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 In	nformation								
a. Full Name									c. ID Number
Committee to	Elect Ja'Nell He	nry							
b. Mailing Address	(include City, State	and Zip Code)						d. Date Filed
rear nacriativa as n.º	and the state of t								12/27/24
4830 Meadow	Drive Suite 10	2 Durham,	NC	27713					e. Phone Number
									984.208.3112
2. Report Year	3. Period Start	Date (mm/dd	(yy)	4. Period E	nd Dat	e (ma	m/dd/yy)	5. Treasure	r Full Name
2024	06/20/24			10/19/24				Ricky L. Ha	
	mittee (Check O		_	**	ort (ch			type of repo	rt from one category)
Candidate Can			Mu	nicipal			e/County		Referendum
PAC		rendum Fundraiser	H	Organizational Thirty-five day		X	Organizat Quarterly		Organizational Pre-referendum
Independent E		runaraiser	H	Pre-primary	'		First		Final
Lagar Lapense	1 13113		H	Pre-election			Seco		Supplemental Final
7. Type of Fund	d (if applicable,	check one)		Pre-runoff		X	Thin	d	Annual
Booster Fund	to send different teaching			Semi-annual			Four	th	Special Special
Building Fund				Mid Year		_	Semi-ann		
			띩	Year End Final		H		Year End	10. Special Report Name
Other:	undraisers this	Damnet		Special		H	Final	EM	Withdraw Threshold
1	unutuisers and	report.		- Carren			Special		THURST THOSION
11. Account In	formation		_		II. Ac	Chann	it Inform	nation	
a. Financial Institu						_		Full Name	
North Carolina	State Employe	es Credit U	nio	1	PayPa				
b. Purpose		c. Account Co	ode		b. Purpo	se			c. Account Code
To policet den	ations and pay	001							002
expenditures	attoris and pay	d. Period Beg	in B	lance	To coll	ect	donation	ns	d. Period Begin Balance
		\$ 0							\$ 376.29
CERTIFICAT	ION		-			_			
of the NC Gene		at no funds are	cor	nmingled with	prohibi	led o	r other no	on-disclosed fi	B & 22D-22M of Chapter 163 unds. I further certify that this
Ricky L. Hart			-		X M	A	ointed Trea		12/21/27
FOR OFFICE	Printed Name of Sign	ior i		J Sig	io Steiner	App	amed 1700	ISUICI	Date
	<u> </u>	las lok) (0	2-11	De	livery Method
Date Receiv	ved:	00/20		IN PER	SON.	1	< T	- <u> </u>	Normal Mail
Date Postm	arked:			IN PEH Employ		ď			Registered Mail
Date Fosiii			-		_		,		Hand Delivered
Date Scann	ed:			JAMplo?	vec.	7			Electronically Filed
Date Data I				DU Employ	Section 1981	_			Signer has not received mandatory training
Please No									nmittee address, treasurer,
	assistan You must amend			dian of book					

Jse this form to summarize all disclosure reporting forms and	to total mon	etary information	
. Committee Full Name (and Fund if applicable)	2. Type of I		ID Number
Committee to Elect Ja'Nell Henry	Third a	varter	
Start of Election Cycle: January 1, 2024		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRQ-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 919.25	\$ 919.25
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			The state of
11a) Interest on Bank Accounts	(CRO-1250)	\$	S
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)	\$	\$
EXPENDITURES			
13) Disbursements			No. of the last
13a) Operating Expenditures	(CRO-1310)	\$	\$
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)	S	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	s	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$	S
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	CONTRACTOR OF THE
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)	s IN PERSO	N
24) Account Transfers Within the Committee	(CRO-1720)		
25) Administrative Support	(CRO-1710)	s JAN 0224	75
26) Forgiven Loans	(CRO-1440)		S
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ DURHAM B	9-2
The second secon	(CRO-1215)	\$	\$

Yes 🗵

No

Use this form to summarize all disclosure reporting forms and to total monetary information.

_	_	m to summarize all disclosure reporting forms a tee Full Name (and Fund if applicable)	2. Type of Report	11101211411011.	3.	ID Nun	iber
_		to Elect Ja'Nell Henry	Third Quarter				
Star	rt of I	Election Cycle: January 1,	_2024		l this	Sec. 2	Total this Election Cycle
4)	Cash	on Hand at Start		\$ 0		\$	0
REC	CEIP	TS TO THE RESERVE OF THE PARTY				-	
5)	Aggr	egated Contributions from Individuals	(CRO-1205)	S		\$	
6)	Cont	ributions from Individuals	(CRO-1210)	\$	919.25	\$	919.25
7)	Cont	ributions from Political Party Committees	(CRO-1220)	\$ 0		\$	0
8)	Cont	ributions from Other Political Committees	(CRO-1230)	S 0		5	0
9)	Loan	Proceeds	(CRO-1410)	S 0		\$	0
10)	Refu	nds/Reimbursements To the Committee	(CRO-1240)	S 0		\$	0
11)	Othe	r Receipt Sources					
1	11a)	Interest on Bank Accounts	(CRO-1250)	\$ 0		\$	0
1	11b)	Contributions from Not-for-Profit Organizat	ions (CRO-1250)	S 0		S	0
1	Hc)	Outside Sources of Income	(CRO-1258)	S 0		S	0
1	11d)	Legal Expense Fund - Other Sources	(CRO-1276)	S 0		S	0
1	ll e)	Exempt Purchase Price Sales	(CRO-1265)	\$ 0		S	0
12)	TOT	AL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	ic, 11d and 11e)	S 0		S	0
EXI	PENI	OTTURES					
13)	Disb	nrsements					
3	13a)	Operating Expenditures	(CRO-1310)	\$ 0		\$	0
1	13b)	Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 0		\$	0
-	13c)	Coordinated Party Expenditures	(CRO-1310)	S 0		\$	0
14)	Aggr	egated Non-Media Expenditures	(CRO-1315)	\$ 0		S	0
15)	Loar	Repayments	(CRO-1428)	S 0		\$	0
16)	Refu	nds/Reimbursements From the Committee	(CRO-1320)	S 0		S	0
17)	In-K	ind Contributions	(CRO-1510)	\$ 0		\$	0
18)	тот	AL EXPENDITURES (Add lines 13a, 13b, 13e, 14,	15, 16 and 17)	S 0		\$	0
19)	Cash	on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	S 0		\$	0
AD	DITI	ONAL INFORMATION		Windson.			
20)	Non-	Monetary Gifts Given to Other Committees	(CRO-1330)	S 0			
21)	Outs	tanding Loans (incl. ones from other campai	gns) (CRO-1430)	S 0			
22)	Debt	s and Obligations owed By the Committee	(CRO-1610)	S 0			Second Columns
23)	Debt	s and Obligations owed To the Committee	(CR()-1620)	\$ 0	EDCO	É	
24)	Acce	unt Transfers Within the Committee	(CRO-1720)	2 119 12	ERSON	4	
25)	Adm	inistrative Support	(CRO-1710)	S O	10000	\$\$	0
26)	Forg	iven Loans	(CRO-1440)	S 0	C D Brivii	\$	0
on other	48-H	our Notice Reports Sum	(CRO-2220)	S DUR	HAM BO	E S	0
27)							

	ibutions fro form to report indi	vidual contributions o	ver \$5	P _f or contributions un			☐ Yes	No.
111		and Fund if applical				2. ID Nun		
Committ	ce to Elect Ja'Nell	Henry						
3. Contri	butor Informatio)h		Add Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professio	on .	d. Commen	13	
	city, state, & zip)			Unemployed				
Beverly !								
1220 Ter				c. Employer's Name	Specific Field	-		
Fillisboro	ugh, NC 27278					o Floriton	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		debit			7/20/2	24	S	50.00
							s	
							\$	
3. Contri	butor Informatic	PIR .		Add 🔲 Re	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	ts	
	city, state, & zip)			Self Employed				
Mark Pag				Farmer		1		
	orfield Rd tills, NC 27541			c. Employer's Name/	Specific Field	-		
Trunciae iv	ans, NC 27341					a Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. in-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		debit			7/23/20	024	S	100.00
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	buter Informatio			Add Re	move	d. Commel	U DEDS	DN-
	me, Mailing Address	& Phone		b. Job Title/Profession	n fi	d. Commel	38 1 LIC	7014
(include	city, state, & zip)				- 0-1			
Elina Car				Grants Manager	- 64			SLPY) C
Eliza Gar	ry	10		1			JAN 02	STOTZ
1300 Tril	ry bute Center Apt 43	39		c. Employer's Name/		-	JAN 02	STOT?
1300 Tril	ry	39		1				
1300 Tril	ry bute Center Apt 43	39		c. Employer's Name/			JAN 02	
1300 Tril	ry bute Center Apt 43	b. Form of Payment	1, 19-1	c. Employer's Name/		e. Election		
1300 Tril Raleigh,	ry bute Center Apt 43 NC 27612		3, 39-1	c. Employer's Name/ ASI	Specific Field	e. Election S	52.45	
1300 Tril Raleigh,	ry bute Center Apt 43 NC 27612	h. Form of Payment	\$. In-1	c. Employer's Name/ ASI	Specific Field j. Date (mm/dd/y	e. Election S	52.45 k. Amount	BOE
1300 Tril Raleigh,	ry bute Center Apt 43 NC 27612	h. Form of Payment	3. In-l	c. Employer's Name/ ASI	Specific Field j. Date (mm/dd/y	e. Election S	52,45 k. Amount	BOE
1300 Trit Raleigh. f. Prior 4. Tota	ry bute Center Apt 43 NC 27612	h. Form of Payment debit	1. In-l	c. Employer's Name/ ASI	Specific Field j. Date (mm/dd/y	e. Election S	52.45 k. Amount S	BOE

Contr	ibutions from	m Individuals			Pg	2 6	5	☐ Yes	No.
Use this !	form to report indi	vidual contributions of	ver \$50	or contribution	s under	\$50 if form Cl	RO 1205 is no	ot used	
1. Comm	nittee Full Name	2. ID Number							
Committe	ee to Elect Ja'Nell	Непгу							
3. Contr	ibutor Informatio	on .		Add	Rem	ove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Pro	lession		d. Commen	ts	
	city, state, & zip)			Retired					
	yn Avant			22		ates areas	-		
	Oxford Avenue as, NV 89108			c. Employer's N	ame/ope	CINC PIEIU	-		
Las vega	12, 14 4 62100						e. Election S	Sum to Date	
							S	25.00	
							3	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Cind Description		j. Date (mm/dd/)	(333)	k. Amount	
		debit				7/26/.	2024	\$	25.00
								\$	
								\$	
3. Contr	ibutor Informati	on		Add 🔲	Rem	ove			
a. Full Nat	me, Mailing Address	& Phone		b. Job Title/Pro			d. Commen	rts	
	tity, state, & zip)			Self Employ					
Sharon V				Day Care Pro		54% WW A A			
	teridge Court			c. Employer's N	amesspe	cilic Field	-		
Durnam,	NC 27713						e. Election 2	Sum to Date	
							\$	20.00	
f. Prior	g, Account Code	h. Form of Payment	i, In-l	Cind Description		j. Dute (mm/dd/	(rerr)	k. Amount	
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	me, Mailing Address	& Phone		b. Job Title/Pro			d. Comme	M L LII	JO14
	city, state, & zip) molu-Johnson			Self Employ Photographe					000
	essborough Dr			c. Employer's N		cific Field	-	JAN 02	2025
	NC 27617			Compression of	amoope	SCHOOL A GEVEN	-		
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f. Prior	g. Account Code	h. Form of Payment	i. In-1	Cind Description		j. Date (mm/dd/	(3333)	k. Amoust	
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		m Individuals ividual contributions	over \$5	Pa O or contributions und			Of used	No.
	ittee Full Name		2. ID Nu					
	ee to Elect Ja'Nell							
3. Contr	ibutor Informati	on		Add Re	move	-		
a. Full Nat	me, Mailing Address	& Phone		b. Job Title/Profession	9	d. Commer	its	
	city, state, & zip)			Petroleum Transp	ort Driver			
	Sherry Perry							
	yard Farm Way NC 27703			c. Employer's Name/S CLI Transport	pecific Field	-		
Duna.	140 27703			CLI Hansport		e Flection	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	iii)	k. Amount	
		debît			7/29/2	024	\$	100.00
							\$	
							S	
3. Contr	ibutor Informatic	on		Add Re	move			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comments		
	city, state, & zip)			Unemployed				
Terry Ca	-			84 8 4 8 9				
	nnbrook Dr NC 27704			c. Employer's Name/S	1			
Dunan,	NC 27704				a Flantian 4	Sum to Date		
						S S	10.90	
f. Prior	g. Account Code	b. Form of Payment	i. Ind	Kind Description	j. Date (mm/dd/y	torus)	k, Amount	
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		doore			713112	024		10.90
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	ibutor Informatic				move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Common	PERSO	N
Quashun	city, state, & zip)			Medical Service A	Assistant			
	nnbrook Dr			e. Employer's Name/S	nerific Field	JAN 02 10002-5		
	NC 27704			VA Medical Cente		J	AN U LI	
						e. Election 5	Sum to Day BO)r-
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	l only this Pag					\$		121.80
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		m Individuals	ver \$5(P) or contributions un	g 4 of	0 1205 is no	Amendment Ves	No No
		(and Fund if applical		y or controllions an	aci 640 11 10/111 O1	2. ID Nun		
	ee to Elect Ja'Nell							
3. Contr	ibutor Informatio	DIA .		Add Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comment	5	
(include	city, state, & zip)			Unemployed				
	d Grier-Union							
	et Oak Way			c. Employer's Name/S	Specific Field			
St. Augu	stine, FI 32095					. 1175		
						e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Gad Description	j. Date (mm/dd/y)	(XX)	k. Amount	
		debit			8/26/20	024	\$	50.00
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3. Contr	ibutor Informatic	Ott		Add R	emove			
	me, Mailing Address	& Phone		b. Job Title/Professio		d. Comment	is	
	city, state, & zip)			Accounting Open	ations Manager			
Serita Jo				a Empleyante Noma f	Constitution First A	-		
	zart St Apt 416 NC 27704			c. Employer's Name/S	Specine rieia	-		
Lannani,	NC 21104			Curi		e. Election S	um to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Gad Description	j. Date (mm/dd/y)	(177)	k. Amount	
		debît			8/26/29	024	\$	250.00
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	me, Mailing Address			b. Job Title/Professio	n n	d. Comme	PERS()IA
Sherry P	city, state, & zip)	IN PERSO	M	PSA				
	yard Farm Way	MA I FILE		c. Employer's Name/	Specific Field	+	46N 02 P.N	J .
1	NC 27703	0 1 DK	025	Duke				
						e. Election S	UNIVERSITY B	OE
		DURHAM B	OE .			S	20.00	
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		debit			9/14/20	1024	\$	20.00
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	<u> </u>						\$	
4. Tota	l only this Pag	e				\$		320.00
5. Tota	l of ALL CRO	1-1210 Pages				\$		
/This fin	a more ha an line & al	Detailed Cummer Pose I	P/L370	Dà		-		

Conti	ributions fro	m Individuals			Pg S	of 5	Amendmen	l N	
		lividual contributions		0 or contributions	under \$50 if form		not used		
		(and Fund if applica	able)			2. ID Nu	mber		
Commit	tee to Elect Ja'Nel	l Henry							
	ributor Informati			Add	Remove				
	me, Mailing Address	& Phone		b. Job Title/Profes	sion	d. Comme	nts		
Jeremy (e city, state, & zip)			CEO					
	thBroad St			c. Employer's Nan	e/Specific Field				
William	ston, NC 27892			Blackacre	0.				
						e. Election	Sum to Date		
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/de	l/yyyy)	k. Amount		
		debit				/2024	s	200.00	
							\$		
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3. Contr	ributor informati	on		Add	Remove				
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profes	sìon	d. Commer	d. Comments		
(include	e tity, state, & zip)								
				c. Employer's Nam	Amanifia Field				
				er ernibinises 2 tatti	colecine sand				
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f. Prior	g. Account Code	h. Form of Payment	î. In-K	ind Description	j. Date (mm/dd	(yyyy)	k. Amount		
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4. Total	l only this Pag	e				\$		200.00	
	of ALL CRO					\$		919.25	
(This line	e must be on line 6 of	Detailed Summary Page (RO.1740	b		4		of 2 Halland	