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	of ormation											
a. Full Name	Y Green Printed Street page by annual control								c. ID	Number		
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PFAFFTOWN,	NC 27040-9	901							e. Ph	one Numb	e r	
									((336) 655	-2251	
2. Report Year	3. Period Star	rt Date (mm/dd/	уу)	4. Period	End Da	te (n	nm/dd/yy)	5. Treasu	rer Fu	ll Name	7 17	
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		or Fund is in con	moliane	e with all a	nnlicab	le ni	rovisions o	of Article 2	2 4 221	B & 22D 4	22M of	
Chapter 163 of	the NC Gener	al Statutes and	that no	funds are	commin	ngled	l with prob	ibited or c	ther no	n-disclos	22.WI UI	
funds. I furthe	er certify that t	his report is cor	mplete,	true and c	orrect a	nd tl	hat I have l	been traine	d by tl	ne NC Sta	te Board	
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_ Chi		ore		Ch	me	V	loore			10/25/20	24	
	inted Name of Si	igner		Sign	ature of A	Appo	inted Treas	her	-	Date		
FOR OFFICE US	EONLY											
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Please Note	: This form ca	annot be used to	ameno	d committe	e infom	natio	on such as	the comm	ttee ad			
Yo		it treasurer, cus I the Statement								100		

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number JIMMY HODSON FOR NC 2024 Special Total this Total this 2023 Start of Election Cycle: January 1, Reporting Period Election Cycle 4) Cash on Hand at Start 0.00 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 100.00 100.00 (CRO-1210) 6) Contributions from Individuals \$ 10,299.70 \$ 10,299.70 7) Contributions from Political Party Committees (CRO-1220) S \$ 600.00 600.00 8) Contributions from Other Political Committees (CRO-1230) 500.00 \$ 500.00 9) Loan Proceeds (CRO-1410) \$ 0.00 0.00 0) Refunds/Reimbursements to the Committee (CRO-1240) \$ 0.00 0.00 1) Other Receipt Sources (CRO-1250) 11a) Interest on Bank Accounts 0.00 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 \$ 0.00 (CRO-1250) 11c) Outside Sources of Income \$ 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 \$ 0.00 11e) Exempt Purchase Price Sales (CRO-1265) \$ 0.00 \$ 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 11,499.70 11,499.70 **EXPENDITURES** 3) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 7,442,74 \$ 7,442.74 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 0.00 0.00 (CRO-1310) 13c) Coordinated Party Expenditures \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 0.00 0.00 5) Loan Repayments (CRO-1420) \$ 0.00 0.00 6) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 0.00 0.00 7) In-Kind Contributions (CRO-1510) 0.00 0.00 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 7,442.74 7.442.74 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 4.056.96 4,056.96 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 0.00 22) Debts and Obligations owed by the Committee (CRO-1610) 0.00 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 0.00 4) Account Transfers Within the Committee (CRO-1720) 0.00 25) Administrative Support (CRO-1710) 0.00 \$ 0.00 (CRO-1440) 6) Forgiven Loans \$ \$ 0.00 0.00 (CRO-2220) 27) 48-Hour Notice Reports Sum \$ 0.00 S 0.00 28) Contributions to be Refunded (CRO-1215) 0.00 \$ 0.00

Aggrega	ited Contril	outions from I	Individuals Page	1of	1	Amendme	nt X No
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		Fund if applicable)			2. ID I	Number	
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☐ Add ☐ Remove	9188	Check		09/17/202	24	\$	50.00
4. Total or	ly this Page				\$		\$100.00
	ALL CRO-12 ust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)		\$		\$100.00
CRO-1205		N	C State Board of Elections				April 2007

Amendment **Contributions from Individuals** 1 of Pg Yes Yes No No 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 JIMMY HODSON FOR NC 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PARTNER ALTON ABSHER c. Employer's Name/Specific Field 3974 HUDDINGTON COURT WINSTON-SALEM, NC 27106 KILPATRICK TOWNSEND & e. Election Sum to Date STOCKTON LLP 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 9188 10/03/2024 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANAGING PARTNER **ED BROYHILL** c. Employer's Name/Specific Field 525 N HAWTHORNE RD WINSTON-SALEM, NC 27104 ANVIL VENTURE GROUP e. Election Sum to Date 2,399.70 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card 9188 10/16/2024 \$ 2,399.70 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MEDICAL DOCTOR VENKATA CHALLA 1063 WOODVIEW RIDGE TRAIL c. Employer's Name/Specific Field LEWISVILLE, NC 27023 e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 9188 10/03/2024 \$ 100.00 \$ 4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2,749.70

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Amendment **Contributions from Individuals** 2 _ of ☐ Yes X No 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 JIMMY HODSON FOR NC 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY JOHN COCKLEREECE 2308 ROBINHOOD ROAD c. Employer's Name/Specific Field WINSTON-SALEM, NC 27104 **BELL DAVIS PITT** e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Debit Card 9188 09/29/2024 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT MARY COMER c. Employer's Name/Specific Field **4012 FAIRWIND DRIVE** WINSTON-SALEM, NC 27106 e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 9188 10/03/2024 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) VICE PRESIDENT JAMES COOK 6432 RIDEOUT WAY c. Employer's Name/Specific Field WINSTON-SALEM, NC 27105 HANES BRANDS INC e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 9188 10/03/2024 \$ 100.00 \$

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Contributions from Individuals Pg __3 of ☐ Yes No No 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 JIMMY HODSON FOR NC 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FLIGHT INSTRUCTOR JOHN D ELDER 170 COVENTRY PARK LANE c. Employer's Name/Specific Field WINSTON-SALEM, NC 27104 TRIAD AVIATION e. Election Sum to Date **ACADEMY** 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 9188 09/29/2024 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FINANCIAL ADVISOR F BORDEN HANES JR c. Employer's Name/Specific Field 2870 BARTRAM RD WINSTON-SALEM, NC 27106 BOWEN, HANES&CO, INC. e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 9188 09/29/2024 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) GENERAL CONTRACTOR CHARLES HICKS 2655 FOREST DRIVE c. Employer's Name/Specific Field WINSTON-SALEM, NC 27104 e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 9188 09/29/2024 \$ 500.00 \$ \$ 4. Total only this Page 850.00 \$ 5. Total of ALL CRO-1210 Pages \$ (This line must be on line 6 of Detailed Summary Page CRO-1100) 10,299.70

Amendment

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JIMMY HODS	ON FOR NC					
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Contributi	ions from Othe	er Political C	ommittee	S Pg	1 of	1	Amendme Ves	nt No
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3. Contributor I			Add 🔲	Remov	e			
	ailing Address & Phon	e	b. Type of Con	mittee		d. C	omments	
(include city,	state, & zip)		☐ Candidate	X	PAC			
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4500 WEYBRI	DGE LANE		c. Level Regis		TO IT THE PERSON NAMED IN			
GREENSBORG	O, NC 27407		Federal Federal	=	County:			
			X State		Municipality:	e. E	lection Sum	to Date
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9188	Check				09/29/2024		\$	500.00
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							\$	
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	CRO-1230 Pages be on line 8 of Detailed S	ummary Page CRO-11	100)			\$		\$500.00
CRO-1230		NC State	Board of Electio	ns				April 2007

Use this form to r	report expenditures	from the committ	ee for o	perating exper	Pg 1 ses, contrib	of outions	3 Ye	s 🔯 No /nolitical
committees and c	coordinated party e	xpenditures		baranni Barbar		duons	- Canadate	pontical
	ll Name (and Fund	if applicable)					2. ID Num	ber
JIMMY HODSO	ON FOR NC							
3. Type of Disbur	sement (Please	use separate CR(D-1310	forms for each	h type of Di	bursen	nent.)	
Operating Expe	enses 🔲 Cont	ributions to Candidat					ated Party Exp	enditures
4. Payee Informat				Add	Remove			
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(include city, state	e, & zip)		PidPalcinalvahännyavyk					
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				☐ State	☐ Mur	icipality	e. Election	Sum to Date
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A* - Media	B* - Printing			ndraising	D - 7	o Anot	her Candidat	e .
E - Salaries	F* - Equipme	•		ical Party			g Public Offi	
I - Postage	J - Penalties			fice Expenses	Q* -	Donatio	on to Legal E	xpense Fund
O* Other	1 4 13 1 1 1	in required rema						

Disbursements	Pg	2	of
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Amendment 3 Tes

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

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	ull Name (and Fund	if applicable)						2. ID No	ımber
JIMMY HODS	SON FOR NC								
3. Type of Disb		use separate CR(f Disbu	ırsem	ent.)	
Operating Ex	penses 🔲 Cont	ributions to Candida	tes/Polit	ical Committees	S	☐ Co	ordina	ed Party E	xpenditures
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5. Total only this								\$	3,445.77
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	n line 13c of Detailed St		-		ty Expend	litures)			
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E - Salaries	F* - Equipme			itical Party					ffice Expenses
I - Postage O* Other	J - Penalties		К* - О	ffice Expenses		5 ∗ - Do	natio	n to Legal	Expense Fund
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O* Other * Codes require detailed explanation in required remarks field (k) CRO-1310

A* - Media

E - Salaries

I - Postage

NC State Board of Elections

C* - Fundraising

G - Political Party

K* - Office Expenses

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

December 2009

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund