

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		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 type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" 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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <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)							
<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				RECEIVED WAYNE BOE OF ELECTIONS MAY 09 2022	
		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							
<u>Christen R Wilson</u> Printed Name of Signer		<u>Christen R Wilson</u> 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
(2) 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 Individuals Page 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT ROBIN RADFORD			2. ID Number 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					
5. Total of ALL CRO-1205 Pages <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

Amendment
Pg 1 of 11 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) SALLY & ROBERT BARDIN 305 CASHWELL DRIVE GOLDSBORO, NC 27534 (910) 352-2395			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
		\$ 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) THOMAS FRANKLIN BELL 408 TRYON DR GOLDSBORO, NC 27530-9147 (919) 735-9100			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
		\$ 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) MUNROE BEST JR 809 MILL ROAD GOLDSBORO, NC 27534 (919) 778-2135			b. Job Title/Profession		d. Comments	
			BUSINESS OWNER / RETIRED			
			c. Employer's Name/Specific Field			
			BEST DISTRIBUTING			
		\$ 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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,150.00	

Contributions from Individuals

Amendment
Pg 2 of 11 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
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 12,150.00
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Contributions from Individuals

Amendment
Pg 3 of 11 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
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) DENISE DEES 202 RIDGEWOOD DRIVE GOLDSBORO, NC 27534 (919) 751-8031	b. Job Title/Profession BUSINESS OWNER	d. Comments
	c. Employer's Name/Specific Field DEES & TYNDALL RENTAL AGENCY, INC.	
		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		03/20/2022	\$ 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) WILLIAM PETE & SHARON SUTTON EDMUNDSON 1995 NC HWY 581 N PIKEVILLE, NC 27863 (919) 222-9062	b. Job Title/Profession RETIRED	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
<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) CAROLYN K HASWELL 580 NOR AM ROAD PIKEVILLE, NC 27863 (919) 735-4050	b. Job Title/Profession RETIRED	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
<input type="checkbox"/>	SB5650	Check		03/25/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 450.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 12,150.00
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Contributions from Individuals

Amendment
Pg 4 of 11 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	
		BUSINESS OWNER			
		c. Employer's Name/Specific Field			
		SHERWIN HERRING 614 WALNUT CREEK DRIVE GOLDSBORO, NC 27534 (919) 330-5709			
		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	
		ATTORNEY			
		c. Employer's Name/Specific Field			
		JOHN C HINE P O DRAWER 916 GOLDSBORO, NC 27533 (919) 735-7275			
		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	
		ATTORNEY			
		c. Employer's Name/Specific Field			
		B GEOFFREY & LEE E HULSE 1513 E MULBERRY STREET GOLDSBORO, NC 27530 (919) 273-1765			
		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

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) TOMMY W JARRETT 1607 EVERGREEN AVENUE GOLDSBORO, NC 27530 (919) 735-8377	b. Job Title/Profession	d. Comments
	ATTORNEY	
	c. Employer's Name/Specific Field	
	DEES,SMITH,POWELL,JARR ETT,DEES & JONES, LLP	
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		02/14/2022	\$ 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) ERNEST & BRENDA JONES 600 HINNANT ROAD PIKEVILLE, NC (919) 735-1015	b. Job Title/Profession	d. Comments
	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) LINDA K JORDAN 1104 E MULBERRY ST GOLDSBORO, NC 27530-5118 (919) 738-0254	b. Job Title/Profession	d. Comments
	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
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 12,150.00
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Contributions from Individuals

Pg 6 of 11 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) JOYCE ANN KELLER 710 PARK AVENUE GOLDSBORO, NC 27530			b. Job Title/Profession RETIRED ATTORNEY	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
<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) REBECCA B KINSEY 104 HILLCREST LN GOLDSBORO, NC 27534 (919) 734-8911			b. Job Title/Profession ATTORNEY	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
<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) H G MAXWELL III P.O. 10009 GOLDSBORO, NC 27532 (919) 778-3130			b. Job Title/Profession BUSINESS OWNER	d. Comments	
			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 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) LOIS J MOORING 2141 NC 111 HWY N GOLDSBORO, NC 27534-9001 (919) 738-5139		b. Job Title/Profession		d. Comments	
		RETIRED			
		c. Employer's Name/Specific Field			
				\$ 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) NANCY B NORWOOD 216 RIDGEWOOD DRIVE GOLDSBORO, NC 27534 (919) 734-0524		b. Job Title/Profession		d. Comments	
		RETIRED			
		c. Employer's Name/Specific Field			
				\$ 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) EB BORDEN PARKER 1709 EVERGREEN AVE GOLDSBORO, NC (919) 735-7275		b. Job Title/Profession		d. Comments	
		ATTORNEY			
		c. Employer's Name/Specific Field			
		BADDOUR, PARKER, HINE & HALE, PC			
				\$ 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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 12,150.00	

Contributions from Individuals

Pg 8 of 11 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	
MARY ANN M PARKER 117 PINERIDGE LANE GOLDSBORO, NC 27534 (919) 734-0188			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	
RANDY PARRISH 161 PERKINS ROAD GOLDSBORO, NC 27530			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		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

Amendment
Pg 9 of 11 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
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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
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 12,150.00
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Contributions from Individuals

Pg 10 of 11 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 <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession ACCOUNTANT</td> <td>d. Comments</td> </tr> <tr> <td>DIANNE LUEHM & PRENTICE UZZELL 422 UZZELL ROAD GOLDSBORO, NC 27534 (919) 778-4597</td> <td>c. Employer's Name/Specific Field NUNN, BRASHEAR & UZZELL</td> <td>e. Election Sum to Date \$ 250.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession ACCOUNTANT	d. Comments	DIANNE LUEHM & PRENTICE UZZELL 422 UZZELL ROAD GOLDSBORO, NC 27534 (919) 778-4597	c. Employer's Name/Specific Field NUNN, BRASHEAR & UZZELL	e. Election Sum to Date \$ 250.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession ACCOUNTANT	d. Comments									
DIANNE LUEHM & PRENTICE UZZELL 422 UZZELL ROAD GOLDSBORO, NC 27534 (919) 778-4597	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 <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession FINANCIAL SERVICES</td> <td>d. Comments</td> </tr> <tr> <td>CHRISTEN & JOSHUA WILSON 113 RALPH DRIVE PIKEVILLE, NC 27863 (919) 738-4181</td> <td>OFFICER</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field STATE EMPLOYEES CREDIT UNION</td> <td>e. Election Sum to Date \$ 200.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession FINANCIAL SERVICES	d. Comments	CHRISTEN & JOSHUA WILSON 113 RALPH DRIVE PIKEVILLE, NC 27863 (919) 738-4181	OFFICER			c. Employer's Name/Specific Field STATE EMPLOYEES CREDIT UNION	e. Election Sum to Date \$ 200.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession FINANCIAL SERVICES	d. Comments									
CHRISTEN & JOSHUA WILSON 113 RALPH DRIVE PIKEVILLE, NC 27863 (919) 738-4181	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 <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession RETIRED</td> <td>d. Comments</td> </tr> <tr> <td>DAN W & MARTHA C WISE 114 FAIRWAY DRIVE GOLDSBORO, NC 27534 (919) 922-9373</td> <td>c. Employer's Name/Specific Field</td> <td>e. Election Sum to Date \$ 100.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession RETIRED	d. Comments	DAN W & MARTHA C WISE 114 FAIRWAY DRIVE GOLDSBORO, NC 27534 (919) 922-9373	c. Employer's Name/Specific Field	e. Election Sum to Date \$ 100.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession RETIRED	d. Comments									
DAN W & MARTHA C WISE 114 FAIRWAY DRIVE GOLDSBORO, NC 27534 (919) 922-9373	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 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) CHARLES T ZWERLING 2709 MEDICAL OFFICE PLACE GOLDSBORO, NC 27534 (919) 736-3937		b. Job Title/Profession OPTOMETRIST c. Employer's Name/Specific Field OPHTHALMOLOGY EYE ASSOCIATES OF GOLDSBORO	d. Comments		
			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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,150.00

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Amendment

Page 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) COMMITTEE TO ELECT ROBIN RADFORD						2. ID Number 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)			b. Coordinated Committee Name		d. Comments	
GOOGLE, LLC 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043			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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SB5650	Debit Card	A	04/26/2022	\$ 12.00	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)			b. Coordinated Committee Name		d. Comments	
GRAPHIX UNLIMITED 1087 N BERKELEY BLVD GOLDSBORO, NC 27534 (919) 778-0097			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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SB5650	Check	O	02/02/2022	\$ 104.62	MAGNETIC CAR SIGNS	
				\$		
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	
ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863			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	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
SB5650	Check	A	04/26/2022	\$ 267.94	REIMBURSE FOR	
				\$	ADVERTISING T-SHIRTS	
5. Total only this Page						\$ 384.56
6. Total of ALL CRO-1310 Pages						
<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>						\$ 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)			b. Coordinated Committee Name		d. Comments
ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863 (919) 738-7803					
			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
					\$ 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)			b. Coordinated Committee Name		d. Comments
SIGNS FROM THE FARM, INC. 373 VANN SMITH ROAD SEVEN SPRINGS, NC 28578 (919) 658-6190					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$ 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)			b. Coordinated Committee Name		d. Comments
VISTAPRINT 170 DATA DRIVE WALTHAM, MA 02451 (866) 207-4955					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
					\$ 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

Pg 1 of 1 Yes No

Amendment

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) COMMITTEE TO ELECT ROBIN RADFORD		2. ID Number HK1923
3. Lender 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. Job Title/Profession CLERK OF COURT	d. Comments
	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