

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.

Amendment

☐ Yes ☒ No

| | |
|---|-----------------------------|
| 1. Committee Information | |
| a. Full Name RON JACKSON FOR COUNTY COMMISSIONER | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 335 FIELDS DRIVE ABERDEEN, NC 28315 | d. Date Filed 07/10/2020 |
| | e. Phone Number |

| | | | |
|------------------------|---|---|--|
| 2. Report Year 2020 | 3. Period Start Date (mm/dd/yy) 02/16/2020 | 4. Period End Date (mm/dd/yy) 06/30/2020 | 5. Treasurer Full Name CLARK CAMPBELL |
|------------------------|---|---|--|

| | | | |
|---|---|--|---|
| 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"/> Party | Municipal | State/County |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| 7. Type of Fund (If applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |
| 0 | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <input type="checkbox"/> Special |
| | | 10. Special Report Name | |

| | | | |
|---|-------------------------------|------------------------------------|-------------------------------|
| 3. Account Information | | 5. Account Information | |
| a. Financial Institution Full Name FIRST NATIONAL BANK | | a. Financial Institution Full Name | |
| b. Purpose FOR CAMPAIGN RELATED ACTIVITY | c. Account Code FNB2020 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ | | 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

Clark H. Campbell [Signature] 07/10/2020
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7-13-20 Employee: KS Delivery Method ☒ Normal Mail

Date Postmarked: 7-10-20 Employee: _____ ☐ Registered Mail

Date Scanned: _____ Employee: _____ ☐ Hand Delivered

Date Data Entered: _____ Employee: _____ ☐ Electronically Filed

☐ 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

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 | |
| RON JACKSON FOR COUNTY COMMISSIONER | | 2020 Second Quarter | | | |
| Start of Election Cycle: January 1, 2019 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 1,424.66 | | \$ 0.00 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0.00 | | \$ 10.55 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 10,026.57 | | \$ 23,181.82 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0.00 | | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 4,000.00 | | \$ 4,000.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 0.00 | | \$ 0.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0.00 | | \$ 0.00 | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ 0.00 | | \$ 0.00 | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 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 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 14,026.57 | | \$ 27,192.37 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 10,288.67 | | \$ 15,249.11 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0.00 | | \$ 0.00 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 27.00 | | \$ 51.90 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0.00 | | \$ 0.00 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 3,976.57 | | \$ 10,732.37 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 14,292.24 | | \$ 26,033.38 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,158.99 | | \$ 1,158.99 | |
| 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 | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0.00 | | | |
| 25) Administrative Support (CRO-1710) | | \$ 0.00 | | \$ 0.00 | |
| 26) Forgiven Loans (CRO-1440) | | \$ 0.00 | | \$ 0.00 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0.00 | | \$ 0.00 | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0.00 | | \$ 0.00 | |

Contributions from IndividualsPg 1 of 3

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) | | | | | 2. ID Number | |
| RON JACKSON FOR COUNTY COMMISSIONER | | | | | | |
| 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 |
| BENNY L BROWN PO BOX 307 WEST END, NC 27376 | | | | SURVEYOR | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | | | |
| | | | | | | \$ 300.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | FNB2020 | Check | | 03/03/2020 | \$ 300.00 | |
| <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 |
| BUSBY & CO. NC | | | | CPA | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | BUSBY & CO. | | |
| | | | | | | \$ 500.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | FNB2020 | Check | | 02/18/2020 | \$ 500.00 | |
| <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 |
| JOHNNY HARRIS 4291 DOWD ROAD CARTHAGE, NC | | | | TRUCKING COMPANY | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date |
| | | | | SELF-EMPLOYED | | |
| | | | | | | \$ 1,000.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | FNB2020 | Check | | 02/18/2020 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,800.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 10,026.57 | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | |

Contributions from Individuals

Pg 2 of 3

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) | | | | | 2. ID Number | |
| RON JACKSON FOR COUNTY COMMISSIONER | | | | | | |
| 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 | |
| RONALD JACKSON 335 FIELDS DRIVE ABERDEEN, NC 28315 (910) 944-7453 | | | BUILDER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF-EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 10,459.70 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | FNB2020 | In-Kind | WEEB RADIO ADVERTISING (USED) | 02/19/2020 | \$ 660.00 | |
| <input type="checkbox"/> | FNB2020 | Check | | 02/20/2020 | \$ 4,000.00 | |
| <input type="checkbox"/> | FNB2020 | In-Kind | WIOZ-FM RADIO ADVERTISING (USED) | 02/25/2020 | \$ 1,352.40 | |
| 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 | |
| RONALD JACKSON 335 FIELDS DRIVE ABERDEEN, NC 28315 (910) 944-7453 | | | BUILDER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF-EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 10,459.70 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | FNB2020 | In-Kind | MUIFIELD BROADCASTING RADIO | 02/26/2020 | \$ 1,392.97 | |
| <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 | |
| RONALD JACKSON 335 FIELDS DRIVE ABERDEEN, NC 28315 (910) 944-7453 | | | BUILDER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF-EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 571.20 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | FNB2020 | In-Kind | STAR 102.5 RADIO ADVERTISING (USED) | 03/31/2020 | \$ 571.20 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 7,976.57 | |
| 5. Total of All CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 10,026.57 | |

Contributions from Individuals

Pg 3 of 3

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) | | | | 2. ID Number | |
| RON JACKSON FOR COUNTY COMMISSIONER | | | | | |
| 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 |
| JAMES LEACH NC | | | INSURANCE | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | SELF-EMPLOYED | | |
| 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 |
| <input type="checkbox"/> | FNB2020 | Check | | 02/18/2020 | \$ 250.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 250.00 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 10,026.57 |

CRO-1210

NC State Board of Elections

April 2007

Contributions from Other Political Committees Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | | |
|---|--------------------|---|----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| RON JACKSON FOR COUNTY COMMISSIONER | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| NC HOME BUILDERS ASSOCIATION BUILD POLITICAL ACTION COMMITTEE PO BOX 99090 RALEIGH, NC, NC 27624 | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1,000.00 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| FNB2020 | Check | | 03/19/2020 | \$ 1,000.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| NC REALTORS PAC 4511 WAYBRIDGE LANE GREENSOBOR, NC 27407 | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 3,000.00 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| FNB2020 | Check | | 03/03/2020 | \$ 3,000.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 4,000.00 | |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 4,000.00 | |

Disbursements

Pg 1 of 1

Amendment
☐ Yes ☒ No

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

| | | | | | |
|--|---------------------|-----------------|--|-------------------------------------|-------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| RON JACKSON FOR COUNTY COMMISSIONER | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| THE MEDA CORPORATION 65 TOWN MOUNTAIN ROAD ASHEVILLE, NC 28804 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 6,423.25 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| FNB2020 | Draft | AB | 02/21/2020 | \$ 6,423.25 | MAILER - CAMPAIGN |
| | | | | \$ | POSTCARDS |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| RONALD JACKSON 335 FIELDS DRIVE ABERDEEN, NC 28315 (910) 944-7453 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 3,865.42 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| FNB2020 | Electric Funds Tran | O | 04/01/2020 | \$ 3,865.42 | REIMBURSEMENT TO |
| | | | | \$ | CANDIDATE |
| 5. Total only this Page | | | | | \$ 10,288.67 |
| 6. Total of ALL CRO-1310 Pages | | | | | |
| (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) | | | | | \$ 10,288.67 |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | D - To Another Candidate | |
| I - Postage | | J - Penalties | | G - Political Party | |
| O* Other | | | | H* - Holding Public Office Expenses | |
| | | | | K* - Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Aggregated Non-Media ExpendituresPage 1 of 1**Amendment**☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| | | | | | | |
|--|-----------------|--------------------|-----------------|--------------------------------------|--------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| RON JACKSON FOR COUNTY COMMISSIONER | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add | FNB2020 | Draft | O | 02/21/2020 | \$ 27.00 | BANK FEE |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ | 27.00 |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on the 14 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | 27.00 |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| B* - Printing | | C* - Fundraising | | D - To Another Candidate | | |
| E - Salaries | | F* - Equipment | | H* - Holding Public Office Expenses | | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | |
| O* - Other | | | | Q* - Donations to Legal Expense Fund | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

CRO-1315

NC State Board of Elections

December 2009

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.

| | | | |
|--|--|--|-------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| RON JACKSON FOR COUNTY COMMISSIONER | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| RONALD JACKSON 335 FIELDS DRIVE ABERDEEN, NC 28315 (910) 944-7453 | | <input checked="" type="checkbox"/> Individual | |
| | | <input type="checkbox"/> Candidate | |
| | | <input type="checkbox"/> Party | |
| | | <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum | d. Election Sum to Date |
| | | <input type="checkbox"/> Other Receipt Source | \$ 10,459.70 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| WEEB RADIO ADVERTISING (USED PERSONAL CREDIT CARD) | | 02/19/2020 | \$ 660.00 |
| WIOZ-FM RADIO ADVERTISING (USED PERSONAL CREDIT CARD) | | 02/25/2020 | \$ 1,352.40 |
| MUIFIELD BROADCASTING RADIO ADVERTISING (USED PERSONAL CREDIT CARD) | | 02/26/2020 | \$ 1,392.97 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| RONALD JACKSON 335 FIELDS DRIVE ABERDEEN, NC 28315 (910) 944-7453 | | <input checked="" type="checkbox"/> Individual | |
| | | <input type="checkbox"/> Candidate | |
| | | <input type="checkbox"/> Party | |
| | | <input type="checkbox"/> PAC | |
| | | <input type="checkbox"/> Referendum | d. Election Sum to Date |
| | | <input type="checkbox"/> Other Receipt Source | \$ 571.20 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| STAR 102.5 RADIO ADVERTISING (USED PERSONAL CREDIT CARD) | | 03/31/2020 | \$ 571.20 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 3,976.57 | |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | \$ 3,976.57 | |

CRO-1510

NC State Board of Elections

December 2007