Disclosure Report Cover		ndmei	nt
Disclosure Report Cover	П	Ves	□ No
Use this form for general report and committee information, must be signed and submitted along w	vith of	ther d	letailed forms

Do not use this form to update information.		
1. Committee Information		
a. Full Name		c. ID Number
Jenny Julton Campaign	for Mayor	SCQ8FE
b. Maning Address (include City, State and Zip Code)	\	d. Date Filed
709 Oakhurst Street		7-02-2021
Kernersville, NC 27281	1	e. Phone Number
2.20	•	336-978-0041
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period I	End Date (mm/dd/yy) 5. Treasure	
	18-2021 Charle	J MCVII I HOS CLUCI
	ort (check only one type of repo	
☐ Candidate Campaign ☐ Party	State/County	Referendum
PAC Referendum Organizationa Independent Expenditure Joint Fundraiser Thirty-five da	annon C	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	Annual
Booster Fund Semi-annual	Fourth	Special
■ Building Fund ■ Mid Yea	r Semi-annual	
Year End	Security	10. Special Report Name
Other: Final	Year End	
8. Number of Fundraisers this Report Special	Final	2
0	L Special	
11. Account Information	11. Account Information	<u> </u>
		1'1
a. Financial Institution Full Name	a. Financial Institution Full Name	AND THE PERSON OF THE PERSON O
Financial Institution Full Name Fidelity Bank	a. Financial Institution Full Name	2 2 3
a. Financial Institution Full Name Jidelity Bank b. Purpose c. Account Code	a. Financial Institution Full Name b. Purpose	22
b. Purpose c. Account Code		c. Account Code
b. Purpose c. Account Code ABC - OOH		c. Account Code
b. Purpose c. Account Code Campaign d. Period Begin Balance		c. Account Code d. Period Begin Balance
b. Purpose c. Account Code ABC - OOH		c. Account Code
b. Purpose c. Account Code Campaign d. Period Begin Balance		c. Account Code d. Period Begin Balance
Description Learning to the comparison of the c	b. Purpose icable provisions of Article 22A, 22I	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163
b. Purpose c. Account Code Character Code C	b. Purpose icable provisions of Article 22A, 22I prohibited or other non-disclosed fu	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163
Description Learning to the comparison of the c	b. Purpose icable provisions of Article 22A, 22I prohibited or other non-disclosed fu	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163
b. Purpose c. Account Code ABC-OOH d. Period Begin Balance \$ 1,316 . 62 CERTIFICATION I certify that the Committee or Fund is in compliance with all appl of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by	b. Purpose icable provisions of Article 22A, 22I prohibited or other non-disclosed fu	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163 ands. I further certify that this
Deprivation C. Account Code C. Account Code ABC - OOH d. Period Begin Balance \$1,316 . 62 CERTIFICATION I certify that the Committee or Fund is in compliance with all appl of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Kevin Buga	b. Purpose icable provisions of Article 22A, 22I prohibited or other non-disclosed for the NC State Board of Elections.	c. Account Code d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163 ands. I further certify that this
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Deprived Name of Signer Lidelity Bank c. Account Code ABC-OOH d. Period Begin Balance \$1,316.62 CERTIFICATION I certify that the Committee or Fund is in compliance with all appl of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Printed Name of Signer Sig	b. Purpose icable provisions of Article 22A, 22I prohibited or other non-disclosed for the NC State Board of Elections. nature of Appointed Treasurer pee: Del	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this 18 28 21 Date ivery Method Normal Mail Registered Mail Hand Delivered
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Date Postmarked: D. Purpose C. Account Code ABC-OOH ABC-OOH ABC-OOH ABC-OOH C. Account Code C. Account Code C. Account Code ABC-OOH ABC-OOH Sepin Balance \$ 1,316.62 CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in compliance with all apple of the NC General Statutes and that I have been trained by CERTIFICATION I certify that the Committee or Fund is in complia	b. Purpose icable provisions of Article 22A, 22I prohibited or other non-disclosed furthe NC State Board of Elections. Appointed Treasurer Del provisions of Article 22A, 22I prohibited or other non-disclosed furthe NC State Board of Elections. Del provisions of Article 22A, 22I prohibited further non-disclosed further non-di	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this 10 28 21 Date ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
Date Postmarked: Directify Bank CERTIFICATION I certify that the Committee or Fund is in compliance with all appl of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by the NC General Statutes and the	b. Purpose icable provisions of Article 22A, 22I prohibited or other non-disclosed for the NC State Board of Elections. nature of Appointed Treasurer yee: yee: yee:	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this b 28 21 Date Date Date Date Date Date Date
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Detailed SummaryUse 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	
Jenny Julton Compaign for Mayor	deservation of the second control of the sec	SCQ8FE		
Start of Election Cycle: January 1, 2021	_	Total this Reporting Period	Total this d Election Cycle	
4) Cash on Hand at Start		\$ 1316.6	2 \$	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 10.00	\$	
6) Contributions from Individuals	(CRO-1210)	\$2500.0	D \$	
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	ent u semi krisu sekir isti et rikennuskris, em til simble em gjörget			
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,	11d and 11e)	\$ 2510.5	20 \$	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 620.0	00 \$	
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)	\$ 620.00	Ψ	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 3,206.	o2 \$	
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)	\$	\$	
	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Aggregated Contributions from Individuals Page of						Amendment Yes No		
Op	Optional form used to report NC Contributions From Individuals of \$50 or less							
1.	Committ	2. ID Number						
	Jer	my Ju	Ston Car	maign for	Marior	SUBSEE		
3.	Contribu	tor Information	1	PANO .				
_	mend		c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amount		
	Add Remove	ABC- 0041	Cash		10-05-202	\$10.00		
R	Add Remove					\$		
	Add					\$		
H	Remove Add							
日	Remove Add					\$		
	Remove					\$		
H	Add Remove					\$		
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	Remove					\$		
H	Add Remove					\$		
	Add Remove					\$		
September 1	CONTRACTOR OF THE STREET	nly this Page				\$ ID.00		
5.	Total o	f ALL CRO-				\$		
0	This line m	•						

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used						
1. Committee Full Name (and Fund if applicable)					2. ID Number	
Je	now Fu	Lton Car	maign	for M	WOR	SCB8FE
3. Contributor Information						
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. Comments
	le city, state, & zip)			01.	1	
J:	ine (lick, nestead Clu Salem, N	L D.	c. Employer's Nan		-
52	29D Hor	mestead Clu	rip DL:			e. Election Sum to Date
M	linston-	Salem, N	27103			\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount
	ABC- 0041	Check# 1434			1	021 \$ 100.00
						\$
						\$
3. Cont	ributor Inform	ation		Add Rei	move	•
	ame, Mailing Addr			b. Job Title/Profe		d. Comments
(includ	le city, state, & zip)			0 1.	1	
\sim	`	11.1.		Ketir	ed	
17	enee h	Jhitzker	,	c. Employer's Na	me/Specific Field	
28	33 Cath	Jhitaker ni Lane				
X	evinevel	ille, NC 2	\			e. Election Sum to Date
7	CIVIOSVI	11 K, 100 2	7234			\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	
	ABC-	Check \$8019				021 \$ 100.00
						\$
						\$
3. Cont	ributor Inform	ation		Add Rei	move	
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. Comments
(includ	le city, state, & zip)			0 1.	1	
Ch	arlere	Caudill st Road ilk, NC.	-	c. Employer's Nar	ne/Specific Field	
5	OIH We	se road				El di Cari Si
K	ernersv	ilk, MC)			e. Election Sum to Date
			48575			\$ 550.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy) k. Amount
	ABC-	Check # 14125			09/22/20	21 \$ 300.00
						\$
						\$
4. Tot	al only this P	age				\$ 500.00
5. Tot	al of ALL CI	RO-1210 Pages 6 of Detailed Summary Pa	age CRO-1100)			\$ 2500.00
(2100 11	must be on une	, Dominou Jummury 1 u	0			A

Contributions from Individuals

Con	tributions fi	rom Individua	ls	Pg	2 of 3	3	Yes No
		individual contributio		ontributions und	ler \$50 if form C		
1. Con	mittee Full Nan	ne (and Fund if app	licable)	Λ		2.]	ID Number
Jer	ony Jult	on Camy	ogian "	tor Mo	MOR	1	CASFE
3. Con	tributor Inform	ation			move		
	Name, Mailing Addr			b. Job Title/Profe	ession	d. C	Comments
	de city, state, & zip)			49)			
H	amela	Idol		c. Employer's Na	me/Specific Field	1	
	229 N.	Main St	test			_	
		ville, NC				e. E	lection Sum to Date
	VELLICI 21	VIIR, NC	27284			\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	ABC- 0041	CK#4609			09-23-20	21	\$ 200.00
							\$
							\$
3. Con	tributor Informa	ation		Add Re	move		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	'omments
(incine	de city, state, & zip)			Insu	urance_		
Ke	vin B	NLOC		c. Employer's Na		1	
1-	275 Hh	19665.		State	<u>.</u>	L.	
i		rille, NC		4	arm		lection Sum to Date
			27284			\$	1000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount
	0041	CK#5679			09-23-20	21	\$ 1000.00
							\$
							\$
3. Cont	ributor Informa	ation	П	Add Re	move		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	oniments
	le city, state, & zip)	4		Rativ	red .		
7	im Ja	ey lor		c. Employer's Nat	ne/Specific Field	1	
~	126 B	oliff Sch	ool Rd			e E	lection Sum to Date
X	erners	eylor Nuff Sch ville, NC	DHORIL			\$	500.00
	_		i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	(4)	k. Amount
	ABC-		I III IIII DESCRIP				
	1400	CK#3445			09-23-20)2	\$ 200.00
							\$
							-\$
4. Tot	al only this Pa	age				\$	1700.00
5. Tot	al of ALL CR	O-1210 Pages				2	DE 200

Amendment

Amendment **Contributions from Individuals** ☐ No Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form \$\overline{CRO}\$ 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Richard c. Employer's Name/Specific Field

5	00 1101	IN THE	meet	1		e F	lection Sum to Date
4	ernersv	ille, NC	277221			-	
<u></u>			·				100.00
	g. Account Code		i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	dentality in the personal authorities	k. Amount
	ABC- 0041	CK#3549			10-05-20	21	\$100.00
							\$
							\$
A. T. S.	ributor Inform			Add Rei	nove		
	ame, Mailing Addr e city, state, & zip)			b. Job Title/Profe	ssion	d. C	omments
D	avid tit	2 patrick	<u>al</u>	c. Employer's Nar	ne/Specific Field		
\	132 -	JUN SISWY	_31 .			e. El	ection Sum to Date
K	errers	zpatrick salisbury ville, NC	27274			\$ 1	200.00
f. Prior		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy)	y)	k. Amount
	ABC- 0041	CK#3834			10-05-20	121	\$ 200.00
							\$
							\$
3. Cont	ributor Inform	ation		Add Re	nove		
	me, Mailing Addr			b. Job Title/Profe	sion	d. C	omments
(includ	e city, state, & zip)						
				c. Employer's Nar	ne/Specific Field		
							ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							-\$
4. Tota	al only this P	age				\$	300.00
		RO-1210 Pages 6 of Detailed Summary Pa	19e CRO-1100\			\$	2500.00
CRO-12		o oj Deutitea Summary Pa		rd of Elections			April 2007

Disbursen	a om ta					1	4	Amendment	ATTACH THE INTEREST OF THE PROPERTY OF	emineros incatante
					Pg .	of		_ Yes)
Use this form to	o report expenditures l coordinated party ex	from the commit	tee for	operating exp	penses,	contributi	ons to	candidate/pol	itical	
	Full Name (and Fun						2	. ID Number		
Jenn	y Fulton	Carron	lan	for 1	Nas	IDR.		SC08F	F	
3. Type of Disl	oursement (Please	e use separate Cl		forms for e	each tvi	pe of Dish	ursem	ient.)		
Operating Exp	the state of the s	ntributions to Candid					CONTRACTOR STATES	Party Expenditur	res	
4. Payee Inform	CONTRACTOR OF THE PARTY OF THE			Add	Remo					
a. Full Name, M	Mailing Address & Ph	none		b. Coordinate	ed Comr	nittee Name	d.	. Comments		
(include city, state	e, & zip)				-					-
Jen.	Jalents Bent Cre			c. Level Regi	stered (S					
356	Bent Cre	ek Ivail		Federal	F	County:				
Kerne	ersville, l	110 00	-	State		Municipa	lity: e.	Election Sum to	Date	
170111	a sville,		V					\$ 620.0	>0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amou	ınt	k. Requ	uired Remarks		
ABC-DOYI	On-line	l K	10-1	5-2021	\$ 62	50.00	W	ebsite		
					\$					
4. Payee Inform	nation			Add	Remov	78				
	ling Address & Phone			b. Coordinate	The Charles of the Charles		la.	Comments		
(include city, sta	사람들의 10km (10km) 전 10km (10km) 10km (10km					article I (unite		Comments		
				c. Level Regis	stered (S	pecify)				
				Federal		County:				
				State	L	Municipa	lity: e.	Election Sum to	Date	
							1 9	\$		
f. Account Code	g. Form of Payment	h. Purpose Code	li Dota (mm/dd/yyyy)	I A	_,	ls Poor	uired Remarks		
i. Account Code	g. Form of Fayment	II. I di pose code	I. Date (mm/dd/yyyy)	j. Amou	illt	K Requ	meu Kemai ks		
					Ф					
					\$					
4. Payee Inform	nation			Add	Remov	re				
	ing Address & Phone			b. Coordinate			d.	Comments		
(include city, sta	te, & zip)									-
				c. Level Regis	stered (S					
				Federal	<u>_</u>	County:	5200			
				State		Municipal	ity: e.	Election Sum to	Date	
							1	\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amou	nt	k. Rear	uired Remarks		
	G - value of a mj mont				\$					
		 								
					\$					
5. Total only th	is Page						\$	620	. 00	>
6. Total of ALI	CRO-1310 Pages									
	line 13a of Detailed Sun	nmary Page CRO-11	00 if Ope	rating Expense	es)				Dr	
	line 13b of Detailed Sun						"	620	, .)
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-11	00 if Coo	rdinated Party	Expendi	tures)				
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)						
A* - Media	B* - Printi	ng	C* - F	undraising				r Candidate		
E - Salaries	F* - Equip	ment		itical Party				Public Office		
I - Postage	J - Penalti	es	K* - 0	ffice Expens	ses	Q* - Do	nation	ı to Legal Exp	ense Fi	und
O* Other										
* Codes requir	e detailed explanati	on in required r	emarks	field (k)						