

# Disclosure Report Cover

Amendment  
 Yes  No

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.

Committee Information				
a. Full Name <i>Judge John Reebuck</i>		c. ID Number		
b. Mailing Address (include City, State and Zip Code) <i>408 Montague Kramer, NC 27529</i>		d. Date Filed <i>11-29-11</i>		e. Phone Number <i>919 772 0929</i>
2. Report Year <i>2011</i>		3. Period Start Date (mm/dd/yy) <i>7-21</i>		
4. Period End Date (mm/dd/yy) <i>9-27-11</i>		5. Treasurer's Full Name <i>Janice Marie Williams</i>		
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		(Empty)		
8. Number of Fundraisers this Report <i>1</i>				
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>BANK OF AMERICA</i>		a. Financial Institution Full Name		
b. Purpose <i>reelection campaign</i>		b. Purpose		c. Account Code
c. Account Code <i>JM</i>		c. Account Code		d. Period Begin Balance
d. Period Begin Balance <i>\$ 600.01</i>		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.				
<i>Janice Marie Williams</i>		<i>Janice Marie Williams</i>		<i>11-29-11</i>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<i>11-29-11</i>	Employee:	<i>JCM</i>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# Detailed Summary

Amendment  
 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	
<i>Jackie John Re-elected</i>	<i>35 Day Report</i>		
Start of Election Cycle: <i>January 1, 2011</i>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <i>600.00</i>	\$ <i>600.00</i>
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ <i>395.00</i>	\$ <i>395.00</i>
6) Contributions from Individuals (CRO-1210)		\$ <i>2485.00</i>	\$ <i>2485.00</i>
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$ <i>600.00</i>
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, 11d and 11e)		\$ <i>2480</i>	\$ <i>3480</i>
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ <i>1402.02</i>	\$ <i>1402.02</i>
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)		\$ <i>135.00</i>	\$ <i>135.00</i>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>1537.02</i>	\$ <i>1537.02</i>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>1942.98</i>	\$ <i>1942.98</i>
<b>ADDITIONAL INFORMATION</b>			
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)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$



# Contributions from Individuals

Pg 1 of 1

Amendment  
 Yes  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) <i>Jackie Johns Reelcuter</i>						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>R. Bannister 704 Maxwell Dr Raleigh, NC</i>				b. Job Title/Profession <i>Real Estate</i>	d. Comments	
				c. Employer's Name/Specific Field <i>BANNISTER CO</i>	e. Election Sum to Date \$ <i>250.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>JJ</i>	<i>Check</i>		<i>9-8-11</i>	\$ <i>250.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Jerry Jones 2805 CASCADE PLACE GARNER, N.C. 27529</i>				b. Job Title/Profession <i>INSURANCE</i>	d. Comments	
				c. Employer's Name/Specific Field <i>JONES INSURANCE</i>	e. Election Sum to Date \$ <i>150.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>JJ</i>	<i>Check</i>		<i>8-30-11</i>	\$ <i>150.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
				c. Employer'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/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ <i>400.00</i>
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$

# Contributions from Individuals

Page 1 of 6

Amendment  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

*Jackie Johns Campaign*

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) R-B HAZEL 305 LAKE SIDED GARNER, NC 27529		<b>b. Job Title/Profession</b> Retired	<b>d. Comments</b>		
		<b>c. Employer's Name/Specific Field</b> State, NC	<b>e. Election Sum to Date</b> \$ 7500		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JJ	Check		9/8-11	\$ 7500
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) BUDDY GUPSON 7016 FAYMDALE RD RALEIGH, NC 27610		<b>b. Job Title/Profession</b> INSURANCE	<b>d. Comments</b>		
		<b>c. Employer's Name/Specific Field</b> JONES INSURANCE CO	<b>e. Election Sum to Date</b> \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JJ	Check		8/15/11	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) JOHN D. ADAMS P.O. Box 529 15664 NC 50 HWY 50 GARNER, NC 27529		<b>b. Job Title/Profession</b> CPA	<b>d. Comments</b>		
		<b>c. Employer's Name/Specific Field</b> JOHN ADAM	<b>e. Election Sum to Date</b> \$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JJ	Check		9/5/11	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 375.00  
 \$ 0

*ee*

# Contributions from Individuals

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) <i>Jackie Johns Beal</i>						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>ZAYTOWN ORTHODONT 5041 SIXFORT RD RALEIGH, NC 27609 7728442</i>				b. Job Title/Profession <i>Dentist</i>		d. Comments	
				c. Employer's Name/Specific Field <i>ZAYTOWN Dentist</i>		e. Election Sum to Date <i>\$ 200.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>JJ</i>	<i>Check</i>		<i>9-13-11</i>	<i>\$ 200.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>BRENDA SOWAL 2805 CASCADE PLACE CAROLINA, NC 27529</i>				b. Job Title/Profession <i>House wife</i>		d. Comments	
				c. Employer's Name/Specific Field <i>HOUSE WIFE</i>		e. Election Sum to Date <i>\$ 100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>JJ</i>	<i>Check</i>		<i>8-30-11</i>	<i>\$ 100.00</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>JERRY JONES 2805 CASCADE PLACE CAROLINA, NC 27529 7729266</i>				b. Job Title/Profession <i>SOICMAN</i>		d. Comments	
				c. Employer's Name/Specific Field <i>JONES IN CO</i>		e. Election Sum to Date <i>\$ 150.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<i>JJ</i>	<i>Check</i>		<i>8-30-11</i>	<i>\$ 150.00</i>		
<input type="checkbox"/>					<i>\$ 000.00</i>		
<input type="checkbox"/>					\$		
4. Total only this Page						<i>\$ 450.00</i>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

*Jackie Johns Re-election*

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
PAUL CAPP 1004 VANDORA SPRING RD CARY, NC 27529 919 6699045		Real Estate			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		FONVILLER MORISEY REALTY		\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JJ	check		9/9/11	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JOSEPH SANSON 13 E HARBETT RALEIGH, NC 919 821 4611		Banker			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		MECHANIC & FARMER BANK		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JJ	check		9/9/11	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
RONALD WILLIAMS 1306 BUCKINGHAM RD CARRIER, NC 27529 7725783		Retired			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		U.S. POST OFFICE		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JJ	check		8-25-11	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 325.00  
\$

# Contributions from Individuals

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
Jackie Johns Reebster						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GRAY SINGLETON 112 NEWHAVEN CT GARNER, NC 27529 919 772 0924			Salesman			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Gray Singleton		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JG	Check		9-18-11	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MALOY SAAD 304 BRIAR HAVEN CT GARNER, NC 27529 919 772 8051			Salesman			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			GARNER TV & APPLIANCES		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JG	Check		9-21-11	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer'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/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

# Contributions from Individuals

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) <i>Jackie Johns Relector</i>						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Clavin Banks 303 Conell DR CARNER, NC 27529 919 772 5832</i>			b. Job Title/Profession <i>Retired</i>		d. Comments	
			c. Employer's Name/Specific Field <i>MECHANICAL &amp; Farmer Bank</i>		e. Election Sum to Date \$ <i>100.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>JJ</i>	<i>Check</i>		<i>9-9-11</i>	\$ <i>100.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Helen SNEED 100 Brittmore Ct CARNER, NC 27529 919 900 8088</i>			b. Job Title/Profession <i>Retired</i>		d. Comments	
			c. Employer's Name/Specific Field <i>US Department of Commerce Trade Mark Office</i>		e. Election Sum to Date \$ <i>200.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>JJ</i>	<i>Check</i>		<i>9-9-11</i>	\$ <i>200.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>ELMO VANCE 140 ValleyCROSS DR CARNER, NC 27529 7730196</i>			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ <i>135.00</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>JJ</i>	<i>FOOD</i>	<i>FOOD</i>	<i>9-9-11</i>	\$ <i>135.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <i>435.00</i>	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

# Contributions from Individuals

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
John John Re-election						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
John McNAUL BEAL 4804 West Green C Raleigh, NC 27612 919-786-2729				Real Estate		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				MAR JAN LTD	\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JJ	Check		8-31-11	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Fawley B Cook P-O Box 17274 Raleigh, NC 27619				Real Estate		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				MAR JAN LTD	\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JJ	Check		8-31-11	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Victor E Bell III P-O B 17274 Raleigh, NC 27619				Real Estate		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				MAR JAN LTD	\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JJ	Check		8-31-11	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3485.00	

# Disbursements

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

Jaeger John Reel

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
J & E Printing 216 Vickbora Rd Henderson, NC 27534 12524321177			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 300.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JF	check	B	8-11-11	\$ 150.00	signs
JF	check	B	8-25-11	\$ 250.00	signs

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
J & E Printing CO 216 Vickbora RD Henderson, NC 27534 1-2524321177			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 600.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JF	check	B	9-11-11	\$ 150.00	signs
JF	check	B	9-12-11	\$ 150.00	signs

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
J & E Printing CO 216 Vickbora Rd Henderson NC 1-2524321177			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 700.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JF	check	B	9-17-11	\$ 100.00	signs
				\$	signs

\$ 700.00

(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)

- A\* - Media
- B\* - Printing
- C\* - Fundraising
- D - To Another Candidate
- E - Salaries
- F\* - Equipment
- G - Political Party
- H\* - Holding Public Office Expenses
- I - Postage
- J - Penalties
- K\* - Office Expenses
- Q\* - Donation to Legal Expense Fund
- O\* Other

**Disbursements**

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

*Jackie John Reeluber*

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Louis Star 1575 US Hwy 70 West GARNER, NC 27529 919 772 4466</i>		b. Coordinated Committee Name <i>Jackie John</i>	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date <i>\$ 5175</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>98</i>	<i>Check</i>	<i>F</i>	<i>9-22-11</i>	<i>\$ 3420</i>	<i>STAKES</i>
<i>92</i>	<i>Check</i>	<i>F</i>	<i>9-13-11</i>	<i>\$ 1755</i>	<i>STAKES</i>

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Louis Star 1575 US Hwy 70 West GARNER, NC 27529 919 772 4466</i>		b. Coordinated Committee Name <i>Jackie John</i>	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date <i>\$ 5848</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>98</i>	<i>Check</i>	<i>F</i>	<i>9-12-11</i>	<i>\$ 3780</i>	<i>STAKES</i>
<i>92</i>	<i>Check</i>	<i>F</i>	<i>9-3-11</i>	<i>\$ 2069</i>	<i>STAKES</i>

a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Louis Star 1575 Hwy 70 West GARNER, NC 27529 919 772 4466</i>		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date <i>\$ 16485</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>98</i>	<i>CASH</i>	<i>F</i>	<i>8-31-11</i>	<i>\$ 292</i>	<i>STAKES</i>
<i>92</i>	<i>Check</i>	<i>F</i>	<i>9-5/11</i>	<i>\$ 5169</i>	<i>STAKES</i>

*\$ 16485*

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

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- A\* - Media
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- K\* - Office Expenses
- Q\* - Donation to Legal Expense Fund
- O\* Other

# Disbursements

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

*Jackie Johns Relection*

Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
<i>Venture Sit Inc 10120 Riverside DR Telus Lake DR CA 91602 8185042901 8004483686</i>		<i>Jackie Johns</i>	
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	<i>\$ 16912</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>JJ</i>	<i>Check</i>	<i>D</i>	<i>9/1/11</i>	<i>\$ 109.12</i>	<i>Tooth Brushes</i>
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
<i>TOWN OF GARNER 900 7th AV GARNER, NC 27529 772-41648</i>		<i>Jackie Johns</i>	
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	<i>\$ 200.50</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>JJ</i>	<i>Check</i>	<i>D</i>	<i>9/2/11</i>	<i>\$ 200.00</i>	<i>Signs permit</i>
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
<i>Wake County Board of Election 3375 Sullyberry St PO BOX 646 Raleigh, NC 27602 8566248</i>		<i>Jackie Johns</i>	
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	<i>\$ 5305</i>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<i>JJ</i>	<i>Check</i>	<i>D</i>	<i>9/12/11</i>	<i>\$ 5305</i>	<i>10 Voter List</i>
				\$	

*\$ 362.17*

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

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# In-Kind Contributions

Pg 1 of 1

Amendment

 Yes

 No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

*Jackie John Re-elect*

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Elmo Vance 140 Valley Cross CR Garner, NC 27529 9197730196		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 135.00
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
Food	9-9-11	\$ 135.00	
		\$	
		\$	

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
		\$	
		\$	
		\$	

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
		\$	
		\$	
		\$	

	\$ 135.00
	\$ 135.00