

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	c. ID Number		
JULIE WHITFIELD For Clerk			JK1V95
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
202 N SPENCE AVE GOLDSBORO NC 27530			01/30/2026
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/01/2025	12/31/2025	Jody H. BRIDGERS

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"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
	<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	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

11. Account Information		11. Account Information	
a. Financial Institution Full Name	a. Financial Institution County		
FIRST CITIZENS BANK	Board of Elections		
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Committee Funds	1	JAN 30 2026	
	d. Period Begin Balance	Received	d. Period Begin Balance
	\$ 1343.39	By	\$

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.

Jody H. BRIDGERS

Printed Name of Signer

Jody H. BRIDGERS

01/30/2026

Date

FOR OFFICE USE ONLY

Date Received:	01/30/2026	Employee:	181	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<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.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Amendment
 Yes No

Name of Committee (if applicable)		Type of Report	Report Date
JULIE WHITFIELD For Clerk		Year END	JK1V95
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1343.39	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$ 1390.52
6) Contributions from Individuals (CRO-1210)		\$ 100 -	\$ 20536.64
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$ 1352.48	\$ 2577.73
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)		\$ 2452.48	\$ 24504.89
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1900.40	\$ 21,437.81
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 80.00	\$ 1251.69
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)		\$ 1980.40	\$ 22,689.50
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1815.39	\$ 1815.39
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2577.73	
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)		\$	\$

Contributions from Individuals

Pg 1 of 1 Amendment
 Yes No

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

Committed Total (Name and Amount if applicable)

2, IV. Summary

JULIE WHITFIELD FOR CLERK

JK1V95

Contribution Information

Full Name, Mailing Address & Phone
(Include city, state & zip)

Add Remove
b. Job Title/Profession

Committed

c. Employer's Name/Specific Field

NO HOUSE & REP.
RISE CAPITAL

e. Election Sum to Date

\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		12/21/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contribution Information

Full Name, Mailing Address & Phone
(Include city, state & zip)

Add Remove
b. Job Title/Profession

Committed

c. Employer's Name/Specific Field

ATTORNEY
Self

e. Election Sum to Date

\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		12/22/2025	\$ 100-
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contribution Information

Full Name, Mailing Address & Phone
(Include city, state & zip)

Add Remove

b. Job Title/Profession

Committed

c. Employer's Name/Specific Field

e. Election Sum to Date

\$

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"/>					\$

Individual Contribution

\$ 1100-

Contribution from Political Party

\$ 1100-

Disbursements

Pg 1 of 1 Amendment Yes No

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

1. Name of Disbursement (Name and Street if applicable)

(Ex. W-1000)

JULIE WHITFIELD For CLERK

JK4V95

2. Form of Disbursement

3. Disbursement Type (Check one or more)

Operating Expenses

Contributions to Candidates/Political Committees

Coordinated Party Expenditures

4. Disbursement Information

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

GRAPHIXX
601 N JAMES ST
GROSVBRO NC 27530

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

T-SHIRTS

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	B	12/18/2025	\$ 548.00	T-SHIRTS
				\$	

5. Disbursement Information

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

WAINE County BOE

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	H	12/01/2025	\$ 1353.48	FILING Fee
				\$	

6. Disbursement Information

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

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:
 State Municipality:

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

7. Disbursement Information

\$ 1900.48

8. Total of All CRO-1300 Pages

\$ 1900.48

(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)

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			

For more detailed explanation from the printed remarks, refer to CRO-1100

CRO-1310

NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of \$50 or less.

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Amendment Yes No

1. **Community Health Services (Community Health Services)**

1124-0023/95/0303-0001\$04.00

JULIE W.

JK1V95

* Codes require detailed explanation in required remarks field (g)

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

Pg 1 of 1

Amendment
 Yes No

a. Committee/Full Name (and Branch if applicable)

b. ID Number

JULIE WHITFIELD FOR CLERK

JK1V95

b. Endorser Information

AGC ENDORSE

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

d. Job Title/Profession

e. Comments

BOBBY WHITFIELD
760 Corbett Dr
MT OLIVE NC 28365

MAINT TECH

f. Start Date (mm/dd/yyyy)

12/01/2025

c. Employer's Name/Specific Field

DUKE ENERGY

g. End Date (mm/dd/yyyy)

h. Rate

%

i. Security Pledged

h. Account Code

j. Form of Payment

k. Amount
\$ 1352.48

l. Full Name of Lending Institution

m. Loan Number

n. Endorsement Type

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

p. Job Title/Profession

q. Employer's Name/Specific Field

d. Percentage

e. Amount

%

\$

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

p. Job Title/Profession

q. Employer's Name/Specific Field

d. Percentage

e. Amount

%

\$

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

p. Job Title/Profession

q. Employer's Name/Specific Field

d. Percentage

e. Amount

%

\$

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

p. Job Title/Profession

q. Employer's Name/Specific Field

d. Percentage

e. Amount

%

\$

S. Total Amount CRO-1401 Pages

Printed on the back of the CRO-1401 Form (Form 100)

\$ 1352.48

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

Amendment

Pg 1 of 1 Yes No

a. Lender Information

JULIE WHITFIELD For Clerk

b. Add Remove

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

BOBBY WHITFIELD
760 Corbett RD
Mt OLIVE NC 28365

b. Job Title/Professional

Mait Tech

d. Comments

e. Start Date (mm/dd/yyyy)

02/28/2022

f. End Date (mm/dd/yyyy)

g. Rate

h. Security Pledged

i. Original Loan Amount

j. Remaining Loan Balance

%

\$ 1225.25

\$ 1225.25

k. Full Name of Lending Institution

l. Loan Number

3. Lender Information

Add Remove

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

BOBBY WHITFIELD
760 Corbett RD
Mt OLIVE NC 28365

b. Job Title/Professional

Mait Tech

d. Comments

e. Start Date (mm/dd/yyyy)

12/01/2025

f. End Date (mm/dd/yyyy)

DUKE ENERGY

g. Rate

h. Security Pledged

i. Original Loan Amount

j. Remaining Loan Balance

%

\$ 1352.48

\$ 1352.48

k. Full Name of Lending Institution

l. Loan Number

3. Lender Information

Add Remove

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

b. Job Title/Professional

d. Comments

e. Start Date (mm/dd/yyyy)

f. End Date (mm/dd/yyyy)

g. Rate

h. Security Pledged

i. Original Loan Amount

j. Remaining Loan Balance

%

\$

\$

k. Full Name of Lending Institution

l. Loan Number

4. Total only this Page

\$ 2577.73

5. Total of All CRO-1430 Pages

\$ 2577.73