

# 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		
Bill Joyner for School Board	60K119R		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
502 Manley Grove Church Rd. Mount Olive, NC 28365	5-9-2022		
		e. Phone Number	919-920-6134

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01-01-22	04-30-22	Willie Ray Joyner, II

6. Type of Committee (Check One)	7. Type of Fund (if applicable, check one)	9. Type of Report (check only one type of report from one category)	10. Special Report Name
<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	<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	Municipal <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	State/County <input checked="" type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special

8. Number of Fundraisers this Report	9. Type of Report (check only one type of report from one category)	10. Special Report Name	
0			
11. Account Information	11. Account Information		
a. Financial Institution Full Name	a. Financial Institution Full Name		
Southern Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign	DDA		RECEIVED WAYNE BOARD OF ELECTIONS
Finance			MAY 09 2022
	d. Period Begin Balance		BY
	\$ 483.00		\$

## 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.

Willie Ray Joyner, II

Printed Name of Signer

Willie Ray Joyner, II

Signature of Appointed Treasurer

5-9-2022

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Signer has not received mandatory training

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

**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 Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Bill Joyner for School Board	Organizational	6K119R
Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 483.00	\$ 483.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ \$
6) Contributions from Individuals	(CRO-1210)	\$ 4400.00 \$ 4400.00
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)	\$ 4,400.00	\$ 4,400.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 2,731.74 \$ 2,731.74
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)	\$ 2,731.74	\$ 2,731.74
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2,151.26	\$ 2,151.26
<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-2220)	\$ \$
28) Contributions to be Refunded	(CRO-1215)	\$ \$

## Contributions from Individuals

Amendment  
Pg 1 of 2  Yes  No

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

1. Contribution Information					2. ID Number	
Bill Joyner for School Board					6K119R	
<input type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
Billy Strickland, II 301 Shamrock Rd. Goldsboro, NC 27530 919-921-0670			Attorney			
c. Employer's Name/Specific Field						
			e. Election Sum to Date	\$ 3000.00		
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"/>					\$	
3. Contribution 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		
Virginia Anne Joyner 1672 Crows Foot Road Mount Olive, NC 28365 919-689-2109			Retired			
c. Employer's Name/Specific Field						
			e. Election Sum to Date	\$ 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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contribution 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		
Date W. Bevill 299 Providence Church Rd. Goldsboro, NC 27530 919-736-7009			Auto Recycler			
c. Employer's Name/Specific Field						
			e. Election Sum to Date	\$ 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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. Total sum and Page					\$ 4000.00	
6. Total of All CRO-1210 Pages					\$ 4400.00	
<small>(This document is an electronic version of Form CRO-1205)</small>						

**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)**

Bill Joyner for School Board

**2. ID Number**

6K119R

**3. Contributor Information** Add  Remove**a. Full Name, Mailing Address & Phone**

(include city, state, &amp; zip)

m. Bryan King  
 129 West Pollock Street  
 Mt. Olive, NC 28365  
 919-921-6334

**b. Job Title/Profession**

Attorney

**d. Comments****c. Employer's Name/Specific Field****e. Election Sum to Date**

\$ 250.00

**f. Prior****g. Account Code****h. Form of Payment****i. In-Kind Description****j. Date (mm/dd/yyyy)****k. Amount**

\$

\$

\$

**3. Contributor Information** Add  Remove**a. Full Name, Mailing Address & Phone**

(include city, state, &amp; zip)

Frank Purvis  
 2050 Dobbersville Rd.  
 Mt. Olive, NC 28365  
 919-689-2989

**b. Job Title/Profession**

Pastor

**d. Comments****c. Employer's Name/Specific Field****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**

\$

\$

\$

**3. Contributor Information** Add  Remove**a. Full Name, Mailing Address & Phone**

(include city, state, &amp; zip)

Christy Straughan-Haley  
 103 Striding Ridge Drive  
 Goldsboro, NC 27534  
 919-920-0908

**b. Job Title/Profession**

Educator

**d. Comments****c. Employer's Name/Specific Field****e. Election Sum to Date**

\$ 50.00

**f. Prior****g. Account Code****h. Form of Payment****i. In-Kind Description****j. Date (mm/dd/yyyy)****k. Amount**

\$

\$

\$

**4. Total only this Page**

\$ 400.00

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

\$ 4400.00

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

# Disbursements

Amendment

Pg 1 of 2  Yes  No

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

Bill Joyner for School Board						6K 119 R
<b>3. Type of Political Statement</b> <i>(Please indicate whether this is a contribution or such 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. Disbursement Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Signs From the Farm, Inc. 373 Vann Smith Road Seven Springs, NC 28578 919-658-6190					200 Yard Signs	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					<b>e. Election Sum to Date</b> \$1,056.83	
<b>f. Account Code</b> <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b> 1 check B 3-25-2022 \$1,056.83 Printed Yard Signs \$						
<b>4. Disbursement Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Signs From the Farm, Inc. 373 Vann Smith Road Seven Springs, NC 28578 919-658-6190					100 Yard Signs	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					<b>e. Election Sum to Date</b> \$533.75	
<b>f. Account Code</b> <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b> 1 check B 4-12-2022 \$533.75 Printed Yard Signs \$						
<b>4. Disbursement Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
Signs From the Farm, Inc. 373 Vann Smith Road Seven Springs, NC 28578 919-658-6190					4'x8' Signs (Four)	
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					<b>e. Election Sum to Date</b> \$1007.72	
<b>f. Account Code</b> <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b> 1 check B 4-19-2022 \$1007.72 Printed 4 signs \$						
<b>5. Total only this Page:</b> <b>\$ 2598.30</b>						
<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> <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>\$ 2,731.74</b>						
<b>7. Expenditure Codes</b> <i>(List detailed expenditure code in (h) above)</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						
<i>* Codes require detailed explanation in comment section of CRO-1100 (h)</i>						

**Disbursements**

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 Fund if applicable)**

Bill Joyner for School Board

**2. ID Number**

6K119R

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)* Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures**4. Payee Information** Add  Removea. Full Name, Mailing Address & Phone  
(include city, state, & zip)AccuCopy Downtown  
322 North John Street  
Goldsboro, NC 27530  
919-751-2400

b. Coordinated Committee Name

Business  
Cards

## c. Level Registered (Specify)

 Federal  
 State County  
 Municipality

## e. Election Sum to Date

\$ 133.44

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

1

check

B

4-12-2022

\$ 133.44

Business Cards

**4. Payee Information** Add  Removea. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Coordinated Committee Name

d. Comments

## c. Level Registered (Specify)

 Federal  
 State County  
 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

\$

\$

**4. Payee Information** Add  Removea. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Coordinated Committee Name

d. Comments

## c. Level Registered (Specify)

 Federal  
 State County  
 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

\$

\$

**5. Total only this Page**

\$ 133.44

**6. Total of ALL CRO-1310 Pages**

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

\$ 2,731.74

(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. Purpose Codes** (List detailed expenditure code in (h.) above)

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

\* Codes require detailed explanation in required remarks field (k)