITH A Y	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	or district our named in		- Li CD'	1	
3. Type of Disb	THE RESERVE OF THE PARTY OF THE	use separate CK					
Operating Exp		tributions to Candida	ites/Politi		Control of the Contro	ordinat	ed Party Expenditures
4. Payee Inform			Ш	_	Remove		
	ailing Address & Pho	one		b. Coordinate	ed Committee Nan	ie	d. Comments
(include city, state,		•		1			
	tal service			c. Level Regis	stered (Specify)		
1040 De	ale Earnho	itat BIVd		Federal	County:		
KANNA	polis, NC	28082		State	Municip	ality:	e. Election Sum to Date
7000	,						\$194.00
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							
WCJ-1222	electronic	K	03-0	09-2023	\$ 88.00	Po	st Office box Fee
11-0 1250	0,00 1,011.0			1000	\$	1	or office out the
4 D T-6				A.1.	D		
4. Payee Inform				_	Remove		
(include city, stat	ing Address & Phone			b. Coordinate	ed Committee Nam	ne	d. Comments
		n/		-			
INSpire Foundation 9637 Camder TOWN Dr. NW c. Level Registered (Specify)							
Federal County:							
CONCORD, NC 28027				Municip		e. Election Sum to Date	
							SOT OU
\$85,84							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
WCJ-1222	electronic	0			\$60.84	DO	Nate to NON-Profit
WCJ-1222	Check	0	05-	13-2023	\$ 25.00	00	Nate to NOW-PHOFit
4. Payee Inforn	AND REAL PROPERTY AND REAL PRO				Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Nam	ne	d. Comments
(include city, stat	e, & zip)						
Staples							
1490 (0)	woord PKW	U WOWA	<u>'</u>	- Personal	stered (Specify)		
		,	/	Federal	County:		FI C L D.
CONCOLO	, NC 280.	25		State	Municip	anty:	e. Election Sum to Date
	/						\$ 240.69
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
WCJ-1222	electronic	В			\$64.18	60	isiwess cards
	electronic	B			\$26.74	$\overline{}$	Siness Cards
5. Total only th		D	001	1. 2025	20.19	109	
							\$264.76
	CRO-1310 Pages						
	line 13a of Detailed Sum	. 0		0 1	*		\$ 385.48
	line 13b of Detailed Sum					n)	
(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* - Printin			undraising	D - To	Anot	her Candidate
E - Salaries	F* - Equipm			litical Party			ng Public Office Expenses
I - Postage	J - Penaltie			ffice Expen			on to Legal Expense Fund
O* Other	Godworker (1994)			THE PROPERTY OF THE PARTY OF TH			
* Codes requir	e detailed explanation	on in required r	emarks	field (k)			

Disbursement	S

Pg 2 of 3 Amendment No

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

A THE RESIDENCE OF THE PARTY OF	'ull Name (and Fun	RESIDENCE OF STREET, O					2, ID Number	
JAYNE	JAYNE WITH AY WILLIAMS							
3. Type of Disb		use separate CK		forms for e	ach type of Dis	bursei	nent.)	
Operating Expe	CONTRACTOR SOLVENING CONTRACTOR	tributions to Candida	STATE OF THE PERSON NAMED IN COLUMN NAMED IN C	Street in water has been believed a server constraint	Charles Committee of the Committee of th	Mary Selection of the Selection	ed Party Expenditures	
4. Payee Inform	nation			Add	Remove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	ed Committee Nar	ne	d. Comments	
(include city, state,								
	+ TOWN COMM		tch		stered (Specify)			
5835 Ch	atlie Walke	r Rd		Federal	County			
Kannapo	olis, NC 2	-8081		State	Municip	pality:	e. Election Sum to Date \$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
WCJ-1222		0		13-2023			v profit organization	
110-1777	CHECK	1	03	2 7073	50.	1000	proper organization	
					φ			
4. Payee Inform	HE CONTROL OF THE PROPERTY OF		Ц	Add 🔲	Remove		1.0	
	ing Address & Phone			b. Coordinate	ed Committee Nar	ne	d. Comments	
(include city, star	Distribution	a COMPAN	V					
		y company	9	c. Level Regis	stered (Specify)			
3311 64				Federal	County			
Durham	, NC 27703	- 2105		State	Wunici	pality:	e. Election Sum to Date	
/							\$20.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
WCJ-1222	eheck	0	06-0	6-2023	\$ 20.00	Fy	Nd vaise donation	
11001272	CITCON		000		\$	1	raine an appr	
4. Payee Inform	nation			Add	Remove			
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Nar	ne	d. Comments	
(include city, sta	te, & zip)							
El AMI	90							
	Cannon L	31rd		Federal	stered (Specify) County		3	
KANNADI	olis, NC ?	28083		State	Munici	pality:	e. Election Sum to Date	
	,				,		\$ 30. 72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (00007	j. Amount	10000	equired Remarks	
WCJ-1222	electronic	K	06-1	9-2023	\$ 30.72	64	ISINESS diner	
					\$			
5. Total only th	is Page						\$100 77	
ACCOUNT OF THE PROPERTY OF THE PARTY OF THE							\$100.72	
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	line 13a of Detailed Sur		-			\	\$ 385.48	
	line 13b of Detailed Sur					<i>III)</i>		
Ratio Control Control	(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)							
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A* - Media E - Salaries	B* - Printi F* - Equip			undraising litical Party			her Candidate ng Public Office Expenses	
I - Postage	J - Penalt			office Expen			on to Legal Expense Fund	
O* Other	J - I Chair		11 - 0	Lice Expen	Q -1	onati	on to Degui Dapense I unu	
	e detailed explanat	ion in required	remarks	field (k)				

TO !		
110	bursement	C
DIS	our semem	S

	7		7	Amendment	_
Pg	2	of	5	Yes	☐ No

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

Add Remove	1. Committee Full Name (and Fund if applicable)							2. ID Number	
Operating Expenses Coordinated Committees Coordinated Party Expenditures	JAYNE		NAME AND ADDRESS OF TAXABLE PARTY.	Real Property lies and the last of the las	SERVICE CONTRACT OF PERSONS AND				
Add Remove	THE RESIDENCE OF THE PARTY OF T	MANUAL PROPERTY AND ADMINISTRATION OF THE PARTY OF THE PA				CONTRACTOR OF STREET,	burse	ement.)	
a. Full Name, Mailing Address & Phone Include city, state, & zip) Cabahthus County Swiots Deby 331 COrban Ave S.E. Concord NC 28025	NAME OF TAXABLE PARTY.		entributions to Candid	ates/Politi		A STATE OF THE PARTY OF THE PAR	ordina	ted Party Expenditures	
Cabartus County Sevilots Deff, 331 Corbany Ave S.E. County Sevilots Deff, 331 Corbany Ave S.E. County State Municipality: Cabrillo County State Municipality: Cabrillo Cabrill	PERSONAL PROPERTY AND ADDRESS OF THE PERSON			L				T	
Cabarfus County Seriors County Cabarfus County Cabarfus County Co			hone		b. Coordinat	ed Committee Nan	ne	d. Comments	
Concord NC 28025 County: State				0					
Foderal				Very.	c. Level Regi	stered (Specify)	1,35	1	
Same	331 CC	orban AV	e S.E.						
Same	CONCO	rd, NC	28025		State	Municip	pality:	e. Election Sum to Date	
A Payee Information								\$ 20.00	
A Payee Information	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	Required Remarks	
A Payee Information	WCJ-1222	Check	6	03-	30-2023	\$ 20.00			
D. Coordinated Committee Name D. Coordinated Committee Name D. Comments						\$	\top		
D. Coordinated Committee Name D. Coordinated Committee Name D. Comments	4. Pavee Inform	nation			Add \square	Remove			
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Federal County: Account Code State Municipality: County: S S S S S S S S S									
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Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks A payee Information								El d C L D L	
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Add Remove					State	Municip	oality:	e. Election Sum to Date	
S S S S S S S S S S								\$	
A. Payee Information In Full Name, Mailing Address & Phone (include city, state, & zip) D. Coordinated Committee Name D. Coordinated Committee Name D. Coordinated Committee Name D. Coordinated Committee Name D. County:	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	Required Remarks	
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A. Payee Information D. Coordinated Committee Name b. Coordinated Committee Name b. Coordinated Committee Name c. Level Registered (Specify) Federal D. County: C			+	+		¢	+		
b. Coordinated Committee Name d. Comments d. Comments d. Comments						I -	\perp	and the second s	
c. Level Registered (Specify) Federal County: State Municipality: State Municipality: S. Account Code G. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks S. Total only this Page S. Z. O. O. O. S. Total of ALL CRO-1310 Pages Chis line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) Chis line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm Chis line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures Chaster of County S.									
c. Level Registered (Specify) Federal		지기 하셨습니까 보고 있는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하			b. Coordinat	ed Committee Nan	ne	d. Comments	
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Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks S. Total only this Page S. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (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 - Postage J- Penalties K*- Office Expenses Q*- Donation to Legal Expense Fundration of the property					☐ State	Municip	ality:	e. Election Sum to Date	
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