

# 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

a. Full Name

THE COMMITTEE TO RE-ELECT JENNIFER ROBINSON

c. ID Number

**Received**

d. Date Filed

b. Mailing Address (include City, State and Zip Code)

106 CHERTSEY COURT  
CARY, NC 27519

SFP 01 2009

09/01/2009

**COPY**

Wake County  
Board of Elections

e. Phone Number

919-571-0132

2. Report Year

2009

3. Period Start Date (mm/dd/yy)

07/01/2009

4. Period End Date  
(mm/dd/yy)

08/25/2009

5. Treasurer Full Name

PHYLLIS W. BRYSSON

6. Type of Committee (Check One)

- Candidate Campaign  
 Party  
 PAC  
 Referendum  
 Independent Expenditure  
 Joint Fundraiser  
 Legal Expense Fund

9. Type of Report

(check only one type of report from one category)

- Organizational  
 Thirty-five day  
 Pre-primary  
 Pre-election  
 Pre-runoff  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

Municipal

State/County

Referendum

- Organizational  
 Quarterly  
 First  
 Second  
 Third  
 Fourth  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

- Organizational  
 Pre-referendum  
 Final  
 Supplemental Final  
 Annual  
 Special

7. Type of Fund (if applicable, check one)

- "Booster Fund"  
 Building Fund  
 Other:

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

WACHOVIA BANK, NA

11. Account Information

a. Financial Institution Full Name

WACHOVIA BANK, NA

b. Purpose

FOR RECEIPT  
& EXPENDITURE  
OF CAMPAIGN  
FUNDS

c. Account Code

A

b. Purpose

A

c. Account Code

A

d. Period Begin Balance

\$ 3355.01

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.

PHYLLIS W. BRYSSON

Printed Name of Signer

Signature of Appointed Treasurer

09/01/2009

Date

FOR OFFICE USE ONLY

- Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  
 Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

- Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 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.

<b>1. Committee Full Name (and Fund if applicable)</b> THE COMMITTEE TO RE-ELECT JENNIFER ROBINSON		<b>2. Type of Report</b> THIRTY-FIVE DAY	<b>3. ID Number</b>
Start of Election Cycle: January 1, 2006		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3355.01	\$ 4111.06
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 1250.00	\$ 1250.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 150.00	\$ 150.00
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			
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)		\$ 1450.00	\$ 1450.00
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2840.13	\$ 2840.13
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$ 555.00
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)	\$	\$ 201.05
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2840.13	\$ 3596.18
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1964.88	\$ 1964.88
<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-2200)	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	



# 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)

THE COMMITTEE TO RE-ELECT JENNIFER ROBINSON

## 2. ID Number

## 3. Contributor Information

Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small> DONALD FRANTZ 706 EAST CORNWALL CARY, NC 27511 919-612-6870		<b>b. Job Title/Profession</b> BUSINESS OWNER	<b>d. Comments</b>
		<b>c. Employer's Name/Specific Field</b> FRANTZ AUTOMOTIVE	<b>e. Election Sum to Date</b> \$ 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"/>	A	CHECK		08/13/2009	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small> TESHIA MCGINNIS 200 KETTLEBRIDGE DRIVE CARY, NC 27511 919-303-3922		<b>b. Job Title/Profession</b> SCHOOL TEACHER	<b>d. Comments</b>
		<b>c. Employer's Name/Specific Field</b> CARY CHRISTIAN SCHOOL	<b>e. Election Sum to Date</b> \$ 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"/>	A	CHECK		08/19/2009	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> <small>(include city, state, &amp; zip)</small> RALPH ASHWORTH 110 GREENOCK COURT CARY, NC 27511 919-467-1877		<b>b. Job Title/Profession</b> BUSINESS OWNER	<b>d. Comments</b>
		<b>c. Employer's Name/Specific Field</b> ASHWORTH DRUGS	<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"/>	A	CHECK		08/21/2009	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 4. Total only this Page

\$ 850.00

## 5. Total of ALL CRO-1210 Pages

\$ 1250.00

*(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

1. Committee Full Name (and Fund if applicable)

2. ID Number

THE COMMITTEE TO RE-ELECT JENNIFER ROBINSON

### 3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession  
BUSINESS OWNER

d. Comments

WILLIAM WESTBROOK, SR  
701 EAST CHATHAM STREET  
CARY, NC 27511  
919-467-6166

c. Employer's Name/Specific Field  
WESTBROOK & ASSOCIATION  
REALTORS

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"/>	A	CHECK		08/17/2009	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

### 3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession  
EDUCATOR

d. Comments

MARGARET GREER  
118 TOBACCO LEAF LANE  
APEX, NC 27502  
919-267-5838

c. Employer's Name/Specific Field  
MEREDITH COLLEGE

e. Election Sum to Date

\$ 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"/>	A	CHECK		08/23/2009	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

### 3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

d. Comments

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

\$ 400.00

### 5. Total of ALL CRO-1210 Pages

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

\$ 1250.00



**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
THE COMMITTEE TO RE-ELECT JENNIFER ROBINSON			
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>			
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees	
<input type="checkbox"/> Add		<input type="checkbox"/> Remove	
<input type="checkbox"/> Add		<input type="checkbox"/> Remove	
<b>4. Payee Information</b>		<b>4. Payee Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, & zip) CAROLINA COFFEE NEWS P.O. BOX 99026 RALEIGH, NC 27624 919-413-2999		b. Coordinated Committee Name	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments	
f. Account Code		g. Form of Payment	
A		CHECK	
h. Purpose Code		i. Date (mm/dd/yyyy)	
A		08/03/2009	
j. Amount		k. Required Remarks	
\$		NEWSPAPER ADVERTISING	
e. Election Sum to Date		l. Amount	
\$ 250.00		\$	
<b>4. Payee Information</b>			
a. Full Name, Mailing Address & Phone (include city, state, & zip) WAKE COUNTY BOARD OF ELECTIONS 337 SOUTH SALISBURY STREET RALEIGH, NC 27602		b. Coordinated Committee Name	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments	
e. Election Sum to Date		f. Account Code	
\$ 10.00		CHECK	
g. Form of Payment		h. Purpose Code	
A		O	
i. Date (mm/dd/yyyy)		j. Amount	
07/08/2009		\$10.00	
k. Required Remarks		l. Amount	
FILING FEE		\$	
<b>4. Payee Information</b>			
a. Full Name, Mailing Address & Phone (include city, state, & zip) 3 ESSENTIALS 2719 GRAVES DRIVE, SUITE 12 GOLDSBORO, NC 27534 919-373-1305		b. Coordinated Committee Name	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments	
e. Election Sum to Date		f. Account Code	
\$ 48.00		CHECK	
g. Form of Payment		h. Purpose Code	
A		H	
i. Date (mm/dd/yyyy)		j. Amount	
07/28/2009		\$48.00	
k. Required Remarks		l. Amount	
WEBSITE HOSTING		\$	
<b>5. Total only this Page</b>			
		\$ 308.00	
<b>6. Total of ALL CRO-1310 Pages</b>			
(This line goes in line 13a of Detailed Summary Page CRO-1100 of Operating Expenses)		(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)	
		\$ 2840.13	
<b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
C* - Fundraising		G - Political Party	
D - To Another Candidate		K* - Office Expenses	
H* - Holding Public Office Expenses		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

<b>1. Committee Full Name (and Fund if applicable)</b>		THE COMMITTEE TO RE-ELECT JENNIFER ROBINSON		<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
<b>4. Payee Information</b>					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		
MY CAMPAIGN STORE P.O. BOX 596 JEFFERSONVILLE, IN 47131 812-288-9480 800-928-9480					
c. Level Registered (Specify)		County:		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> State				\$ 2532.13	
<b>f. Account Code</b>					
g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
A CHECK		O		08/13/2009	
A CHECK		O		08/17/2009	
j. Amount		k. Required Remarks			
\$2233.02		SIGNS & LABELS			
\$299.11		TEE-SHIRTS			
<b>4. Payee Information</b>					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		
c. Level Registered (Specify)		County:		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> State				\$	
<b>f. Account Code</b>					
g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
j. Amount		k. Required Remarks			
\$					
<b>4. Payee Information</b>					
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>			b. Coordinated Committee Name		
c. Level Registered (Specify)		County:		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> State				\$	
<b>5. Total only this Page</b>					
				\$ 2532.13	
<b>6. Total of ALL CRO-1310 Pages</b>					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>				\$ 2840.13	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	