## Amendment **Disclosure Report Cover** ☐ 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 Information a. Full Name c. ID Number Mailing Address (include City, State and Zip Code) d. Date Filed 12/24/19 5743 antietam WR e. Phone Number 3369184238 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name DONOVAIN JACKSON 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Municipal State/County Party Referendum PAC Organizational Referendum Organizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum Final Pre-primary Legal Expense Fund First Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year Semi-annual 10. Special Report Name Year End Mid Year Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name ntional b. Purpose c. Account Code b. Purpose c. Account Code Committee d. Period Begin Balance d. Period Begin Balance 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. Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: ☐ Normal Mail

**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.

Employee:

Employee:

Employee:

Date Postmarked:

Date Data Entered:

Date Scanned:

CRO-1000

Registered Mail

☐ Signer has not received

mandatory training

August 2008

☑ Hand Delivered☑ Electronically Filed

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

NC State Board of Elections

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number	
Campbell for City Council			2728	
Start of Election Cycle: January 1, <u>2019</u>	_	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	ì	\$ 0-	\$ 0-	
<u>RECEIPTS</u>				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 85 -	\$	
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 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)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	lld and lle)	\$ 85	\$ 0	
EXPENDITURES			3 1 2	
13) Disbursements		· 		
13a) Operating Expenditures	(CRO-1310)	\$	\$	
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)	\$ 5.00	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13b)	5, 16 and 17)	\$ 5.00	\$ 5,00	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 80.00	\$ 80.3	
ADDITIONAL INFORMATION	<del></del> i			
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)	<u></u>		
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)	\$		

Contributions from Individuals Use this form to report individual contributions o	ver \$50 or contributi	Pg of	Amendment  Yes No  RO 1205 is not used
1. Committee Full Name (and Fund if applicab		tons under \$50 ir form C	2. ID Number
Campbell for City	Council	TARREST CONTRACTOR CON	
3. Contributor Information	□ Add	☐ Remove	——————————————————————————————————————
a. Full Name, Mailing Address & Phone	b. Job T	itle/Profession	d. Comments
(include city, state, & zip)		DTRavel	
5743 Untietam DR	a Frank	yer's Name/Specific Field	_
worsten Salem NC22	106 00	DTRavel	-
	BC.	DIRAVEI	e. Election Sum to Date
5743 antietam Dr Winsten Salem NC271 Eunice Campbell			\$
f. Prior g. Account Code h. Form of Payment i. In	-Kind Description	j. Date (mm/dd/yy	yy) k. Amount
□ EC2020 Cash -	filing fee	12/13/19	<u> </u>
□ EC2020 Check		12/11/19	\$ 80.00
			\$
3. Contributor Information	j□ Add	Remove	
a. Full Name, Mailing Address & Phone	b. Job T	itle/Profession	d. Comments
(include city, state, & zip)			
	c. Emple	yer's Name/Specific Field	-
	<u></u>	<u> </u>	
			e. Election Sum to Date
			\$
f. Prior g. Account Code h. Form of Payment i. In	-Kind Description	j. Date (mm/dd/yy	yy) k. Amount ,
🗖			\$
		_	\$
			\$
3. Contributor Information	☐ Add	Remove	and the first of the second of
a. Full Name, Mailing Address & Phone	b. Job Ti	itle/Profession	d. Comments
(include city, state, & zip)			
	c. Emplo	yer's Name/Specific Field	
			e. Election Sum to Date
			\$
f. Prior g. Account Code h. Form of Payment i. In	-Kind Description	j. Date (mm/dd/yy	yy) k. Amount
			\$
			\$
			\$
4. Total only this Page			\$ 85.00
5. Total of ALL CRO-1210 Pages	<del></del>		

<b>In-Kind Contributions</b>	Pg	of	Yes	□ No
Use this form to report non-monetary contributions, donations, good			ee or fund.	
Use CRO-1215 if In-Kind Contributions were or will be reful. Committee Full Name (and Fund if applicable)	nded within / day	ys.	2. ID Number	<del>-</del>
			2. 1D Number	
Campbell for City Council				
3. Contributor Information	ARREST 144	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	buiter	c. Comments	
(include city, state, & zip)	Individual  Candidate			
Funice (ampbell	Party			
COUR ROLLETAN LAR	PAC			
5.743 W/D CO (1) CO (1)	Referendum		d. Election Sum to Date	
Eunice Campbell 5743 antiftam DR Winston Salem NC27126	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Marke	t Amount
Oliva Cap		Johalie	\$	, D
time tee		1415/17	7 5	
<del></del>			\$	
			\$	
3. Contributor Information	in the second	nove *		· · · · · · · · · · · · · · · · · · ·
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comments	•
(include city, state, & zip)	Candidate			
	Party			
	PAC			
	Referendum		d. Election Sum to Date	
	Other Receipt	Source	\$	
e, Description		f. Date (mm/dd/yyy	y) g. Fair Marke	t Amount
			\$	
			\$	
			\$	
3. Contributor Information	Add 🔲 Rer	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outer	c. Comments	
(include city, state, & zip)	Individual Candidate			
	Party			
	PAC			
	Referendum		d. Election Sum to Date	
	Other Receipt	Source	\$	
e. Description	. <b>.</b>	f. Date (mm/dd/yy)	y) g. Fair Marke	t Amount
			\$	
			\$	
		_	\$	
4. Total only this Page			\$ 5	00
5. Total of ALL CRO-1510 Pages	, a	\$ 5	. 00	
(This line must be on line 17 of Detailed Summary Page CRO-1100)	. <u> </u>		<u>, J</u>	

Amendment