Disclosure Report Cor Use this form for general report a	and committee information	, must be signed and su	bmitted along	Amendment Yes No with other detailed forms.					
Do not use this form to update information. 1. Committee Information									
a. Full Name				. ID Number					
	^		C	. ID Number					
b. Mailing Address (include City, State	er Campaian								
b. Mailing Address (include City, State	e and Zip Code)		d	. Date Filed					
4333 Legion Ri Hope Mills, NO	ood			2/8/2022					
Hope Mills NO	28348		e	. Phone Number					
			E (Tr	910 309-7779					
2. Report Year 3. Period Start		. 1							
2021 10/19/20				elynsWarner					
6. Type of Committee (Check O		eport (check only one State/County		(I from one category) Referendum					
	rendum Organizati	THE RESIDENCE OF THE PARTY OF T							
☐ Independent Expenditure ☐ Joint				Organizational Pre-referendum					
Legal Expense Fund	Pre-primar		12	Final					
	Pre-election		ond i	Supplemental Final					
7. Type of Fund (if applicable,	check one) Pre-runoff	Thir	d [Annual					
Booster Fund	Semi-annu	al 🔲 Four	th [☐ Special					
☐ Building Fund	☐ Mid	Year Semi-ann	ual						
122		End 🔲 Mid	Year 1	10. Special Report Name					
Other:	Final		End 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						
Members Crea									
b. Purpose	c. Account Code	b. Purpose	C.	. Account Code					
Campaign	1001								
0	d. Period Begin Balance		d	d. Period Begin Balance					
1	\$ 890,00	1	\$						
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.									
Jacquelyn S Warner Jacquelyn S Warner 2/8/2022 Rrinted Name of Signer Signature of Appointed Treasurer Date									
FOR OFFICE USE ONLY									
Date Received:	Daliyary Mathad								
Date Postmarked: FEB 0 8 2022 Employee: Registered Mail									
Date Scanned:		loyee:	/—	Hand Delivered Electronically Filed					
Date Data Entered:	loyee:	yee: Signer has not received mandatory training							

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.

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

Detailed Summary Use this form to summarize all discle

Amendment
Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	netary information Report	3. ID Number	
		J. 11) Ivaliliber	
Jackie Warner Campaign	year e		Total this
Start of Election Cycle: January 1, 202\		Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 890 00	\$ 0
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1540.00	\$ 4792.91
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		1. 17 1 th mark	
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)	\$ 1540,00	\$ 4792.91
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$ 50,00
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)	\$ 2352,91	\$ 2352.91
17) In-Kind Contributions	(CRO-1510)	\$ 40.00	\$ 2352.91
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 2392,91	\$ 4755,82
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 37,09	\$ 37.09
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)		\$	
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)	22.0	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded CRO-1100 NC State Bo	(CRO-1215) ard of Elections	\$	\$ August 2008

		om Individua ndividual contributio		Pg ontributions unde	of	<u></u>	Amendment Yes No 205 is not used		
CONTROL OF THE PARTY OF THE PAR	Construction (Additional Solution of the Commence of the Comme	e (and Fund if appl		ontroudons und	or and it source	Q1/1/2016/A	D Number		
t			***************************************	State of the state	A DESCRIPTION OF THE RESERVE OF THE PROPERTY O		E Water State of the State of t		
Jackie Warner Campaign 3. Contributor Information 9 Add Remove									
	ributor intorma ame, Mailing Addre		Y L	Add Ren		la c	omments		
1	e city, state, & zip)	Chy box z zavazy		*			Villin, 11 to		
A1	ex War	nex			/Educator				
				c. Employer's Nan					
10	33 Lugu	en Road UC 28348		FSU-E	anewim	e. El	ection Sum to Date		
		910 50	9-7779			\$ 1515,00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy		k, Amount		
	01	Check		THE THE PROPERTY OF THE PROPER	12/22/20	21	\$ 1500.00		
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O			de alla companya de la companya de l				\$		
	ributor Informa		<u> </u>		nove	<u></u>	•		
	ame, Mailing Addre e city, state, & zip)	as & Phone		b. Job Title/Profes	sion	d. C	d. Comments		
		- S MA 100	210	Retired	Educator				
Ju	cqueyo	n S.Warn Jun Road	ev	c. Employer's Nan	ne/Specific Field				
4:	553 LU	yen rour	- A				e. Election Sum to Date		
14	ope Mill	ls, NC 2834	L8						
		<u> </u>	·				\$ 2352.91		
		h. Form of Payment	i, In-Kind Descrip	tion	j. Date (mm/dd/yyy	(y)	k. Amount		
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							\$		
	· Barrela de la companya de la comp						\$		
*****	ributor Informa ame, Malling Addre	A CONTRACTOR CONTRACTO		Add Ren b. Job Title/Profes	nove				
9	e city, state, & zip)	88 & Phone		b. Job Title/Protes	Rion	a. C	omments		
			c. Employer's Name/Specific Field						
						e, El	ection Sum to Date		
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f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k, Amount		
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	al only this Pa					\$	1540, w		
1. 7 S. S. S. S. S. S. S. S.	1-2354 LS 3-4 × (1-)-17 × (1-)-14 C 3-24 C 3-24 C 3-24 C	tO-1210 Pages of Detailed Summary Pa	age CRO-1100)			\$	1540.00 1540.00		

		nts From the Committee		1	of T		Yes No		
		mbursements, including contribution	is returned to the c	ontrio	utor,	7 T	D Number		
1. Committee Full N Jackie Warner Campaign	ame (and ru	па и аррисавіе)				4.1	(D) (Aumber		
vacare reality campaign									
3. Payce Information Add Remove						-			
a. Full Name, Mailing Ad	d. Type of Committe	ce		h. Original Receipt Date					
(include city, state, & z			Candidate		PAC				
Jacquelyn S Warner 910-3	09-7779		Referendum		Party	I Original Passint Amount			
4333 Legion Road			e. Level Registered	Specif	1, 0	riginal Receipt Amount			
Hope Mills, NC 28348 State Employees Credit Ur	iion		State	×	\$				
Suite Employees credit of	11011		f. Purpose Code	<u> </u>	j. Election Sum to Date				
			P			\$ 2352.91			
						\$ 2352.91			
b. Job Title/Profession	A SECTION AND A SECTION ASSESSMENT OF THE SE	c. Employer's Name/Specific Field	g. Comments			k. Account Code			
Retired Educator		CumberlandCounty				01			
l. Form of Payment	m. Required I	temarks			n. Date (mm/dd/yy	/yyyy) o. Amount			
Check	Reimburse for	signs,cards,postage,t-shirts,			12/28/2021	1 \$ 2352.91			
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(include city, state, & 2	医多头性性 化氯化甲烷基 医皮肤炎		Candidate		PAC				
(menade engy state) as a	~P)		Referendum	Ī	Party				
			e. Level Registered	(Specif	y)	i. O	riginal Receipt Amount		
			Federal		County:	s			
			State		Municipality:				
			f. Purpose Code			j. Election Sum to Date			
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A Programmy Sprammer	,						\$		
						\$35 5 56	_ *		
3. Payee Informatio	CONTRACTOR OF COURT OF SERVICE STATE OF THE SERVICE	☐ Ac	Control is the second of the s	personal contract of		T -			
a. Full Name, Mailing Ac			d. Type of Committ	ce	PAGE TO STATE OF THE STATE OF T	h. (Original Receipt Date		
(include city, state, &	zip)		Candidate Referendum		PAC Party				
			e. Level Registered			i. O	Priginal Receipt Amount		
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			State		Municipality:	\$			
			f. Purpose Code			j. E	lection Sum to Date		
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	- Commontant (1998) (19				k. Account Code				
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	4, 3, 7474 3		K. 2	ceeding Code		
	I (1.54.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				1 200 9 9902]			
I. Form of Payment	m. Required 1	Remarks		ot 1845 N. Tr	n. Date (mm/dd/yy	уу)	o. Amount		
				diameter		or far some of	\$		
4. Total only this Pa	ige						\$ 2352.91		
		s (This line must be on line 16 of Detalled					\$ 2352.91		
L - Returned to Contrib		M - Overpayment for Service O* Other	N - Ex	ceeded	Contribution Limit				
P* - Reimbursement o * Codes require detailed		required remarks field (m)							

Amendment

Y 771 1 C						Amendme	ent	
In-Kind Contributions			Pg	<u>1</u> of	<u>1</u>	Yes	t	No
Use this form to report non-monetary contributions, donations, god Use CRO-1215 if In-Kind Contributions were or will be refunded				vided to the	e comn	nittee or fund	•	
1. Committee Full Name (and Fund if applicable)	VV 1411111	/ uay	o.		2. ID	Number		
Jackie Warner Campaign		CHARLES CHECK		A SERVICE ASSESSMENT OF THE SERVICE			Altra-Carabally a regard	
1								
to represent the second	Remove		33.40/1-52	50 50 50 50			a opravionisti il	
a, Full Name, Mailing Address & Phone	b. Typ		ontribu	itor	c. Con	nments		Antar gr
(include city, state, & zip)		_		vidual				
Jacquelyn S Warner			Candidate Party PAC Referendum Other Receipt Source					
4333 Legion Road		Party						
Hope Mills, NC 28348		PAC						
910-309-7779								
	片				d. Election Sum to Date			
	1J	Office Recei		Receipt source		\$ 2352.91		
e. Description		1.76	f. Dat	e (mm/dd/yy	yy)	g. Fair Marke	t Amount	Katawa.
Postage				10/27.21		\$ 40.00)	
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	ᄖ	PAC			3 771-		<u>.</u> 1843.6	dis in Mari
			erendum er Receipt Source		d. Election Sum to Date			
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c. Description	455 745	1 1 2 2 2 2	f. Dat	e (mm/dd/yy	yy)	g. Fair Marke	t Amount	PAYE
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			1			1 12		

CRO-1510 NC State Board of Elections December 2007

40.00

40.00

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4. Total only this Page

(This line must be on line 17 of Detailed Summary Page CRO-1100)

5. Total of ALL CRO-1510 Pages