Disclosure Report Cover

Amendment No. ☐ Yes

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 In	formation						
a. Full Name						c. ID Number	
JAYNE b. Mailing Address	With 1	44 WIII	AMS				
b. Mailing Address	(include City, Stat	te and Zip Code)	- 1			d. Date Filed	
320 C	enter	6+ 2808	_			09-30-2023	
Kannap	polis, N	6 2808	3			e. Phone Number	
704-441-70							
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period E	nd Date (mm/dd/yy)	5. Treasure		
2023	07-01-	2023	09-20	6-2023	Abieze	er M. Morales	
6. Type of Comr	nittee (Check (One) 9. 1	ype of Rep	ort (check only one	type of repo	ort from one category)	
Candidate Camp	-		Organizations	State/County	tional	Referendum	
PAC Independent Exp			Organizationa Thirty-five day			Organizational Pre-referendum	
Legal Expense F		it Fundraiser		First		Final	
Legal Expense 1	und	lii	Pre-election	Seco		Supplemental Final	
7. Type of Fund	(if applicable.			Thir	d	Annual	
Booster Fund			Semi-annual	Four	rth	☐ Special	
Building Fund			Mid Year	Semi-ann	ual		
			Year End	Mid Mid	Year	10. Special Report Name	
Other:			Final	☐ Year	r End		
8. Number of Fu	indraisers this	Report	Special	Final			
	Ø			☐ Special			
11. Account Info	ormation			11. Account Inform	nation		
a. Financial Institution Full Name a. Financial Institution Full Name							
LGFC	U					8	
b. Purpose		c. Account Code		b. Purpose		c. Account Code	
COMMIT	tee.	WCJ-12	22				
FUNDS		d. Period Begin Ba				d. Period Begin Balance	
		\$352.5	- 3	į.		\$	
CERTIFICATION	ON	, , , , ,					
I certify that the (Committee or Fu	nd is in compliance	with all appli	cable provisions of A	rticle 22A, 221	B & 22D-22M of Chapter 163	
						inds. I further certify that this	
report is complete	e, true and correc	et and that I have be	en trained by	the NC State Board of	f Elections.		
11:			A hin	a 2 m 20. a	2.0	64 00 2003	
Abiezer	inted Name of Sign	rales	Much	nature of Appointed Trea	was	Date	
FOR OFFICE U		ici	Sigi	lature of Appointed Trea	Surei	Date	
FOR OFFICE U	SE UNLI			T 0	Dal	ivery Method	
Date Receive	ed:	F4-43	Employ	ree:		<u>ivery Method</u> Normal Mail	
		-3-2123		WAN	ň	Registered Mail	
Date Postmar	rked:	0.0 0.5	Employ	ee:	- 6	Hand Delivered	
Date Scanned	d: [0-	2 - 9033	Employ	ee: WAN	_ 🗆	Electronically Filed	
Date Data En	tered:		Employ	ree:		Signer has not received mandatory training	
Please Note	e: This form ca	nnot be used to a	mend comm	ittee information suc	ch as the com	nmittee address, treasurer,	
	assistan	t treasurer, custod	ian of books	information, or acc	ount informa	tion.	
Yo	ou must amend	the Statement of	Organization	(CRO-2100A-E) to	make comm	nittee changes.	
CDO 1000			NO.C. D	C. C			

CRO-1000

RECEIVED August 2008

Amendment **Detailed Summary** No. ☐ Yes 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 JAYNE WITH AY WILLIAMS Thirty-Five day Total this **Total this** Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 352 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 900.00 \$ 3100.00 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) \$ (CRO-1240) 10) Refunds/Reimbursements to the Committee \$ 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) \$ 3745 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 900. **EXPENDITURES** 13) Disbursements (CRO-1310) \$ /093. 13a) Operating Expenditures \$ 35 85.87 40 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) **18) TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 10 93.40 \$ 3585.87 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 159. 13 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

24) Account Transfers Within the Committee

25) Administrative Support

27) 48-Hour Notice Reports Sum

28) Contributions to be Refunded

26) Forgiven Loans

(CRO-1620)

(CRO-1720)

(CRO-1710)

(CRO-1440)

(CRO-2220)

(CRO-1215)

\$

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\$

Contributions from Individuals Use this form to report individual contributions over \$50 or	Pg of	Amendment Ves No	
1. Committee Full Name (and Fund if applicable)	Controducions under \$50 it form C	2. ID Number	
JAYNE WITH AY WILLIAMS			
3. Contributor Information	Add Remove		
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments	
(include city, state, & zip)	TECHNICIAN		
ABIEZER M. MORALES	water Resources		
320 Center St.	c. Employer's Name/Specific Field		
Kannapolis, NC 28083	City OF KANNAPOLIS	e. Election Sum to Date	
Kannapolis, ite 2000	,		
		\$658. 26	
f. Prior g. Account Code h. Form of Payment i. In-Kind Desc			
WCJ-1222 electronic	09-06-20.	23 \$ 300.00	
		\$	
		\$	
3. Contributor Information	Add Remove		
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments	
(include city, state, & zip)	Developer		
Jack F. Mckinley	c. Employer's Name/Specific Field		
702 POSSYM Trot Rd			
Blacksburg, SC 29702	Self employee	e. Election Sum to Date	
980-622-5560		\$ 500.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Desc			
WCJ-1222 electronic	08-08-20:	23 \$500.00	
		\$	
		\$	
3. Contributor Information	Add Remove		
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments	
(include city, state, & zip)	Medical Doctor		
Gracie Galloway	c. Employer's Name/Specific Field		
217 Palaside DI'NE	retired		
CONCOLD, NC 28025	10911100	e. Election Sum to Date	
<u> </u>		\$100.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Desc	cription j. Date (mm/dd/yy	yy) k. Amount	
WCJ-1222 Check	09-25-20	23 \$100.00	
		\$	
		\$	
4. Total only this Page		\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)		\$ 900.00	

Disbursements	Pg	of	4

			Amendment	/
Pg	 of	4	☐ Yes	No

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number		
JAYNE									
3. Type of Disb	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Expe	enses	tributions to Candida	tes/Politic	al Committees	☐ Co	ordinate	ed Party Expenditures		
4. Payee Inform				Add	Remove				
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	ed Committee Nam	1e	d. Comments		
(include city, state,	& zip)					- 1			
	OF Electi								
369 Ch	nurch st	N		Federal	stered (Specify) County:				
CONCO	rd, NC 2	8025		State	Municip	- 1	e. Election Sum to Date		
	20-2860						\$ 60.00		
f. Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		k. Re	equired Remarks		
WCJ-1222	Check	0	07-0	7-2023	\$ 30.00	ca	Ndidate registration		
					\$				
4. Payee Inform	nation			Add	Remove				
	ing Address & Phone			b. Coordinate	ed Committee Nam	ne	d. Comments		
(include city, stat									
	OWN COMMU	,	ch						
5835 C	harlie Walk	ser Rd		-	stered (Specify)				
	polis, NC ;			Federal	County:		Flada Cart Bat		
nan na		0-0.		State	Municip	banty:	e. Election Sum to Date		
							\$70,00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks		
WCJ-1222	Chack	0			\$ 20.00	do	Nation to		
100-1777	CHECK		0	10 2021		NO	N-profit organization		
					\$				
4. Payee Inform	nation	18年1日本		Add 🔲	Remove				
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Nan	ne	d. Comments		
(include city, stat	te, & zip)								
Staples									
1480 CO	owcord PKW	YN		Bermad	stered (Specify)				
	1, NC 28			Federal State	County:		e. Election Sum to Date		
CONCOFE	, ,, ,			State	Municip	Janty.			
							\$541.27		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks		
WCJ-1222	electronic	\mathcal{B}	07-1	0-2023	\$192.15	Po	ist cards		
WCJ-1222	electronic	В	08-2	9-2023	\$108.43	bu	issines cards		
5. Total only th	is Page						\$ 350.58		
6. Total of ALL	CRO-1310 Pages			CONTRACTOR OF THE					
建筑。这种是是一种的人的企业	line 13a of Detailed Sum	mary Page CRO-11	00 if One	rating Expense	es)		01007 110		
			-			n)	\$1093.40		
(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* - Printin	SECRETARY AND ASSESSMENT OF THE PROPERTY OF TH	programme and programmer.	undraising	D - To	Anot	ther Candidate		
E - Salaries	F* - Equip	0		itical Party			ng Public Office Expenses		
I - Postage	J - Penaltie			ffice Expen			ion to Legal Expense Fund		
O* Other							_		
* Codes requir	e detailed explanati	on in required i	emarks	field (k)					

Dish	oursem	ents
		CHARD

			: 1	Amendment	,
Pg	2	of	4	Yes	□ No

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number	
JAYNE	JAYNE WITH AY WILLIAMS							
3. Type of Disb		use separate CR		forms for e	ach type of Disi	bursei	nent.)	
Operating Expe	enses	tributions to Candida	tes/Politic	al Committees	☐ Coo	ordinate	ed Party Expenditures	
4. Payee Inform				Add	Remove			
	ailing Address & Pho	one		b. Coordinate	ed Committee Nam	ie	d. Comments	
(include city, state,								
Staples	2	/1/ 4/		. r i n . '.	4 1/9 (6)			
	oncord PKV			Federal	stered (Specify) County:	4.5		
CONCOLO	1, NC 280	25		State	Municip	ality:	e. Election Sum to Date	
						,		
							\$ 549.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
WCJ-1222	electronic	K	09-0	5-2023	\$ 8.55	OF.	Fice Suplies	
					\$			
4. Payee Inform	nation	l Andrew State of the Control of the		Add	Remove			
ARTHUR STREET,	ing Address & Phone			ASCHART BY SHORE	ed Committee Nam	ne I	d. Comments	
(include city, star								
INSpire	FOUN dation	N						
9637 L	amden Town	Dr. Nh	/		stered (Specify)			
				Federal	County:		T	
concore	d, NC 280	71		State	Municip	ality:	e. Election Sum to Date	
							\$125.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		equired Remarks	
WGJ-1722	electronic	0	07-	4-2023	\$40.00	NO	wation to a v-profit organization	
1.00 1717					\$		e con construction	
4. Payee Inform	nation			Add	Remove			
CONTRACTOR OF CONTRACTOR OF CONTRACTOR	ing Address & Phone			No line (Alexandria University of the Control	ed Committee Nam	ne	d. Comments	
(include city, star								
DOWNHO	me NC							
	ion St. 5			1	stered (Specify)			
	_	00		Federal	County:			
CONCO	rd, NC 2	8025		State	Municip Municip	ality:	e. Election Sum to Date	
704-90	0-4872						\$30.00	
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	08-0	07-2023	\$ 30.00		N-Profit Organization	
					\$, , , , , , , , , , , , , , , , , , , ,	
5. Total only th	is Page	l	I		l		\$78.55	
			of the contract of				4/0.55	
	CRO-1310 Pages	P 270	100 100		•			
	(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$\[\begin{align*} (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \] \$\begin{align*} (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \] \$\begin{align*} (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \] \$\begin{align*} (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 Canadates/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)								
7. Purpose C A* - Media		SERVICE ALTERNATION PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR	ECHIPHYSIA CHARACT	superconditions of other spills of consection	D T-	A	har Condidata	
E - Salaries	B* - Printin F* - Equip			undraising litical Party			her Candidate ng Public Office Expenses	
I - Postage	J - Penalti			office Expen			ion to Legal Expense Fund	
O* Other	J - I Charle	-	11 - 0	THE LAPER	Q -I	Juan	on to Degai Expense I und	
* Codes require detailed explanation in required remarks field (k)								

Disbursement	S
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	-			Amendmen	t
Pg	3	of	4	☐ Yes	No

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number
JAYNE	with A	y Willi	AMS				
3. Type of Disb	SERVICE STATES OF THE PROPERTY	use separate CR	the Administration of the Control of	there's without the hard the track of the	Christian Carlot and all the last of the last	Ethick validation interest day.	The same of the sa
Operating Exp		tributions to Candida	randomina Par	CONTRACTOR DE LA CONTRA	THE RESIDENCE AND VALUE OF THE PARTY OF THE	Coordina	ted Party Expenditures
4. Payee Inform			张尔有奖组织	or entitle service services	Remove		I. a
	lailing Address & Ph	one		b. Coordinate	ed Committee	Name	d. Comments
(include city, state,	rle Clark						
Showar	Land Cidas	Mit BIV	1	c. Level Regis	stered (Specify)	1
3000 6	rand SUM	VIII DIVE	1	Federal	Cou		
CONCO	ord, NC	28027		State	Mu	nicipality:	e. Election Sum to Date \$ 80.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. R	lequired Remarks
WCJ-1222	Check	B			\$ 80.0	0 0	ampaignbuttons
					\$		
4. Payee Inform	nation			Add	Remove		
MINISTERNATIVE STREAM OF STREET STREET	ing Address & Phone		Fredhold School part (5)	b. Coordinate	ed Committee	Name	d. Comments
(include city, sta	te, & zip)						
Tupelo	HONEY CAFE						
101 5.	THYON St.				stered (Specify		
	He, NC 2			Federal	Cou	-	The diagram of the Post
Char IV	ne, no		-	State	Mu	nicipality:	e. Election Sum to Date
							\$22.27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. F	Required Remarks
WCJ-1222	electronic	0	08-2	0-2023	\$22.2	7 60	issines lunch
					\$		
4. Payee Inform	nation			Add	Remove		
Contraction of State and Contraction	ing Address & Phone			b. Coordinat	ed Committee	Name	d. Comments
(include city, sta	te, & zip)						
ROBIN	TrujaNO					-	
107 M	c Cray Al	re			stered (Specify		
1	polis, NC	22081		Federal State	L Cou		e. Election Sum to Date
Kanna	polls, WE	2000		State	IVIU	incipality.	Talk the second second the case of the case of the
							\$ 160.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. F	Required Remarks
WCJ-1222	Check	B	09-1	21-2023	\$ 160.	00 0	mpaign T-Shirts
11/20 1222			0,0	1207)	\$	100	repaign 1 July 1
		FATOUR STATE OF THE STATE OF TH	H15 N000 H5 (6) 2.3	To a file to the second] Þ	PAREOUS CARSO	
5. Total only th	iis Page						\$262.27 \$1093.40
6. Total of ALI	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-11	100 if Oper	ating Expens	es)		\$1093.40
	line 13b of Detailed Sun						
	line 13c of Detailed Sun		NAME OF TAXABLE PARTY.		Expenditures)		
CONCRETE OF THE PROPERTY OF THE	odes (List detailed	Indianages, entirely begin delivered and the above and the indivin-		Life All Line Street Life and Control of Principal Street			
A* - Media	B* - Printi			ındraising			other Candidate
E - Salaries	F* - Equip			itical Party			ng Public Office Expenses
I - Postage	J - Penalti	es	K* - O	ffice Expen	ises Q*	- Dona	tion to Legal Expense Fund
O* Other	ea datailed avalence	ion in required	romonico	field (Iz)			
Codes requil	re detailed explanat	ion in required t	cmai no	meiu (K)	STREET, AUSTRAL	NAME OF THE PARTY OF	

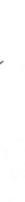
					Amendmen	
Disbursements	Pg	4	of	4	☐ Yes	☑ No
Use this form to report expenditures from the committee for operating e	ynense	s contri	butio	ons to c	andidate/no	litical

	coordinated party ex		par in the last to the						
1. Committee F	ull Name (and Fund	l if applicable)				2. ID Number			
the same of the sa	With A)								
	ursement (Please	use separate CI	RO-1310	forms for e	ach type of Disb	ursement.)			
Operating Exp		tributions to Candida	ates/Politic	cal Committees	☐ Coo	rdinated Party Expenditures			
4. Payee Inforn				Add	Remove				
a. Full Name, M	lailing Address & Ph	one		b. Coordinate	ed Committee Name	d. Comments			
(include city, state,	& zip)								
New Beg	CGIII AVE	6115h1Ng							
400 M	CGIII AVE	NW		-	stered (Specify)	* 1 5			
CONCO	rd, NC	28027		Federal	County:	V. 71 / 6 / 7			
	,			State	Municipa				
						\$402.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks			
	electronic	B			\$402.00	political sign	1/6		
1.00-1777	CIECTIVIC		077	12023	0	porribar sig.			
					\$				
4. Payee Inform	PALEDWAN SENDENSKRINGS HENGT SENDENSKRING VERSEN AND AND AND SENDEN		Ш	Add	Remove				
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments			
(include city, sta	te, & zip)								
				r in .	1 1/0 16)				
				c. Level Registered (Specify)					
				Federal State	County:	ality: e. Election Sum to D	ata		
				State	Widineipa	inty. e. Election Sum to D	atc		
						\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
					\$				
			1		\$				
							steen till til englester frame		
4. Payee Inform			Ц	Add	Remove				
	ing Address & Phone			b. Coordinate	ed Committee Nam	d. Comments			
(include city, sta	te, & zip)		100000						
				Y 10 '	1 1/0 10				
				Federal	stered (Specify)				
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				State	TVI dilicipa	inty. e. Election Sum to E	atc		
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
					\$				
		1	_		\$				
5. Total only th	is Page				<u> </u>	1 51100 0	0		
THE RESIDENCE OF THE PROPERTY						\$402.0			
	CRO-1310 Pages								
6. 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) \$\frac{1093}{90}\$.									
			-			9			
No.	line 13c of Detailed Sun		NAME OF A COLUMN		Expenatures)	1			
7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media									
E - Salaries	F* - Equipment G - Political Party H* - Holding Public Office Expenses L Parallica								
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund									
O* Other	1 4 2 1 1			. C . 1.1 (1.)					
* Codes require detailed explanation in required remarks field (k)									



Abiezer Mercado PO Box 726 Kannapolis, NC 28082-0726





Cabattus County Board of Elections

(Recd 10-3) In PO BOX B) 8AM 10-04

P.O. BOX 1315

Concord, NC 28026-1315

2802621315 8018