Disclosure Report Cover

Amendment	
T Vac	LINA

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		
Dona Caudill Jone	strisch	wi Pocal PM	2:49 NCQJ27		
b. Mailing Address (include City, State and Zip Cod		PEPEIVI	d. Date Filed		
600 Susance Court Kernersulle NU2728	. I	I CULIVI	4-27-18		
Kernersville NCO 108	-		e. Phone Number		
			226-262-5727		
2. Report Year 3. Period Start Date (mm/d	d/yy) 4. Period H	End Date (mm/dd/yy) 5.	Treasurer Full Name		
2018 Fcb.23 2018			Inc. Caudill Junes		
6. Type of Committee (Check One)			e of report from one category)		
Candidate Campaign Party	Municipal	State/County	Referendum		
PAC Referendum Independent Expenditure Joint Fundraiser	Organizationa Thirty-five day		I Organizational Pre-referendum		
Legal Expense Fund	Pre-primary	First	Final		
	Pre-election	Second	Supplemental Final		
7. Type of Fund (if applicable, check one)	Pre-runoff	Third			
Booster Fund	Semi-annual	- Fourth	Special		
Building Fund	Mid Yea	r Semi-annual			
	Year End	Mid Yea	10. Special Report Name		
Other:	Final	Year End	1		
8. Number of Fundraisers this Report	Special	🗖 Final			
\bigcirc		Special			
11. Account Information		11. Account Informat			
a. Financial Institution Full Name		a. Financial Institution Ful	Name		
First Citzens Benl	L				
b. Purpose c. Account C	ode	b. Purpose	c. Account Code		
General O	١				
d. Period Be	gin Balance		d. Period Begin Balance		
Exp. s e	3		\$		
CERTIFICATION	*				
I certify that the Committee or Fund is in comp					
of the NC General Statutes and that no funds an					
report is complete, true and correct and that I h	ave been trained by	the NC State Board of Ele	ections.		
D. A. LILTON	In	11	11-77-18		
Printed Name of Signer		nature of Appointed Preasure	Date		
FOR OFFICE USE ONLY	Croig	nature of Appointed acasure	Dat		
4210	2	K	Delivery Method		
Date Received:	Employ	yee: 10	□ Normal Mail		
D. D. 11			Registered Mail		
Date Postmarked:	Employ	yee:	Hand Delivered		
Date Scanned:	Employ	vee:	Electronically Filed		
Date Data Entered:	Employ		□ Signer has not received		
		and the second	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 Stateme	Contraction of the local division of the loc	THE OWNER WATCHING TO AN ADDRESS OF TAXABLE PARTY.			
CRO-1000	NC State Boa	rd of Elections	August 2008		

In-Kind Contributions

of

Pg

Amendment

Ves Yes

1 No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number				
Dona Caudill Jones For Scho	NCQ327				
	Add 🗖 Ren	and the second s			
a. Full Name, Mailing Address & Phone	/ 8			mments	
(include city, state, & zip)	Individual Candidate				
Done Caudill Jones	Party				
Lew Susanne Court	D PAC				
Kernesulle NL27284	C Referendum		d. Ele	ection Sum to Date	
		\$ 2,908.00			
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
Filingfee		2-12-18	2-12-18 \$ 108.0		
Digital bylboards		J-26-18		\$ 2,800.00	
	/			\$	
3. Contributor Information	and the second sec	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Co	omments	
(include city, state, & zip)	Individual				
David Jones	Candidate				
Consider of the					
600 Susance Court	Referendum		d. El	d. Election Sum to Date	
Kelnessille No 27284	Other Receipt	Source	đ		
			\$	2,619.69	
e. Description		f. Date (mm/dd/yyy	(y)	g. Fair Market Amount	
Yord Signs out Lip balm		2-27-18		\$2461.17	
t-shirts		4-24-18		\$ 158.52	
				\$	
3. Contributor Information	Add 🗖 Ren	move		And the second second second	
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor c. C		Comments	
(include city, state, & zip)	Individual Candidate				
	Party				
	D PAC				
Referen		ReferendumOther Receipt Source		d. Election Sum to Date	
				\$	
e. Description	1	f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
				\$	
				\$	
-				\$	
4. Total only this Page			\$	5,527.69	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				5,527.69 5,527.69	

48-Hour Notice

Page _____ of ____ Amendment

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qrtr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information							
a. Full Name					c. ID Number		
Dona Cauchill Jones For School Board					NCQ327		
b. Mailing Address (include City, State and Zip Code)					Date		
600 Susana Cre	st			4	27/2018		
600 Susanne Cou Kernesv: 11 c 11	27284			e. Phone N			
				201	2		
				1326.	.362-5723		
2. Contribution Information		-	2. Contribution Information	(B)			
a. Full Name, Mailing Address & Phon	ie	Add	a. Full Name, Mailing Address & Pho	one	Add Remove		
(include city, state, and zip)	· l	Remove	(include city, state, and zip)		Remove		
Charlene Caud							
Shullbit Road	Å						
Kernersulle Ne	27204						
nerneshile ne	0.000						
b. Type of Contributor			b. Type of Contributor				
Individual (if checked, mu	ust specify b2 and b3)		Individual (if checked, ma	ust specify b	b2 and b3)		
Political Party			Political Party				
Other Political Committee	(if checked, must spe	ecify b1)	Other Political Committee		d, must specify b1)		
Not-for-Profit (if checked, mu	ist specify b4)		Not-for-Profit (<i>if checked</i> , <i>m</i>) Other Source:	ust specify l	94)		
Other Source:	line and the second	-	b1. Type of Committee				
b1. Type of Committee Federal County:			Federal County:				
State Municipality:			State Municipality:				
b2. Job Title/Profession	b4. Federal ID Nun	nber	b2. Job Title/Profession		b4. Federal ID Number		
VP							
b3. Employer's Name/Specific Field c. Form of Payment		t	b3. Employer's Name/Specific Field	c. Form of Payment			
Caudill's Dertin	Check	_					
d. Date (mm/dd/yyyy)	e (mm/dd/yyyy) f. Amount d. Date (mm/dd/yyyy)		f. Amount				
4-26-2018	\$ 1,000.	GO		\$			
e. Account Code	g. Election Sum to		e. Account Code		g. Election Sum to Date		
01	\$ 1,000.	00	\$				
3. Total Contributions THIS Page (sum all the '2f' entries on this page)					1,000.00		
4. Total Contributions ALL Pa	Carl Service of the s	page, only list	on page 1)	\$	1000.00		
CERTIFICATION					4		

I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

Printed Name of Sig

Signature of Appointed Treasurer

Date

CRO-2220

NC State Board of Elections

Detailed Summary			Amendment Ves No		
Use this form to summarize all disclosure reporting forms and Committee Full Name (and Fund if applicable)	etary information	3. ID Number			
Done Caulil Tones for Schull	the I	Total this	NCQJ27 Total this		
Start of Election Cycle: January 1,		Reporting Perio			
4) Cash on Hand at Start		\$ 1,000.00	s Ø		
RECEIPTS			- All and a second		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 1,000.00	0 \$ 1,000.00		
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 Organization	ns (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,1	1c,11d and 11e)	\$ 1,000.0	00.000.00 \$ 1,000.00		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	\$		
13b) Contributions to Candidates/Political Committee	ees (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)	\$ 5.527.6	9 \$ 5,527.69		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14	4, 15, 16 and 17)				
19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18	\$ 4,527.1	09 5. 4,527.69		
ADDITIONAL INFORMATION	100.0 100.0	<u></u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)				
21) Outstanding Loans (incl. ones from other campaign					
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-1100 NC State	(CRO-1215) Board of Election	Contractory of the second s	\$ August 20		

Cont	ributions fr	om Individua	ls	Pg	of		Amendment	
Contributions from Individuals Pg of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used								
							2. ID Number	
Done Cauchill Jones For Schust Board					N	NCQ227		
3. Cont	ributor Informa			Add 🛛 Rer	nove	<u>(1</u>		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Co	mments	
(includ	(include city, state, & zip) .							
Charleve Caulity Soluwert Rouel Kernesulle No 27284					ne/Specific Field			
•	Shillive	wt Tloud		Candill' Electric				
		1 022	Red.	Caudin	CIECNIC	e. Ele	ection Sum to Date	
	Kernesull	c NC d Id	57			\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)	k. Amount	
							\$	
							\$	
							\$	
3. Cont	tributor Inform	ation		Internet and the second se	move			
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. Co	omments	
(inclue	le city, state, & zip)	0		-				
				c. Employer's Nat	me/Specific Field	1		
				ci Zinpiojos o ta				
						e. El	e. Election Sum to Date	
						\$	<i>i</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount	
	•						\$	
					e		\$	
							\$	
3. Con	tributor Inform	ation		Add 🔲 Re	move	0.		
a. Full N	ame, Mailing Addr	ress & Phone		b. Job Title/Profe	ession	d. C	omments	
(inclu	de city, state, & zip)		-				
				c. Employer's Na	me/Specific Field	1		
1						e. El	lection Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	iption	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
							\$	
4. To	tal only this l	Page				\$	1000.00	
5. To	tal of ALL C	RO-1210 Pages				\$	000.00	
(This	(This line must be on line 6 of Detailed Summary Page CRO-1100)							