

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

JULIE WHITEFIELD For Clerk

c. ID Number

JK1V95

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

202 N SPENCE AVE
GOLDSBORO NC 27530

d. Date Filed

01/30/2026

e. Phone Number

919-739-9997

2. Report Year

2025

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

07/01/2025

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

12/31/2025

5. Treasurer Full Name

JODY H. BRIDGERS

6. Type of Committee (Check One)

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

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

- ☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

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

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

FIRST CITIZENS BANK

b. Purpose

Committee Funds

c. Account Code

1

d. Period Begin Balance

\$ 1343.39

11. Account Information

a. Financial Institution Full Name

Wayne County Board of Elections

b. Purpose

JAN 30 2026

Received
By _____

c. Account Code

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.

Jody H. BRIDGERS

Printed Name of Signer

Signature of Appointed Treasurer

01/30/2026

Date

FOR OFFICE USE ONLY

Date Received: 01/30/26

Employee: BT

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

☐ 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

1. Committee Name (and Home if applicable)		2. Type of Report		3. ID Number	
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)		\$ 1100 -		\$ 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)		\$ 1900.48		\$ 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)		\$ 1980.48		\$ 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

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Amendment

☒ Yes ☒ No

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	
JULIE WHITFIELD FOR CLERK						JK1V95	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
REP JOHN BELL 16 WEST JONES ST Rm 2301 RALEIGH NC 27601				NC HOUSE & REP.			
				c. Employer's Name/Specific Field			
				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"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GEOFF HULSE 1513 E Malberry St Goldsboro NC 27530				ATTORNEY			
				c. Employer's Name/Specific Field			
				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"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				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"/>					\$		
4. Total only this Page						\$ 1100-	
5. Payment Sent to CRO (last Page)						\$ 1100-	

Disbursements

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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. Committee Full Name and Street Address						2. Committee Number	
JULIE WHITFIELD FOR CLERK						JK4V95	
3. Type of Disbursement <i>Please use separate CRO-1100 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							
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	
GRAPHIXX 601 N JAMES ST GOLDSDORO NC 27530						T-SHIRTS	
				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:			
						\$	
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		
				\$			
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	
WAUNE County BOE							
				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		
1	CK	H	12/01/2025	\$ 1352.48	Filing Fee		
				\$			
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					\$ 1900.48		
6. Total of ALL CRO-1100 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)							
7. Funding Source: <i>Please identify expenditure source in Remarks</i>							
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							
8. Notes requiring detailed explanation, not required remarks, read (9)							

Aggregated Non-Media Expenditures

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

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Amendment

☐ Yes ☒ No[illegible]

Loan Proceeds

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Amendment

☐ Yes

☒ No

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

1. Committee Full Name (and Email if applicable)		2. ID Number	
JULIE WHITFIELD FR CLERK		JK1195	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	d. Comments
BOBBY WHITFIELD		Maint Tech	
260 Corbett Dr		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
MT OLIVE NC 28365		DUKE ENERGY	12/01/2025
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
%			CK
			k. Amount
			\$ 1352.48
l. Full Name of Lending Institution			m. Loan Number
4. Endorser (If Any) <i>The endorser must sign the loan</i>			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages			\$ 1352.48

Outstanding Loans

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)

JULIE WHITFIELD FOR CLERK

2. ID 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/Profession

Maint Tech

d. Comments

c. Employer's Name/Specific Field

DUKE ENERGY

e. Start Date (mm/dd/yyyy)

02/28/2022

f. End Date (mm/dd/yyyy)

g. Rate

h. Security Pledged

i. Original Loan Amount

\$ 1225.25

j. Remaining Loan Balance

\$ 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/Profession

MAINT TECH

d. Comments

c. Employer's Name/Specific Field

DUKE ENERGY

e. Start Date (mm/dd/yyyy)

12/01/2025

f. End Date (mm/dd/yyyy)

g. Rate

h. Security Pledged

i. Original Loan Amount

\$ 1352.48

j. Remaining Loan Balance

\$ 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/Profession

d. Comments

c. Employer's Name/Specific Field

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 on this Page

\$ 2577.73

5. Total of ALL CRO-1430 Pages

\$ 2577.73

Don't fill out this page if you are reporting a summary page for a loan.