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 Inform	mation				
a. Full Name					c. ID Number
СОММІТТЕЕ ТО Е	ELECT JACKIE SERGENT				GRA-ICVARO-COO1
b. Mailing Address (incl	d. Date Filed				
114 High Street Oxford, N. C. 27565	9/26/13 . 7/5/13 ₂₈ e. Phone Number				
					919-690-1865
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period l (mm/dd/yy)	End Date	5. Treasurer Full	Name
2012	07/05/2013	09/2	4/2013	Elizabeth S. Taylo	or
6. Type of Committ	ee (Check One)	9. Type of Report	(check on	ly one type of report	from one category)
Candidate Campa		Municipal	State/C	ounty	Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(ly applicable, electrone)	Pre-election	18	Second	Supplemental Final
Building Fund		Pre-runoff	15	Third	Annual
		Semi-annual		Fourth	Special
		Mid Year		Semi-annual	1 Commission
Other:		Year End		Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
	0			Special	
11. Account Inform			11. Account	Information	
a. Financial Institution I			a. Financial Inst	itution Full Name	
SUNTRUST					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	JV	S1			
Expenses					d. Period Begin Balance
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 0				\$
CERTIFICATION			22 22 22		
I certify that the Con	nmittee or Fund is in compl	iance with all applica	ble provisions	of Article 22A, 22B,	, & 22D-22M of Chapter 163 of
the NC General Stati	utes and that no funds are co	ommingled with prof	inted or other	non-disclosed funds.	. I further certify that this report
	I correct and that I have bee	n trained by the NC	State Board of	ziecions.	09/25/2013
L, S. (Printed Name of Signer		ignature of Appoin	ted Treasurer	Date
FOR OFFICE USE C			Ignature of rippoin	0	
Date Received:	25262728282	3 Employee:	Calite	Dullerd	Delivery Method Normal Mail
Date Postmarke		Employee:			Registered Mail Hand Delivered
Date Scanned:	SE COUNTS	Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Enter	GRANVILLE OF BOARD OF FLECTIONS	Employee:			mandatory training
Please Note: Th	is form cannot be used to ar	nend committee info	rmation such as	s the committee addre	ess, treasurer, assistant treasurer,
	You must amend the State				tee changes.

Amendment

Ves

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 Penert

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Committee to Elect Jackie Sergent	Thirty-Five Day		GRA-ICVARO-COO1
Start of Floation Cools. January 1	2012	Total this	Total this
Start of Election Cycle: January 1,	2012	Reporting Period	
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS	(CD C 1202)		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1616.00	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1616.00	\$ 1616.00
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	NAZY <u>Transportante</u> Aprilagane		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	lc, 11d and 11e)	\$ 1616.00	\$ 1616.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 912.64	\$ 912.64
13b) Contributions to Candidates/Political Commi	ttees (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)	\$ 16.00	\$ 16.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 928.64	\$ 928.64
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		\$ 687.36	\$ 687.36
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	ns) (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-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
CDO 1100	(CRO-1215)	ů.	φ

Contributions	from	Individuals	Pσ
Contilibutions	HUM	murriduais	Pg

Amei	ndment		
	Ves	∇	No

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

1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID Nu	mber		
COMMI	TTEE TO ELECT	JACKIE SERGENT						GRA	A-ICVARO	-COO1	
3. Contr	ibutor Informati	on	\boxtimes	Add		Rem	ove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Commer	ıts		
(include	city, state, & zip)			624 Sc	ocial As	ssistan	ce	CANDII	DATE		
J. V. Serg	gent			1							
114 High	Street			c. Emple	oyer's Na	me/Spe	cific Field	1			
Oxford, N. C. 27565			Granv	ille-Var	nce Di	strict	1				
				Health	Depart	tment		e. Election	Sum to Date		
				Health	Promo	otion			25.00		
			20 m 1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to					\$	35.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amoun	t	
			Filin	ig Fee			07/05/2	013	\$	10.00	
	JVS1	Check					07/07/2	2013	\$	25.00	
									\$		
3. Contri	butor Informati	on		Add		Rem	ove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Profe	ession		d. Commen	ts		
	city, state, & zip)										
Elizabeth	S. Taylor			Retired	d			TREASU	JRER		
108 East	Front Street			c. Emplo	oyer's Na	me/Spe	cific Field				
Oxford, N	N. C. 27565										
919-692-	1444								e. Election Sum to Date		
								\$	181.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount		
	JVS1	Check					07/09/20	013	\$	75.00	
	JVS1	Check					09/05/2	013	\$	100.00	
			Prec	inct Map	s		09/03/2	013	\$	6.00	
3. Contri	butor Informatio	on		Add		Rem	ove				
a. Full Nan	ie, Mailing Address	& Phone		b. Job Ti	itle/Profe	ession		d. Commen	ts		
(include	city, state, & zip)			Owner							
Larry Lea	therberry			Real E	state M	lanager	nent				
104 Warr	ant Avenue			c. Emplo	yer's Na	me/Spe	cific Field				
Oxford, N	N. C. 27565			Berry l	Manage	ement (Company				
								e. Election S	Sum to Date		
								\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	JVS1	Check					07/31/20	013	\$	500.00	
									\$		
									\$		
4. Total	only this Pag	e						\$		716.00	
	of ALL CRO	-1210 Pages Detailed Summary Page C	PO 1100					\$		1616.00	
(1 ms une	musi ve on une o of	Detaueu Summary Fage C	NO-1100		production of						

Amendment **Contributions from Individuals** No Pg 2 of 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 COMMITTEE TO ELECT JACKIE SERGENT GRA-ICVARO-COO1 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) John Hardy Retired 157 Pine Cone Drive c. Employer's Name/Specific Field Oxford, NC 27565 e. Election Sum to Date 25.00 f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount g. Account Code \$ JVS1 Check 09/04/2013 25.00 П \$ \$ Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Carolyn Hardy c. Employer's Name/Specific Field 157 Pine Cone Drive Oxford, NC 27565 Housewife e. Election Sum to Date 25.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount \$ П JSV1 09/04/2013 25.00 Check \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Maureen Taylor Retired c. Employer's Name/Specific Field 108 East Front Street Oxford, NC 27565 e. Election Sum to Date 100.00 h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code

5. Total of ALL CRO-1210 Pages \$ 1616.00

NC State Board of Elections

JSV1

4. Total only this Page

П

CRO-1210

Check

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

\$

\$

\$

\$

100.00

150.00

April 2007

09/05/2013

Amendment

\$

300.00

		n Individuals	0.50		Pg	3 of	5 1205 in most	Yes	No No
		vidual contributions o		or contrib	utions unde	er \$50 ii form CR	2. ID Num		
			ne)						
COMMIT	TTEE TO ELECT	JACKIE SERGENT					GRA-	ICVARO-C	001
3. Contri	butor Informatio	n		Add	Ren	nove			
	ie, Mailing Address &	& Phone		b. Job Titl	e/Profession		d. Comments		
	city, state, & zip)								
Thomas F				Physicia					
	em Farm Road				er's Name/Sp				
Oxford, N				Oxford	Family Phy	sicians	e. Election Su	ım to Data	
919-693-9	9774							illi to Date	
							\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Descript	tion	j. Date (mm/dd/yy	yy)	k. Amount	
	JVS1	Check				09/06/2	013	\$	75.00
								\$	
								\$	
3. Contri	butor Informatio	on .		Add	Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Titl	e/Profession		d. Comments	<u> </u>	
(include	city, state, & zip)			Diabetes	s Educator				
Jenny R.	Koinis								
4126 Sale	em Farm Road				er's Name/Sp				
Oxford, N				Duke Ra	aleigh Hosp	oital			
919-693-	9774						e. Election St	ım to Date	
							\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount	
	JVS1	Check				09/06/2	013	\$	75.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add	Rer	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Titl	e/Profession		d. Comments		
(include	city, state, & zip)								
Gary C. V	Weaver				ce Agent				
221 Gillia					er's Name/Sp	ecific Field	1		
	NC 27565			Agency					
919-693-	9023			Allstate			e. Election St	ım to Date	
							\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Descrip	tion	j. Date (mm/dd/yy	/yy)	k. Amount	
	JVS1	Check				09/07/2	013	\$	150.00
								\$	
								\$	

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

Contributions from Individuals

Pg 4 of 5 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) GRA-ICVARO-COO1 COMMITTEE TO ELECT JACKIE SERGENT Add Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) Housewife Cathleen L. Weaver c. Employer's Name/Specific Field 221 Gilliam Street Oxford, NC 27565 e. Election Sum to Date 919-693-9023 150.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description g. Account Code h. Form of Payment f. Prior 09/07/2013 \$ 150.00 JVS1 Check \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Housewife Sylvia C. Matthews c. Employer's Name/Specific Field 114 East Front Street Oxford, NC 27565 e. Election Sum to Date 919-693-2595 50.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description h. Form of Payment f. Prior g. Account Code 09/10/2013 \$ 50.00 П JVS1 Check \$ \$ Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Retired (include city, state, & zip) D. L. Williams c. Employer's Name/Specific Field 118 Royall Road Oxford, NC 27565 e. Election Sum to Date 919-693-2396 100.00 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description h. Form of Payment g. Account Code f. Prior \$ 100.00 09/10/2013 JVS1 Check \$ \$ \$ 300.00 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 1616.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

1. Committee Full Name (and Fund if applicable)								2. ID Number		
COMMITTEE TO ELECT JACKIE SERGENT							GRA-I	CVARO-CO	001	
3. Contributor Information Add						ove				
a. Full Nam	e, Mailing Address &	Phone		b. Job Title	e/Profession		d. Comments			
	ity, state, & zip)			n						
Joanne M.				Physicia		aiGa Field				
10410 Sablewood Drive #207 Raleigh, NC 27167				Family F	er's Name/Spe	ellic Fleid				
919-603-4				1 anning 1	Tactice		e. Election Su	m to Date		
919-003-4	404			11			\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	ion	j. Date (mm/dd/yyy	yy)	k. Amount		
	JVS1	Check		•		09/13/20		\$	75.00	
								\$		
								\$		
	butor Informatio			Add [Rem	ove				
	e, Mailing Address &	Phone		b. Job Titl	e/Profession		d. Comments			
	city, state, & zip)			Physicia	.n					
Richard S		0.7				cific Field				
Raleigh, N	olewood Drive #20	07		c. Employer's Name/Specific Field Emergency Medicine						
252-432-4							e. Election Su	m to Date		
232-432	11/2						\$ 75.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	tion	j. Date (mm/dd/yy	yy)	k. Amount		
	JVS1	Check				09/13/20	013	\$	75.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	Rem	nove				
	e, Mailing Address &	2 Phone		b. Job Titl	le/Profession		d. Comments			
(include	city, state, & zip)			-						
				c. Employer's Name/Specific Field						
							e. Election Su	ım to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
	B	•		-				\$		
								\$		
								\$		
4. Total	only this Pag	e					\$		150.00	
5. Total	of ALL CRO	-1210 Pages					\$		1616.00	
(This lin	e must be on line 6 of	Detailed Summary Page (CRO-1100	0)			:##S			

-						
I)	IS	bu	rse	m	en	ts

					Amendment		
isbursements	Pg	1	of	1	☐ Yes	\boxtimes	
a this form to report expenditures from the committee for operating ext	nenses	contribution	ons to	can	didate/political		

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							
Committee to El	ect Jackie Sergent						GRA-ICVARO-COO1
3. Type of Disbu		se use separate C	RO	-1310 forms for each ty	pe of Disburseme	nt.)	
Operating Ex				ntes/Political Committees			d Party Expenditures
4. Payee Inform			A	dd 🔲	Remove		
a. Full Name, Mailir			b.	Coordinated Committee Na	ıme	d. Co	mments
(include city, state, &	.5						
Suntrust	P)						
P. O. Box 62222	.7		c.	Level Registered (Specify)			
Orlando, Fl. 328			Г	Federal	County:		
State Municipality: e. Election Sum to Date							
						\$ 3	31.20
f. Account Code	g. Form of Payment	h. Purpose Code	Ы	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
n Actount cout		-			Torra do laver		rinted Check
JVS1	Debit	O		07/24/2013	\$31.20		osit Charge
					\$		
4. Payee Inform	ation		A	dd	Remove		
	ng Address & Phone		b.	Coordinated Committee Na	ame	d. Co	mments
(include city, state,							
Granville Count			1				
Elections	, 20		c.	Level Registered (Specify)			
122 Williamsbo	ro St		Г	Federal	County:		
			١ř	State	Municipality:	e. Ele	ection Sum to Date
Oxford, NC 27565							
						\$	1.44
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
				00/04/2012	61.44	Vote	er Regist.
JSV1	Check #1001	О		09/04/2013	\$1.44	List	95.40
					s		
					\$		
4. Payee Inform	ation		Α	.dd 🔲	Remove		
	ng Address & Phone		b.	b. Coordinated Committee Name			mments
(include city, state,							
J&E ScreenPrin							
551 Sagefield D			c.	Level Registered (Specify)			
Henderson, NC			Γ	Federal	County:		
			Ī	State	Municipality:	e. Ele	ection Sum to Date
						\$	880.00
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
			_				d Signs
JVS1	Check #1002	A		09/15/2013	\$880.00		
					\$		
5 m - 1 1 1 1 1	Dogo		_		J	\$	912.64
5. Total only the						Ψ	712.01
	CRO-1310 Pages line 13a of Detailed Sur	umary Paga CDO 110	n :	(Onerating Evnences)			
				Contrib to Candidates/Politic	cal Comm)	\$	912.64
				Coordinated Party Expenditu			
	es (List detailed ex						
7. Purpose Cod A* - Media	B* - Printing	C* - Fun			D - To Anotho	er Can	didate
A* - Media E - Salaries	F* - Equipment						c Office Expenses
I - Postage	J - Penalties	K* - Offi					egal Expense Fund
O* - Other					259		totale REPA
* Codes requir	e detailed explanat	ion in required r	em	arks field (k)			

No

In-Kind Contributions			8	Amendment
Use this form to report non-monetary contributions, donations, go	ode or corvi	Pg 1 of		Yes No
Use CRO-1215 if In-Kind Contributions were or will be refunded	l within 7 da	ves provided to th	ie comi	mittee or rund.
1. Committee Full Name (and Fund if applicable)	within / ta	ys.	2 10	N
Committee to Elect Jackie Sergent			2. 10	Number
Committee to Lieut Jackie Seigent				GRA-ICVAR0-C001
3. Contributor Information Add	Remove			-
a. Full Name, Mailing Address & Phone	b. Type of (Contributor	c. Cor	nments
(include city, state, & zip)	Indi	ividual		
J. V. Sergent	☐ Can	didate	CAN	NDIDATE
114 High Street	Part	y		
Oxford, NC 27565	☐ PAG			
919-690-1865	Ref	erendum	d. Ele	ction Sum to Date
	Oth	er Receipt Source	\$	35.00
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Filing Fee- Granville Board of Elections				
		07/05/2013	3	\$ 10.00
				\$
				\$
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	antributar	a Con	nments
(include city, state, & zip)	F-1	vidual	C. Con	uments
E. S. Taylor	1 —	didate		
108 East Front Street	Part			
Oxford, NC 27565	PAC			
919-692-1444		erendum	d. Ele	ction Sum to Date
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		er Receipt Source		
		•	\$	181.00
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Oxford Voting Precinct Maps		09/03/2013	3	\$ 6.00
				\$
	2			\$
3. Contributor Information Add	Remove			L
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Con	nments
(include city, state, & zip)	Indi	vidual		
	Can	didate		
	Part	y		
	PAC			
	Refe	erendum	d. Elec	ction Sum to Date
	Othe	er Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
				\$

CRO-1510 NC State Board of Elections December 2007

4. Total only this Page

5. Total of ALL CRO-1510 Pages

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

\$

\$

16.00

16.00

\$

\$