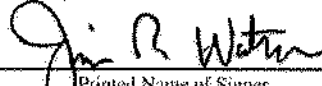
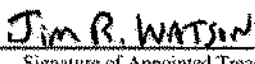


Disclosure Report Cover
 Amendment
☐ Yes ☐ No

 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 WATSON FOR MAYOR		c. ID Number				
b. Mailing Address (include City, State and Zip Code) 1422 E. MAIN Street #301 Lynchton, NC 28092		d. Date Filed 11-7-25				
		e. Phone Number 980-241-2574				
2. Report Year 2025	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name Jim R. WATSON			
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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special </td> <td style="width: 33%;"> State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special </td> <td style="width: 33%;"> Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special </td> </tr> </table>		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special
Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	Referendum ☐ 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				
8. Number of Fundraisers this Report						
II. Account Information		II. Account Information				
a. Financial Institution Full Name First Federal Savings Bank		a. Financial Institution Full Name First Federal Savings Bank				
b. Purpose Campaign for Mayor	c. Account Code 0119361416	b. Purpose Campaign for Mayor	c. Account Code 0119361416			
	d. Period Begin Balance \$100.00		d. Period Begin Balance \$100.00			
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.						
 Printed Name of Signer		 Signature of Appointed Treasurer				
		11-7-25 Date				
FOR OFFICE USE ONLY						
Date Received:	11-7-25	Employee:	J.P.			
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.						

Statement of Organization - Candidate Committee

Is this statement:

☒ New ☐ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee WATSON FOR MAYOR		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 1422 E. MAIN Street Lenoir NC 28092		e. Date Organized 11-7-25	
c. Committee Website (Optional)		f. Phone Number 980-241-2574	
2. Candidate Information			
a. Full Name JIM WATSON		e. Party Affiliation DEMOCRAT	
b. Mailing Address (include City, State, and Zip Code) 206 Hollow Road LINCOLTON NC 28092		f. Office Sought MAYOR of Lincolton	
c. Phone Number 980-241-2574	d. Email Address jim.watson@charter.net	g. Next Election Year 2026	h. Jurisdiction City of Lincolton
☐ Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name JIM WATSON		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 206 Hollow Road LINCOLTON NC 28092		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 980-241-2574	d. Email Address jim.watson@charter.net	c. Phone Number	d. Email Address
Send report notices by email ☒ Yes ☐ No		☐ Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3300)	
a. Full Name JIM WATSON		a. Financial Institution Full Name FIRST FEDERAL SAVINGS BANK	
b. Mailing Address (include City, State, and Zip Code) 206 Hollow Road LINCOLTON, NC 28092			
c. Phone Number 980-241-2574	d. Email Address jim.watson@charter.net	b. Account Code 1214	c. Type Checking
☒ Email copy of report notices			
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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. Jim R. WATSON <i>Jim R. Watson</i> 11-7-25 Printed Name of Treasurer Signature of Appointed Treasurer Date I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes. Jim R. WATSON <i>Jim R. Watson</i> 11-7-25 Printed Name of Candidate Signature of Candidate Date			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: JIM WATSON

Committee Name: WATSON for Mayor

Treasurer Name: JIM WATSON

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: DAVID M. BLACK

Level Registered: [State] [County] If county, specify: LINCOLN COUNTY

I, JIM WATSON, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>WATSON FOR MAYOR</u>	<u>Lincoln County Public Education Foundation</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Jim R. Watson

Date: 11-7-25

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	
WATSON for Mayor		Organizational			
Start of Election Cycle: January 1, 2026		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ -0-		\$ -0-	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
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					
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)		\$ -0-		\$ -0-	
EXPENDITURES					
13) Disbursements					
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)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$		\$	
ADDITIONAL INFORMATION					
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-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	