Disclosure Report Cover			Amendment Yes No
Use this form for general report and committee i	nformation, r	nust be signed and subr	mitted along with other detailed forms
Do not use this form to update information.			
1. Committee Information			
a. Full Name			c. ID Number
Jenny Fulton For	Alde	rman	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed
6104 Old Orchard	Rd		
Kernersville, NC	272	84	e. Phone Number
2. Report Year 3. Period Start Date (mm/dd/yy)	4. Period P	end Date (mm/dd/yy) 5.	Treasurer Full Name
2019 9-25-19	10-		Charles Kevin Bugg
			pe of report from one category)
	ınicipal	State/County	Referendum
PAC Referendum	Organizationa		
Independent Expenditure	Thirty-five day		Pre-referendum
Legal Expense Fund	Pre-primary Pre-election	First Second	Final Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-runoff	Third	Annual Co
Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Year	-	
	Year End	I Mid Yes	
☑ Other.	Final	Year En	
8. Number of Fundraisers this Report	Special	Final	0
		☐ Special	
11. Account Information		11. Account Informat	ion
a. Financial Institution Full Name		a. Financial Institution Ful	
Fid III Park			
TOE 1144 JOHN		B =	
b. Purpose c. Account Code		b. Purpose	c. Account Code
Campaign ABC C	14C		
d. Period Begin B:			d. Period Begin Balance
Tuna \$ 292.	56		\$
CERTIFICATION			
I certify that the Committee or Fund is in compliance of the NC General Statutes and that no funds are con report is complete, true and correct and that I have be	nmingled with	prohibited or other non-d	lisclosed funds. I further certify that this
VA	Lo-	X	
TEVID INLAG			
Printed Name of Signer	Sign	nature of Appointed Treasure	r Date
Date Received: 10 3019	Employ	ree:	<u>Delivery Method</u> ☐ Normal Mail
Date Postmarked:	Employ	/ee:	Registered Mail Hand Delivered
Date Scanned:	Employ	/ee:	Electronically Filed
Date Data Entered:	Eniploy	/ee:	Signer has not received

assistant treasurer, custodian of books information, or account information.

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

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,

Amendment Yes ☐ No

Detailed Summary Use this form to summarize all disclosure reporting forms and	Amendment Yes No		
1. Committee Full Name (and Fund if applicable)	2. Type of	Report 3.	ID Number
Jenny Fulton for Alderman	(3)	Election	
Start of Election Cycle: January 1, 2019	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 292.56	\$ 42.56
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1500.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 250.00
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 Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	S
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	S
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and He)	\$ 1500.00	s 292.56
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 615.29	\$
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	5, 16 and 17)	\$ 615.29	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 884.71	\$
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)	\$	是这种的原理学。在自
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)	\$	\$

		rom Individua		Pg	of		Yes No
		ndividual contributio		ontributions und	er \$50 if form CF	1 05	205 is not used
1. Committee Full Name (and Fund if applicable)					2. I	D Number	
$\mathcal{L}_{\mathcal{L}}$	enny t	ulton fo	x Alc	terma	n		
FE TO SEE STATE OF THE SEC. OF	ributor Inform			Add 🔲 Rei	move		
	ame, Mailing Addre			b. Job Title/Profe:	ssion	d. C	oniments
	le city, state, & zip)			Rati	ما		
Je	isc th	ylas.	0.1	c. Employer's Nar	r ← O ne/Specific Field		
Jeff Jaylor. 923 Wimberly Way Ct. Kernersville, NC 27284					e. El	lection Sum to Date	
K	ernersv	ille, NC	48575			\$	100.06
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y)_	k. Amount
	ABC DOYL	Check	NIA		09-26-21	DIA	\$ 100.00
							\$
							\$
3. Cont	ributor Informa	ation		Add Rer	nove		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
-	le city, state, & zip)			0. 1:	dada		
Je	nn Fu	Iton Orchari Ue, NC		c. Employer's Nan	ua/Specific Field		
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روا	04 010	Orchari	DA LO			e. El	lection Sum to Date
Ke	rvrrsvi	le, NC.	27274			\$	11/02 24
					<u> </u>	ı i	1400.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	dion	j. Date (mm/dd/yyy	ry)	k. Amount
	ABC DOYI	Check	NIA		10-16-201	9	\$ 1400.00
							\$
							\$
3. Cont	tributor Informa	ation		Add 🔲 Rei	nove		
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. C	omments The second
(includ	le city, state, & zip)						
				c. Employer's Nar	ne/Specific Field		
						e Fi	tection Sum to Date
						\$	rection Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descrip		j. Date (nun/dd/yy)	וערן	k. Amount
	g. Account Code	n. Form of 1 Zyment	i, in-kind Descrip		J. Date (Historiary)	,	
							\$
	_			_	_		\$
							\$
4. Tot	al only this P	age / // // /	AND DESCRIPTION		医力和型员	\$	1500.00
		RO-1210 Pages 6 of Detailed Summary Po	nge ('RO-1100)			\$	1500.00
(Inis l	ine musi be on line (o of Detailed Summary Pl	Se CHO-1100)	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM			

Amendment

Disburse	ments				3	Amendment
Use this form	to report expenditure	es from the comm	iittee for	Operation as	Pg	of Yes No utions to candidate/political
committees ar	nd coordinated party	expenditures	24.00 701	operating ex	xpenses, contrib	utions to candidate/political
1. Commutee	Full Name (and Fu	nd if applicable)			2. ID Number
Jenn.	tulton	For, A	Ide	mer		34.96 JH 480
3. Type of Dis	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	se use separate (RO-13	0 forms for	each type of Di	sbursement.)
4. Payee Info	Apenaes	ontributions to Candi	dates/Poli	tical Committee	s C	oordinated Party Expenditures
	Mailing Address & P	hone		Add	Remove	
(include city, stat	e, & zip)	Hore		b. Coordina	ted Committee Nar	me d. Comments
CAR	Graph	ice.		-		
1 1 . 1	0	110		C. Level Reg	Istered (Specify) County:	_
Har	, Point,	NG		State	Municip	
]						
f. Account Cade	g. Form of Payment	10 0				\\$ 115,29
ARC 004		h. Purpose Code		(mm/dd/yyyy)		k. Required Remarks
up cod	1 Check	13	10-	28-2019	\$ 115.29	Signs
					\$	
4. Payee Infor				Add	Remove	The state of the s
a. Full Name, Mai	ling Address & Phone				ed Committee Nam	d. Comments
(include city, sta						
Micha	Brown	Medi		- Y I D - t	1.00	
^ .	^	Kale	7	Federal	stered (Specify) County:	
Col	fax, NO	1		State	Municip.	ality: e. Election Sum to Date
						c. Laceton Sum to Oate
f. Account Code						200.00
	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
ABC DOYI	Check	31	10-	21-2019	\$ 500.00	Video
					\$	
4. Payee Inform	nation	是 2 通过 100000000000000000000000000000000000		Add	Remove	
a. Full Name, Mail	ing Address & Phone			SHEET STATE OF STREET	d Committee Name	e d. Comments
(include city, sta	te, & zlp)				En electronymposity	
					tered (Specify)	
				Federal State	County:	lity: e. Election Sum to Date
				State	Widinetpa	
						\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	. Amount	k. Required Remarks
					\$	
				- :	\$	
. Total only th	is Page		(Table)	200000000000000000000000000000000000000	March 19 Spot Design	CI E DA
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(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)						
	des (List detailed					
* - Media	B* - Printin	g	C* - Fu	ndraising	D - To A	Another Candidate
C - Salaries	F* - Equipa			tical Party		lding Public Office Expenses
- Postage D* Other	J - Penaltie	S	K* - Of	fice Expense	es Q* - Do	nation to Legal Expense Fund
the state of the s	detailed explanation	n in required re	marks	field (k)	The first the second	