

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.

1. Committee Information		c. ID Number	
a. Full Name Committee to Elect Janet Rose		JCFHSK	
b. Mailing Address (Include City, State and Zip Code) 212 Poyners Rd Wayock NC 27958		d. Date Filed 10/29/24	
		e. Phone Number 252-202-2921	
2. Report Year 2024	3. Period Start Date (mm/dd/yy) 07/01/24	4. Period End Date (mm/dd/yy) 10/19/24	5. Treasurer Full Name Janet Williams Rose
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		Municipal <input type="checkbox"/> Organizational <input 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	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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	
8. Number of Fundraisers this Report 0		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name State Employees Credit Union		a. Financial Institution Full Name	
b. Purpose Personal Checking	c. Account Code 1215	b. Purpose	c. Account Code
	d. Period Begin Balance \$5797.18		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.			
Janet Williams Rose		Janet Williams Rose	
Printed Name of Signer		Signature of Appointed Treasurer	
		10/20/24	
		Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> 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.			
RECEIVED			
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
Committee to Elect Janet Rose	Third Quarter	ICFHSK
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 5797.18	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$
6) Contributions from Individuals (CRO-1210)	\$ 0	\$
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$
9) Loan Proceeds (CRO-1410)	\$ 0	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$.86	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$
11c) Outside Sources of Income Salary, retirement (CRO-1250)	\$ 12,184.17	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 12,185.03	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 938.86	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$
15) Loan Repayments (CRO-1420)	\$ 0	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$
17) In-Kind Contributions (CRO-1510)	\$ 0	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 938.86	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 15,681.73	\$
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	\$
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0	\$
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0	\$
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	\$
25) Administrative Support (CRO-1710)	\$ 0	\$
26) Forgiven Loans (CRO-1440)	\$ 0	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$

Disbursements

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 Elect Janet Rose						ICFHSK
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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
MMT Printers 605 E Fearing St. Elizabeth City NC 27909						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$1457.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1203	CC	B	09/11/24	\$130.54	Pd CC w/checking	
	Pd CK 3561			\$	cards to hand out	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
SweetPea Designs 391 Caratoka Hwy Suite A Moyock NC 27958						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$1500.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1203	CC	O	10/08/2024	\$42.70	Vinyl Signs	
	Pd CK 3561			\$		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Brian Harlin-Signs/Neighborhood Signs 6655 Amberlan Dr. Suite L Elkridge MD 21075						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$1824.23
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1215	3308 CK	A	10/15/2024	\$323.75	yard signs	
				\$		
5. Total only this Page						\$ 4912.99
6. Total of ALL CRO-1310 Pages						\$ 938.84
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>						
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>						
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
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						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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 Elect Janet Rose						LCFHSK	
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	
Sweatpea Designs 391 Caratoke Hwy Suite A Wayock NC 27958							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1841,31	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1203	CC	O	10/18/2024	\$ 17.08	vinylon sweatshirt		
	Pdck 3561			\$			
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	
MMT Printers 605 E Fearing St Elizabeth City NC 27909							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2266.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1203	CC	B	10/16/2024	\$ 424.79	flyers, cards		
	Pdck 3561			\$			
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	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 441.87	
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)						\$ 938,84	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
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							
* Codes require detailed explanation in required remarks field (k)							