Disclosure Report Cover

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		
JIMMY HODSO	N FOR NC	şerk meş den i meş yek i in şeşti menenden şêdirşereş iza'dan e. Σα zananı sa		TO THE STATE OF THE PERSON NAMED IN COLUMN TO A PARTY.	PETER SPECIAL SECTION SEC.	un qu., ng perlapin que	pgg no-y, and it bealth is CPAD-1864	s us convenende Drest () 646 s ec ex	EGISTO		
b. Mailing Addre	ezz (include Ci	ty, State and Zi	p Code)					d. Date Filed		
4715 YADKINV P.O. BOX 362	TLLE ROAD	THE RESERVE OF THE PARTY OF THE			- rationed - phi	HSOHL-			07/09/2024		
PFAFFTOWN, N	NC 27040-9901								e. Phone Number		
									(336) 655-2251		
2. Report Year	3. Period Star	rt Date (mm/dd/	77)	4. Period	End Da	ate (m	m/dd/yy)	5. Treasu	rer Full Name		
2024		2/15/2023			06/30/2	2024		CHLOE N	OORE		
6. Type of Cons			9. Typ	e of Repor	t (c	heck (only one	wpe of rep	port from one category)		
Candidate Car		rty	Munic	ipal		State	County		Referendum		
Joint Fundrais	er 🔲 PA	'C		Organizatio	nal	onal Organizational			Organizational		
Referendum		gal Expense Fund		Thirty-five	day	0	barterly		Pre-referendum		
7. Type of Fund	(If applicab	la, check one)		Pre-primar	у				Final		
☐ "Booster Fund				Pre-electio	n	· I—			Supplemental Final		
Building Fund			10	Pre-runoff			Third		Annual		
Presidential E	lection Year Car	didates Fund		Sami-annua	1	lin .	Foarth		Special		
NC Public Car	noaiza Financia	r Fund		Mid Ye	dir	- s	emi-annul				
			10	Year E	nd l	lo "	Mid Yes		10. Special Report Name		
Other:			15	Final		H	Year En	-	- Annual Control of the Control of t		
8. Number of Fu	mirainam this	Panort	X	Special		li e		in-	2024 Second Quarter		
OUTTERBUCE OF E		s Acport	101	ohacter					Report		
	0					LI Special			6		
3. Account Info	rmation				3. Acc	ount I	nformatic	on.	O		
a. Financial Inst	itution Full Na	me		a. Financial Institution Full N				n Full Nan	ie .		
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b. Purpose		e. Account Cod	e		b. Purp	ezo	20.000		c. Account Code		
TO COLLECT F		9	188						12		
THE JIMMY HO		170 1 170 1	79.3		_						
FOR NC COMM	FFTEE	d. Period Begin Balance							d. Period Begin Balance		
		S		0.00					S		
Chapter 163 of funds. I further	he Committee of the NC Gener	al Statutes and his report is con	that no	funds are true and co	commin orrect a	ngled and the	with proh	abited or o	2A, 22B & 22D-22M of other non-disclosed ad by the NC State Board 07/09/2024		
FOR OFFICE US	SE ONLY				7	7	100	- I	_		
Date Receive	ed:		plane	Employ	ree _	/			ivery Method Normal Mail		
Date Postmar	rked:		-	Employ	ree _				Registered Mail Hand Delivered		
Date Scanned	d:		-	Employ	ree _				Electronically Filed		
Date Data Em				Employ					Signer has not received mandatory training		
Please Note	: This form ca assistan	nnot be used to t treasurer, cust	o amen todian	d committe of books in	e infom formati	nation	such as raccount	the commi	ittee address, treasurer, on.		
Ye.	ni enist smand	the Statement	of Ores	mization (WO.21	00.5 F) to make	-	a changes		

Use this form to summarize all disclosure reporting forms a 1. Committee Full Name (and Fund if applicable)	2. Type of Re			ID Nu	pber
JIMMY HODSON FOR NC	2024 Special				
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		S	0.00	S	0.0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	S	0.00	5	0.0
6) Contributions from Individuals	(CRO-1210)	S	3,388.16	S	3,388.1
7) Contributions from Political Party Committees	(CRO-1220)	S	0.00	S	0.0
8) Contributions from Other Political Committees	(CRO-1230)	S	0.00	S	0.0
9) Loan Proceeds	(CRO-1410)	S	0.00	s	0.0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	S	0.00	S	0.0
11) Other Receipt Sources		TO SET TUD	22	15.1	
11a) Interest on Bank Accounts	(CRO-1250)	S	0.00	S	0.0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	S	0.00	S	0.00
11c) Outside Sources of Income	(CRO-1250)	S	0.00	5	0.0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	S	0.00	S	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	S	0.00	S	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	s	3,388,16	S	3,388.16
EXPENDITURES					
13) Disbursements				13	
13a) Operating Expenditures	(CRO-1310)	\$	0.00	S	0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S	0.00	S	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	5	0.00	S	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	S	0.00
5) Loan Repayments	(CRO-1420)	S	0.00	S	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	S	0.00	S	0.00
7) In-Kind Contributions	(CRO-1510)	S	308,46	S	308.46
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	S	308.46	\$	308.46
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	S		S	3,079.70
ADDITIONAL INFORMATION					
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S	0.00		
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	S	0.00		
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
4) Account Transfers Within the Committee	(CRO-1720)	\$	0.00	N	
	(CRO-1"10)	S	0.00	S	0.00
	10000				
5) Administrative Support 6) Forgiven Loans	(CRO-1440)	S	0.00	S	0.00
5) Administrative Support				<u>s</u>	0.00

Con	tributions fi	om Individua	ls		Pg 1 of	7 .	Wes No	
Use the	is form to report is	ndividual contribution	ns over \$50 or	contributions	under \$50 if form CRO) 1205 is	not used	
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litaital :	HODSON FOR N	IC.						
	iributar Informat			Add []	Remove			
a. Full	Name, Mailing Ad	dress & Phone		b. Job Title		d. Comments		
	ude city, state, & 1	EID)	The state of the s	OWNER	AND THE STATE OF T	1	and the state of t	
	IS CARTER DLISEUM DRIVE			T 1	# MA	4		
	TON-SALEM, NC	27106			's Name/Specific Field	-		
				RYAN'S R	ESTAURANT	e. Election Sum to Date		
						- unapre	NACTOR BOOK MARKET STREET, STR	
f. Prior	g. Account Code	h. Form of Payment	11 0 000 000			3	479.7	
	9188	Credit Card	i. In-Kind D	escription	j. Date (mm/dd/yyy)	7) k.	Amount	
	3100	Crout Card			04/25/2024	S	479.76	
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						S		
3. Com	tributor informati	ion		Take Cla				
	Name, Mailing Ad			Add F		I. o	ıments	
(inch	ude city, state, & z	cip)		PRODUCT N	the state of the second	a. Con	Iments	
	HODSON		Mitthelineggraph-oft products y	- KODOCI I	MANAGER			
	IINDONA DRIVE			c. Employer	s Name/Specific Field]		
	FON-SALEM, NC	27106		NOREGON	SYSTEMS, LLC			
(330) 0	35-2231					e. Election Sum to Date		
						S	308.46	
L Prior		h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	k.	Amount .	
	9188	In-Kind	FILING FEE		12/15/2023	S	5.00	
	9188	In-Kind	POST OFFICE	вох	03/12/2024	s	170.00	
	9188	In-Kind	BUSINESS CA	RDS 04/10/2024		S	39.57	
	ributor Informati			Add R	emove			
	Name, Mailing Add			b. Job Title/F	rofession	d. Com	ments	
	sde city, state, & z	ip)	~	PRODUCT N	IANAGER			
	INDONA DRIVE			c. Employer's	Name/Specific Field			
	ON-SALEM, NC 2	27106			SYSTEMS, LLC			
(336) 65	55-2251					e. Electi	ion Sum to Date	
						5	308.46	
Prior	g. Account Code	h. Form of Payment	i. In-Kind De	seription	j. Date (mm/dd/yyyy)	k. A	mount	
	9188	In-Kind	THANK YOU	CARDS	05/08/2024	\$	36.40	
	9188	In-Kind	THANK YOU	CARDS	05/11/2024	5	57.49	
						S		
. Tota	l only this Pag	e				5	788.16	
	of ALL CRO				The state of the s	S	3 300 17	
(This h	me wast be on line 6	of Detailed Summary P	age CRO-1100)			-	3,388.16	

	aittee Full Name	(and Fund if applicab	le)		under \$50 if form CRO	-	D Number	
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	ame, Mailing Ad			b. Job Title	Profession	d. 0	omments	
	de city, state, & 2	ip)	(Arthur Marsiana)	Surgical Fir	st Assistant			
LIZ LIN				. 5	1 V	-		
635 TABBYSTONE LANE MARIETTA, GA 30064				c. Employer's Name/Specific Field Advanced Aesthetic Surgery				
							e. Election Sum to Date	
						5		100.0
Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	1	k. Amouni	1
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			1			+	\$	
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	ame, Mailing Ado			b. Job Title		d. C	omments	.0vv
(inclu	de city, state, & z	ip)		DOCTOR	And the second policy			(a) distribution of the control of
	PETERS			F 1	's Name/Specific Field			
	DSAY STREET				manager \$1,44 \$1 encountry E14/12 for \$1 and an extension as an in incommunity			
HIGH POINT, NC 27262				Lenny Peters Foundation			e. Election Sum to Date	
						S		2,500.00
					11.5	-	c Amount	
Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	- 1		
Prior	g. Account Code 9188	h. Form of Payment Credit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy) 04/05/2024	1	S	2,500.00
		The second secon	i. In-Kind Des	cription		ľ	\$	2,500.00
		The second secon	i. In-Kind Des	cription				2,500.00
0 0		Credit Card	i. In-Kind Des	cription			\$	2,600.00

In-Kind Contributions Use this form to report non-monetary contribution	s, denations, goods or se	g 1 of				
se CRO-1215 if In-Kind Contributions were o	or will be refunded with	nin 7 days.				
l. Committee Full Name (and Fund if applicab	le)	danko 'Al singgionidas vektiropusturā	2. ID	Number	ad and see you are of the high data to provide a paint of the contract of the see	
MMMY HODSON FOR NC						
3. Contributor Information	□ Add □ R	emove				
Full Name, Mailing Address & Phone	b. Type of Co	the second section of the property of the second section of	c. Con	pments	na ruo na vermundos mobb no mesto (e b. 3, sper -	
(include city, state, & zip)	M Individual					
JAMES HODSON	Candidate		1			
3787 MINDONA DRIVE	☐ Party		1			
WINSTON-SALEM, NC 27106	☐ PAC					
(336) 655-2251	☐ Referendo				tion Sum to Date	
	Other Rec	eipt Source	S		308.4	
e. Description		f. Date (mm/	gq,2222)	g. Fair h	larket Amoun	
FILING FEE	12/15/2023		S	5.00		
POST OFFICE BOX	03/12/2024		s	170.00		
BUSINESS CARDS		04/10/20	024	s	39.57	
3. Contributor Information	☐ Add ☐ Re	movė				
a. Full Name, Mailing Address & Phone	b. Type of Cor	ntributor	c. Cozz	ments		
(include city, state, & zip)	N Individual	ydg rwyy, igwygg glwyd ygan y Blaid 1887 🗎 👚 🚃	1			
JAMES HODSON	☐ Canddate					
3787 MINDONA DRIVE	☐ Party					
WINSTON-SALEM, NC 27106	☐ PAC					
(336) 655-2251		Referendum		d. Election Sum to Date		
	Other Rece	eipt Source	s		308.46	
e. Description		£ Date (mm/d	d'yyyy)	g. Fair M	arket Amount	
THANK YOU CARDS		05/08/20	24	S	36.40	
THANK YOU CARDS	05/11/20	24	s	57.49		
				s		
I. Total only this Page			S		308.46	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary)	Dune (*PO_1100)		S		308.46	
	C State Board of Elections		<u> </u>		December 2007	