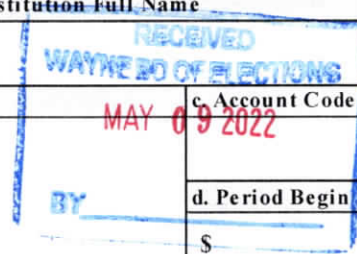

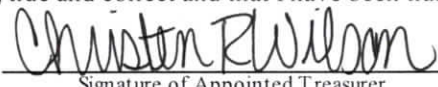


Disclosure Report Cover

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																									
COMMITTEE TO ELECT ROBIN RADFORD			HK1923																									
b. Mailing Address (include City, State and Zip Code)			d. Date Filed																									
3840 NAHUNTA ROAD PIKEVILLE, NC 27863			05/09/2022																									
			e. Phone Number																									
			(919) 738-7803																									
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																									
2022	01/01/2022	04/30/2022	CHRISTEN R WILSON																									
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Municipal</th> <th style="width: 50%;">State/County</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input checked="" type="checkbox"/> First</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> </tr> </table>			Municipal	State/County	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<input type="checkbox"/> Special	<input type="checkbox"/> Final		<input type="checkbox"/> Special
Municipal	State/County																											
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																											
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly																											
<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First																											
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second																											
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third																											
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth																											
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																											
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																											
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																											
<input type="checkbox"/> Special	<input type="checkbox"/> Final																											
	<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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																												
8. Number of Fundraisers this Report																												
0																												
3. Account Information		3. 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-TO RECEIVE INCOME AND PAY EXPENSES	SB5650																											
d. Period Begin Balance					d. Period Begin Balance																							
	\$ 1,000.00																											
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																												
 Printed Name of Signer		 Signature of Appointed Treasurer		05/09/2022 Date																								
FOR OFFICE USE ONLY																												
Date Received:	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed																										
Date Postmarked:	Employee:																											
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

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	
COMMITTEE TO ELECT ROBIN RADFORD		2022 First Quarter		HK1923	
Start of Election Cycle: January 1, 2021		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,000.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00		\$ 50.00	
6) Contributions from Individuals (CRO-1210)		\$ 12,150.00		\$ 13,358.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 1,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 12,200.00		\$ 14,408.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 5,444.06		\$ 5,444.06	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 1,208.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,444.06		\$ 6,652.06	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,755.94		\$ 7,755.94	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1,000.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD				HK1923	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	SB5650	Check		03/25/2022	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	SB5650	Check		03/03/2022	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ \$50.00
5. Total of ALL CRO-1205 Pages					\$ \$50.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 11

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	
COMMITTEE TO ELECT ROBIN RADFORD					HK 1923	
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	
SALLY & ROBERT BARDIN 305 CASHWELL DRIVE GOLDSBORO, NC 27534 (910) 352-2395			RETIRED			
			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	
<input type="checkbox"/>	SB5650	Check		03/20/2022	\$ 100.00	
<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	
THOMAS FRANKLIN BELL 408 TRYON DR GOLDSBORO, NC 27530-9147 (919) 735-9100			RETIRED			
			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	
<input type="checkbox"/>	SB5650	Check		03/20/2022	\$ 100.00	
<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	
MUNROE BEST JR 809 MILL ROAD GOLDSBORO, NC 27534 (919) 778-2135			BUSINESS OWNER / RETIRED			
			c. Employer's Name/Specific Field			
			BEST DISTRIBUTING			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		03/10/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00	

Contributions from Individuals

Pg 2 of 11

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	
COMMITTEE TO ELECT ROBIN RADFORD					HK1923	
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	
TOM BROWN 306 S CLAIBORNE STREET GOLDSBORO, NC 27530 (919) 920-1317			RETIRED ATTORNEY			
			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	
<input type="checkbox"/>	SB5650	Check		03/07/2022	\$ 250.00	
<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	
STEVEN BRYAN 113 PINERIDGE LANE GOLDSBORO, NC 27534 (919) 736-2118			VICE CHAIRMAN			
			c. Employer's Name/Specific Field			
			TA LOVING		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	
<input type="checkbox"/>	SB5650	Check		03/22/2022	\$ 100.00	
<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	
GLORIA CRUMPLER P.O. BOX 847 528 STONEY CREEK CHURCH ROAD GOLDSBORO, NC 27530 (919) 734-1313			HEALTH CARE WORKER			
			c. Employer's Name/Specific Field			
			CHERRY HOSPITAL		e. Election Sum to Date	
				\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		04/04/2022	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00	

Contributions from Individuals

Pg 3 of 11

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	
COMMITTEE TO ELECT ROBIN RADFORD					HK1923	
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
DENISE DEES 202 RIDGEWOOD DRIVE GOLDSBORO, NC 27534 (919) 751-8031				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				DEES & TYNDALL RENTAL AGENCY, INC.		
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		03/20/2022	\$ 250.00	
<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
WILLIAM PETE & SHARON SUTTON EDMUNDSON 1995 NC HWY 581 N PIKEVILLE, NC 27863 (919) 222-9062				RETIRED		
				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	
<input type="checkbox"/>	SB5650	Check		03/10/2022	\$ 100.00	
<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
CAROLYN K HASWELL 580 NOR AM ROAD PIKEVILLE, NC 27863 (919) 735-4050				RETIRED		
				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	
<input type="checkbox"/>	SB5650	Check		03/25/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00	

Contributions from Individuals

Pg 4 of 11

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	
COMMITTEE TO ELECT ROBIN RADFORD					HK1923	
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	
SHERWIN HERRING 614 WALNUT CREEK DRIVE GOLDSBORO, NC 27534 (919) 330-5709			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SOUTHCO DISTRIBUTING		e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		03/10/2022	\$ 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	
JOHN C HINE P O DRAWER 916 GOLDSBORO, NC 27533 (919) 735-7275			ATTORNEY			
			c. Employer's Name/Specific Field			
			BADDOUR, PARKER, HINE & HALE		e. Election Sum to Date	
					\$ 3,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		02/22/2022	\$ 3,000.00	
<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	
B GEOFFREY & LEE E HULSE 1513 E MULBERRY STREET GOLDSBORO, NC 27530 (919) 273-1765			ATTORNEY			
			c. Employer's Name/Specific Field			
			HAITHCOCK, BARFIELD, HULSE & KING		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	
<input type="checkbox"/>	SB5650	Check		03/10/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 4,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00	

Contributions from Individuals

Pg 5 of 11

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	
COMMITTEE TO ELECT ROBIN RADFORD					HK1923	
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
TOMMY W JARRETT 1607 EVERGREEN AVENUE GOLDSBORO, NC 27530 (919) 735-8377				ATTORNEY		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				DEES, SMITH, POWELL, JARRETT, DEES & JONES, LLP		
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		02/14/2022	\$ 250.00	
<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
ERNEST & BRENDA JONES 600 HINNANT ROAD PIKEVILLE, NC (919) 735-1015				RETIRED		
				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	
<input type="checkbox"/>	SB5650	Check		02/11/2022	\$ 250.00	
<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
LINDA K JORDAN 1104 E MULBERRY ST GOLDSBORO, NC 27530-5118 (919) 738-0254				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"/>	SB5650	Check		03/20/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00	

Contributions from Individuals

Pg 6 of 11 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	
COMMITTEE TO ELECT ROBIN RADFORD					HK1923	
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	
JOYCE ANN KELLER 710 PARK AVENUE GOLDSBORO, NC 27530			RETIRED ATTORNEY			
			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	
<input type="checkbox"/>	SB5650	Check		01/14/2022	\$ 100.00	
<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	
REBECCA B KINSEY 104 HILLDALE LN GOLDSBORO, NC 27534 (919) 734-8911			ATTORNEY			
			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	
<input type="checkbox"/>	SB5650	Check		03/09/2022	\$ 100.00	
<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	
H G MAXWELL III P.O. 10009 GOLDSBORO, NC 27532 (919) 778-3130			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			GOLDSBORO MILLING			
					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	
<input type="checkbox"/>	SB5650	Check		03/10/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00	

Contributions from Individuals

Pg 7 of 11 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	
COMMITTEE TO ELECT ROBIN RADFORD						HK1923	
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	
LOIS J MOORING 2141 NC 111 HWY N GOLDSBORO, NC 27534-9001 (919) 738-5139				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SB5650	Check		03/20/2022		\$ 200.00	
<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	
NANCY B NORWOOD 216 RIDGEWOOD DRIVE GOLDSBORO, NC 27534 (919) 734-0524				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"/>	SB5650	Check		03/02/2022		\$ 500.00	
<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	
EB BORDEN PARKER 1709 EVERGREEN AVE GOLDSBORO, NC (919) 735-7275				ATTORNEY			
				c. Employer's Name/Specific Field			
				BADDOUR, PARKER, HINE & HALE, PC			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	SB5650	Check		03/09/2022		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 12,150.00	

Contributions from Individuals

Pg 8 of 11 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) COMMITTEE TO ELECT ROBIN RADFORD					2. ID Number HK1923	
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	
MARY ANN M PARKER 117 PINERIDGE LANE GOLDSBORO, NC 27534 (919) 734-0188			RETIRE			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		03/20/2022	\$ 200.00	
<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	
RANDY PARRISH 161 PERKINS ROAD GOLDSBORO, NC 27530			RETIRE			
			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	
<input type="checkbox"/>	SB5650	Check		04/04/2022	\$ 100.00	
<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	
DAVID M & BETHANY L PERRY 1906 E WALNUT STREET GOLDSBORO, NC 27530 (919) 734-4071			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			GOLDSBORO BUILDERS			
					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	
<input type="checkbox"/>	SB5650	Check		03/10/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00	

Contributions from Individuals

Pg 9 of 11

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) COMMITTEE TO ELECT ROBIN RADFORD					2. ID Number HK 1923	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) L.M. & RITA PIERCE 101 LIVINGSTON DRIVE GOLDSBORO, NC 27530 (919) 580-9409				b. Job Title/Profession SHERIFF		d. Comments
				c. Employer's Name/Specific Field COUNTY OF WAYNE		
				e. Election Sum to Date \$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		02/11/2022	\$ 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) WILLIAM GARY RADFORD 3830 NAHUNTA ROAD PIKEVILLE, NC 27863 (919) 738-4937				b. Job Title/Profession FARMER		d. Comments
				c. Employer's Name/Specific Field		
				e. Election Sum to Date \$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		03/22/2022	\$ 200.00	
<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) WES SEEGARS 743 LAKE WACKENA ROAD GOLDSBORO, NC 27534 (919) 735-8211				b. Job Title/Profession BUSINESS OWNER		d. Comments
				c. Employer's Name/Specific Field SEEGARS FENCE COMPANY		
				e. Election Sum to Date \$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SB5650	Check		03/10/2022	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00	

Contributions from Individuals

Pg 10 of 11

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	
COMMITTEE TO ELECT ROBIN RADFORD						HK1923	
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	
DIANNE LUEHM & PRENTICE UZZELL 422 UZZELL ROAD GOLDSBORO, NC 27534 (919) 778-4597				ACCOUNTANT			
				c. Employer's Name/Specific Field			
				NUNN, BRASHEAR & UZZELL		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		
<input type="checkbox"/>	SB5650	Check		04/01/2022	\$ 250.00		
<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	
CHRISTEN & JOSHUA WILSON 113 RALPH DRIVE PIKEVILLE, NC 27863 (919) 738-4181				FINANCIAL SERVICES OFFICER			
				c. Employer's Name/Specific Field			
				STATE EMPLOYEES CREDIT UNION		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	SB5650	Check		03/20/2022	\$ 200.00		
<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	
DAN W & MARTHA C WISE 114 FAIRWAY DRIVE GOLDSBORO, NC 27534 (919) 922-9373				RETIRED			
				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		
<input type="checkbox"/>	SB5650	Check		03/28/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 12,150.00	

Contributions from IndividualsPg 11 of 11

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) COMMITTEE TO ELECT ROBIN RADFORD				2. ID Number HK1923	
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 OPTOMETRIST		d. Comments	
CHARLES T ZWERLING 2709 MEDICAL OFFICE PLACE GOLDSBORO, NC 27534 (919) 736-3937		c. Employer's Name/Specific Field OPHTHALMOLOGY EYE ASSOCIATES OF GOLDSBORO			
		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
<input type="checkbox"/>	SB5650	Check		03/20/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,150.00

CRO-1210

NC State Board of Elections

April 2007

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD						HK1923	
3. Type of Disbursement <i>(Please use separate CRO-1310 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) GOOGLE, LLC 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043				b. Coordinated Committee Name _____		d. Comments _____	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 12.00	
f. Account Code SB5650		g. Form of Payment Debit Card		h. Purpose Code A		i. Date (mm/dd/yyyy) 04/26/2022	
j. Amount \$ 12.00		k. Required Remarks PURCHASE OF DOMAIN NAME FOR WEBSITE					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) GRAPHIX UNLIMITED 1087 N BERKELEY BLVD GOLDSBORO, NC 27534 (919) 778-0097				b. Coordinated Committee Name _____		d. Comments _____	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 104.62	
f. Account Code SB5650		g. Form of Payment Check		h. Purpose Code O		i. Date (mm/dd/yyyy) 02/02/2022	
j. Amount \$ 104.62		k. Required Remarks MAGNETIC CAR SIGNS					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863				b. Coordinated Committee Name _____		d. Comments _____	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 267.94	
f. Account Code SB5650		g. Form of Payment Check		h. Purpose Code A		i. Date (mm/dd/yyyy) 04/26/2022	
j. Amount \$ 267.94		k. Required Remarks REIMBURSE FOR ADVERTISING T-SHIRTS					
5. Total only this Page						\$ 384.56	
6. Total of ALL CRO-1310 Pages							
(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)						\$ 5,444.06	
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)							

Disbursements

Amendment
Pg 2 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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD						HK1923	
3. Type of Disbursement <i>(Please use separate CRO-1310 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) ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863 (919) 738-7803				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 386.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SB5650	Check	A	04/17/2022	\$ 386.00	REIMBURSE FOR		
				\$	PURCHASE OF NAIL.		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SIGNS FROM THE FARM, INC. 373 VANN SMITH ROAD SEVEN SPRINGS, NC 28578 (919) 658-6190				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 4,326.58	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SB5650	Check	A	03/04/2022	\$ 2,135.00	500 CAMPAIGN SIGNS		
SB5650	Check	A	04/22/2022	\$ 2,191.58	300 SIGNS & 4 (4X3) SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTAPRINT 170 DATA DRIVE WALTHAM, MA 02451 (866) 207-4955				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 346.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
SB5650	Debit Card	A	02/27/2022	\$ 346.92	BUSINESS CARDS		
5. Total only this Page						\$ 5,059.50	
6. Total of ALL CRO-1310 Pages						\$ 5,444.06	
<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>							
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)							

Outstanding Loans

Amendment
Pg 1 of 1 ☐ 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)		2. ID Number	
COMMITTEE TO ELECT ROBIN RADFORD		HK1923	
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 CLERK OF COURT	d. Comments	
ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863	c. Employer's Name/Specific Field WAYNE COUNTY	e. Start Date (mm/dd/yyyy) 12/06/2021	
		f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 1,000.00	j. Remaining Loan Balance \$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 1,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 1,000.00	

CRO-1430

NC State Board of Elections

December 2007