

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information																																								
a. Full Name			c. ID Number																																					
JULIE WHITFIELD FOR CLERK																																								
b. Mailing Address (include City, State and Zip Code)			d. Date Filed																																					
1988 DOBBERSVILLE ROAD MOUNT OLIVE NC, NC 28365			05/24/2022																																					
			e. Phone Number																																					
			(984) 291-4538																																					
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	DELMER LLOYD KEEN																																					
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:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Organizational</td> <td style="padding: 2px;"><input type="checkbox"/> Organizational</td> <td style="padding: 2px;"><input type="checkbox"/> Organizational</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Thirty-five day</td> <td style="padding: 2px;"><input type="checkbox"/> Quarterly</td> <td style="padding: 2px;"><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pre-primary</td> <td style="padding: 2px;"><input type="checkbox"/> First</td> <td style="padding: 2px;"><input type="checkbox"/> Final</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pre-election</td> <td style="padding: 2px;"><input type="checkbox"/> Second</td> <td style="padding: 2px;"><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pre-runoff</td> <td style="padding: 2px;"><input type="checkbox"/> Third</td> <td style="padding: 2px;"><input type="checkbox"/> Annual</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Semi-annual</td> <td style="padding: 2px;"><input type="checkbox"/> Fourth</td> <td style="padding: 2px;"><input type="checkbox"/> Special</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Mid Year</td> <td style="padding: 2px;"><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Year End</td> <td style="padding: 2px;"><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Final</td> <td style="padding: 2px;"><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Special</td> <td style="padding: 2px;"><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<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	Referendum																																						
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<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																																								
1																																								
3. Account Information		3. Account Information																																						
a. Financial Institution Full Name		a. Financial Institution Full Name																																						
FRIST CITIZENS BANK																																								
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																					
COMMITTEE FUNDS	01																																							
	d. Period Begin Balance		d. Period Begin Balance																																					
	\$ 0.00		\$																																					

RECEIVED

WATHEAD OF ELECTIONS

MAY 25 2022

BY _____

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

 Printed Name of Signer

 Signature of Appointed Treasurer

05/24/2022

 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<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	
JULIE WHITFIELD FOR CLERK		2022 First Quarter			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 170.00		\$ 170.00	
6) Contributions from Individuals (CRO-1210)		\$ 5,870.00		\$ 5,870.00	
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)		\$ 1,225.25		\$ 1,225.25	
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)		\$ 7,265.25		\$ 7,265.25	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4,948.02		\$ 4,948.02	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 100.00		\$ 100.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 285.78		\$ 285.78	
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		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,333.80		\$ 5,333.80	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,931.45		\$ 1,931.45	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1,225.25			
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	

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Thursday, May 26, 2022 11:15 AM
To: 'Delmer Keen'
Cc: 'jcc3334@att.net'
Subject: RE: [External] - Re: Audit Complete: Julie Whitfield for Clerk First Quarter Report
Attachments: 2022 Julie Whitfield for Clerk First Quarter Notice.pdf

The Candidate ID number is: XH2092

Forms can be typed and/or handwritten.

This committee filed an Organizational Report on February 9th. The first quarter report should cover all subsequent activity up until April 30th. I will direct you to the "What to File" section of the Official Notice 2022 First Quarter Report Due sent to you via email on April 27th and attached here again:

What To File

The report must include:

All contributions received since the last report filed, through **April 30, 2022**.

All expenditures made since the last report filed, through **April 30, 2022**.

All loans received or made since the last report filed, through **April 30, 2022**

When you called Monday evening to verify receipt of the emailed report, I informed you that it was in a format that we could not open. I asked that you resend it as a PDF or similar format. I then reminded you that even if you submit the report electronically, you still have to submit a hard copy of the CRO-1000: Disclosure Report Cover as an original signature is required. At no point did I suggest that you should file an incomplete report. The PDF version subsequently received via email on May 23rd only included the CRO-1000 and the CRO-1100, as did the hard copy of the report you turned in in-person on the morning of May 24th.

I will again direct you to the attached Official Notice 2022 First Quarter Report Due. Below is from the "How to File: Electronic Filers" section of the notice.

For each electronic report, the committee must also file a signed cover page with original signatures. Committees required to file reports with the county board of elections will submit the signed cover page to the county board office. Cover pages may be filed by mail, manual delivery or overnight courier. Cover pages filed by mail must have a postmark on or before **May 10, 2022**.

From: Delmer Keen <delmer.keen@gmail.com>
Sent: Wednesday, May 25, 2022 9:09 PM
To: Nicholas Sullivan <nicholas.sullivan@waynegov.com>
Cc: julie@julieforclerckofcourt.com
Subject: [External] - Re: Audit Complete: Julie Whitfield for Clerk First Quarter Report

Good evening,

CRO-1000

1. I have searched both my previous forms and online filings and cannot find the campaign ID number. Where do I find that?
2. That must be a software error, I chose the 1st quarter on my report. Can I manually check that box?

3. I thought this report was for Jan 1 to April 30? The campaign cash on hand was 0\$ Jan 1. If it is from our candidacy filing date do we need to change the amount to what was shown on our statement of organization on February 9th? Do I also need to change the beginning of the reporting period to Feb 9th?

CRO-1100

1. I have searched both my previous forms and online filings and cannot find the campaign ID number. Where do I find that?
2. Same question as #3 on CRO-1000 form.
3. The amended form will include these documents
4. The amended form will include these documents
5. The amended form will include this document

I understood from our conversation on Tuesday the only form you needed to hand was the front page. That's the reason others were not included.

If you need to reach to discuss these matters you can call me on my personal cell at 919.920.1089

On Wed, May 25, 2022 at 4:40 PM Nicholas Sullivan <nicholas.sullivan@waynegov.com> wrote:

Good Afternoon,

The audit of the Julie Whitfield for Clerk Committee's First Quarter Report is complete and the following discrepancies were noted. Please submit an amended report to our office.

- CRO-1000
 - Block 1C is blank.
 - Block 9 is blank.
 - Block 3d lists no cash on hand but the previous report lists cash on hand.
- CRO-1100
 - Block 3 is blank.
 - Line 4 lists no cash on hand but the previous report lists cash on hand.
 - Total This Election Cycle should indicate the contribution and expenditure totals for the cycle. Total this Reporting Period should reflect contributions and expenditures since the last report.
 - Lines 5, 6, and 9 list contribution amounts but none of the required corresponding reporting forms are provided.

- Lines 13a, 13b, and 14 list expenditure amounts but none of the required corresponding reporting forms are provided.
- Line 21 lists an outstanding loan amount but none of the required corresponding reporting forms are provided.

Please submit amended and/or missing documents with these changes to our office. As a reminder, as the auditors of your reports, we are not able to assist in completing campaign finance reports. Schedules, Instructions, and Forms are all available via the NCSBE's campaign finance website:
<https://www.ncsbe.gov/campaign-finance>

Nicholas G. Sullivan | Deputy Director

Wayne County Board of Elections

309 E. Chestnut Street

Goldsboro, NC 27530

919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

CAUTION

**This email originated outside the County of Wayne's network.
Do not open any attachments or click on links unless you trust the sender or expecting this email.**

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Tuesday, May 31, 2022 2:01 PM
To: 'jcc3334@att.net'
Subject: FW: New Treasurer Forms

From: Nicholas Sullivan
Sent: Friday, May 27, 2022 8:24 AM
To: 'jcc3334@att.net' <jcc3334@att.net>
Subject: New Treasurer Forms

Mrs. Whitfield,

It is my understanding that you would like to change your campaign treasurer. You will need to file an amended CRO-2100A and CRO-3500. They both require original signatures so they must be filed in person or by mail.

Your new Treasurer is required to complete the NCSBE's treasurer's training unless they have completed the coursework within the last four years.

Your campaign is still responsible for the First Quarter Report as the initial submission was deficient. However, the aforementioned forms should be filed prior to - or simultaneously with - the amended First Quarter Report as they will be completed, presumably, by the new treasurer.

As always, the NCSBE's campaign finance website is where you will find reporting forms, instructions for those forms, reporting schedules, and information on treasurer training: <https://www.ncsbe.gov/campaign-finance>

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*

Disclosure Report Cover

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

Amendment
☐ Yes ☒ No

1. Committee Information	
a. Full Name Julie Whitfield for Clerk	c. ID Number JK1V95
b. Mailing Address (include City, State and Zip Code) 102 S Spence Ave Goldsboro NC 27534	d. Date Filed 06/16/2022
	e. Phone Number 919-739-9997

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	Jody H Bridgers

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<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	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Committee Fu	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1600.00		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Jody H. BRIDGERS
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

06/16/2022

Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____
Date Postmarked: _____	Employee: _____
Date Scanned: _____	Employee: _____
Date Data Entered: _____	Employee: _____

Delivery Method

☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ 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	
JULIE WHITFIELD FOR CLERK		2022 First Quarter		JKIV95	
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,600.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 170.00		\$ 170.00	
6) Contributions from Individuals (CRO-1210)		\$ 5,870.00		\$ 5,870.00	
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)		\$ 1,225.25		\$ 1,225.25	
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)		\$ 7,265.25		\$ 7,265.25	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 6,256.02		\$ 6,256.02	
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)		\$ 285.78		\$ 285.78	
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		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,541.80		\$ 6,541.80	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,323.45		\$ 723.45	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1,225.25			
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

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	
JULIE WHITFIELD FOR CLERK					
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	01	Electric Funds Tran		02/17/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Electric Funds Tran		02/19/2022	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Cash		02/02/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Check		03/17/2022	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 170.00
5. Total of ALL CRO-1205 Pages					\$ 170.00
<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 6

Amendment

☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK						
<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 BARNES 1309 TOMMY'S ROAD GOLDSBORO, NC 27530			NO JOB TITLE			
			c. Employer's Name/Specific Field NOT EMPLOYEED			
					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"/>	01	Check		03/16/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<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	
JOE C DAUGHTERY 102 Downing Place GOLDSBORO, NC 27530			NO JOB TITLE			
			c. Employer's Name/Specific Field NOT EMPLOYEED			
					e. Election Sum to Date	
					\$ 510.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		02/02/2022	\$ 500.00	
<input type="checkbox"/>	01	Electric Funds Tran		02/17/2022	\$ 10.00	
<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	
ANNIE GRANTHAM 2219 OBERRY ROAD MOUNT OLIVE, NC 28365			FARMER			
			c. Employer's Name/Specific Field TOMMY GRANTHAM FARMS			
					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"/>	01	Check		03/20/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 1,210.00	
					\$ 5,870.00	

Contributions from Individuals

Pg 2 of 6

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JULIE WHITFIELD FOR CLERK							
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	
JEFFERY GRANTHAM 1500 GRANTHAM SCHOOL RD MOUNT OLIVE, NC 28365				FARMER			
				c. Employer's Name/Specific Field			
				JDG FARMS			
				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"/>	01	Check		02/05/2022	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. 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	
CURTIS A HINTON 300 E. APRIL LANE GOLDSBORO, NC 27530				CEO			
				c. Employer's Name/Specific Field			
				GEOGRAPHIC TECHNOLOGIES GROUP			
				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"/>	01	Check		02/02/2022	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GEOFF HULSE 1513 EAST MULBERRY STREET GOLDSBORO, NC 27530				ATTORNEY			
				c. Employer's Name/Specific Field			
				SELF			
				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"/>	01	Electric Funds Tran		03/10/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 2,100.00	
						\$ 5,870.00	

Contributions from Individuals

Pg 3 of 6

Amendment

☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK							
<input type="checkbox"/> Full Name, Mailing Address & Phone (include city, state, & zip) DELMER KEEN 1988 DOBBERSVILLE RD MOUNT OLIVE, NC 28365						<input type="checkbox"/> Job Title/Profession ELECTRONIC TECH <input type="checkbox"/> Employer's Name/Specific Field SELF	d. Comments e. Election Sum to Date \$ 60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/02/2022	\$ 50.00		
<input type="checkbox"/>	01	Electric Funds Tran		02/17/2022	\$ 10.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Full Name, Mailing Address & Phone (include city, state, & zip) NANNIE MILLS 2288 NC 55 HWY W MOUNT OLIVE, NC 28365						<input type="checkbox"/> Job Title/Profession NO JOB TITLE <input type="checkbox"/> Employer's Name/Specific Field NOT EMPLOYEED	d. Comments 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"/>	01	Check		02/05/2022	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Full Name, Mailing Address & Phone (include city, state, & zip) ROY MILLS 2288 NC 55 HWY W MOUNT OLIVE, NC 28636						<input type="checkbox"/> Job Title/Profession NO JOB TITLE <input type="checkbox"/> Employer's Name/Specific Field NOT EMPLOYEED	d. Comments 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"/>	01	Check		02/05/2022	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
					\$ 1,560.00		
					\$ 5,870.00		

Contributions from Individuals

Pg 4 of 6

Amendment

☐ Yes ☒ No

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

1. Contributor Full Name (and Fund if applicable)						2. ID Number
JULIE WHITFIELD FOR CLERK						
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	
NEIL PRICE PO BOX 1019 MOUNT OLIVE, NC 28365				CEO		
				c. Employer's Name/Specific Field		
				FRIENDLY MART STORES		
				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"/>	01	Check		03/14/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. 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	
MELANIE ROGERS 209 EDGEBROOK DRIVE GREENVILLE, NC 27858				FLIGHT ATTENDANT		
				c. Employer's Name/Specific Field		
				DELTA AIRLINES		
				e. Election Sum to Date		
				\$ 350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		02/18/2022	\$ 50.00	
<input type="checkbox"/>	01	Electric Funds Tran		02/18/2022	\$ 100.00	
<input type="checkbox"/>	01	Electric Funds Tran		03/29/2022	\$ 100.00	
5. 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	
MELANIE ROGERS 209 EDGEBROOK DRIVE GREENVILLE, NC 27858				FLIGHT ATTENDANT		
				c. Employer's Name/Specific Field		
				DELTA AIRLINES		
				e. Election Sum to Date		
				\$ 350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Electric Funds Tran		04/29/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
6. Total on this Page					\$ 450.00	
7. Total for CRO-1205					\$ 5,870.00	

Contributions from Individuals

Pg 5 of 6

Amendment

☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAM SLIVER 1900 EAST WALNUT STREET GOLDSBORO, NC 27530			b. Job Title/Profession REAL ESTATE BROKER		d. Comments 	
			c. Employer's Name/Specific Field SILBER REAL ESTATE LLC			
					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"/>	01	Electric Funds Tran		04/08/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARK SMITH 226 CORBETT HILL ROAD MOUNT OLIVE, NC 28365			b. Job Title/Profession OWNER		d. Comments 	
			c. Employer's Name/Specific Field SMITH SERVICE CO			
					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"/>	01	Check		03/06/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JUANITA TAYLOR 660 EDWARDS STORE ROAD MOUNT OLIVE, NC 28365			b. Job Title/Profession NO JOB TITLE		d. Comments 	
			c. Employer's Name/Specific Field NOT EMPLOYEED			
					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"/>	01	Check		02/28/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 450.00	
					\$ 5,870.00	

Contributions from Individuals

Pg 6 of 6

Amendment

☐ Yes ☒ No

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

1. Contributor Information						2. Contribution	
JULIE WHITFIELD FOR CLERK							
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEWEL WHITFIELD 536 RAYNOR MILL ROAD MOUNT OLIVE, NC 28365						b. Job Title/Profession NO JOB TITLE c. Employer's Name/Specific Field NOT EMPLOYEED	
						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"/>	01	Check		02/20/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 100.00	
						\$ 5,870.00	

CRO-1210

NC State Board of Elections

April 2007

Loan Proceeds

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Candidate Full Name (and Date if applicable)				2. ID Number	
JULIE WHITFIELD FOR CLERK					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BOBBY WHITFIELD 760 CORBETT HILL ROAD MOUNT OLIVE, NC 28365		MAINTENANCE TECH			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		DUKE ENERGY		02/28/2022	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		01	Check	\$ 1,225.25	
l. Full Name of Lending Institution				m. Loan Number	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
\$ TOTAL NET PROCEEDS FROM ALL LOANS (Include all net proceeds from all loans, regardless of source, from CRO-1410)				\$ 1,225.25	

Disbursements

Pg 1 of 6

Amendment

☐ Yes ☒ No

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

Committee Full Name (and Fund if applicable)						Fund Number																															
JULIE WHITFIELD FOR CLERK																																					
Type of Disbursement (Please check one) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																																					
<table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">ACCU COPY LLC 322 N John ST GOLDSBORO, NC 27530</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">\$ 104.62</td> </tr> </table>								a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		ACCU COPY LLC 322 N John ST GOLDSBORO, NC 27530								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	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments																																	
ACCU COPY LLC 322 N John ST GOLDSBORO, NC 27530																																					
		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																																
01	Debit Card	B	03/02/2022	\$ 104.62	CAMPAIGN BUISNESS																																
				\$	CARDS																																
<table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">AGE GRAPICS 78 Collins Rd Little Hocking, OH 45724</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">\$ 2,424.00</td> </tr> </table>								a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		AGE GRAPICS 78 Collins Rd Little Hocking, OH 45724								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						\$ 2,424.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments																																	
AGE GRAPICS 78 Collins Rd Little Hocking, OH 45724																																					
		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																																	
				\$ 2,424.00																																	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																																
01	Debit Card	B	02/16/2022	\$ 1,550.00	YARD SIGNS																																
01	Debit Card	B	04/11/2022	\$ 874.00	YARD SIGNS																																
<table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">GO DADDY.COM 4455 N. Hayden Rd. Suite. 226 Scottsdale, AZ 85260</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">\$ 126.62</td> </tr> </table>								a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments		GO DADDY.COM 4455 N. Hayden Rd. Suite. 226 Scottsdale, AZ 85260								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						\$ 126.62	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments																																	
GO DADDY.COM 4455 N. Hayden Rd. Suite. 226 Scottsdale, AZ 85260																																					
		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																																	
				\$ 126.62																																	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																																
01	Debit Card	C	02/18/2022	\$ 105.18	WEB DOMAIN																																
				\$	REGISTRAION																																
					\$ 2,633.80																																
(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)					\$ 6,256.02																																
<table border="0"> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* Other</td> </tr> </table>								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																	
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																																					

Disbursements

Pg 2 of 6

Amendment
☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GRANTHAM FIRE DEPARTMENT 3430 US Highway 13 South GOLDSBORO, NC 27530				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 \$ 100.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	C	02/26/2022	\$ 100.00	TABLE SPONORSHIP	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) GRAPHIXX SCREEN PRINTING INC 01 N James St # B GOLDSBORO, NC 27530						
				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 \$ 522.80		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B	04/12/2022	\$ 522.80	CAMPAIGN TEE SHIRTS	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) HONOR OUR FIRSTS 308 N. William Street GOLDSBORO, NC 27530						
				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 \$ 500.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	02/17/2022	\$ 500.00	TABLE SPONORSHIP	
				\$		
Operating Expenses					\$ 1,122.80	
Total of all CRO-1100 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)					\$ 6,256.02	
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						

Disbursements

Pg 3 of 6

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JULIE WHITFIELD FOR CLERK							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ODOM FARMING 1426 Claridge Nursery Rd GOLDSBORO, NC 27530							
b. Coordinated Committee Name						d. Comments	
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 80.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	03/22/2022	\$ 80.00	DINNER & REGISTRATION		
				\$	FEE		
a. Full Name, Mailing Address & Phone (include city, state, & zip) POLI ENGINE 621 NW 12th Ave GAINSVILLE, FL 32601							
b. Coordinated Committee Name						d. Comments	
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 105.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	A	02/18/2022	\$ 35.00	WEBSITE HOSTING		
01	Debit Card	A	03/18/2022	\$ 35.00	WEBSITE HOSTING		
a. Full Name, Mailing Address & Phone (include city, state, & zip) POLI ENGINE 621 NW 12th Ave GAINSVILLE, FL 32601							
b. Coordinated Committee Name						d. Comments	
c. Level Registered (Specify)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 105.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	A	04/18/2022	\$ 35.00	WEBSITE HOSTING		
						\$ 185.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 6,256.02	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other							

Disbursements

Pg 4 of 6

Amendment

☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PREFECTION GRAPHICS 316 S Market St BENSON, NC 27504				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 \$ 133.44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B	03/10/2022	\$ 133.44	BANNER AND MAGNETIC	
				\$	SIGNS	
a. Full Name, Mailing Address & Phone (include city, state, & zip) SELHA CHRISTIAN CHURCH 1332 Selah Church Road FOUR OAKS, NC 27534				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 \$ 70.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	CO	04/02/2022	\$ 70.00	FOOD PLATE PURCHASE	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) SOUTHERN GROUND 1037N N Breazeale Ave MOUNT OLIVE, NC 28365				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 \$ 396.27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	C	04/18/2022	\$ 396.27	MEET AND GREET	
				\$	EVENT FEE	
					\$ 599.71	
(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)					\$ 6,256.02	
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						

Disbursements

Pg 5 of 6

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JULIE WHITFIELD FOR CLERK							
3. Type of Disbursement (Please check one box) <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	
STICKER MULE 336 Forest Ave Amsterdam, NY 12010							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 216.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	03/02/2022	\$ 86.47	CAMPAIGN BUTTONS		
01	Debit Card	B	04/11/2022	\$ 130.24	CAMPAIGN BUTTONS		
<input type="checkbox"/> <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TUSCARORA COUNCIL BOY SCOUTS Hwy S 172, NC-581 GOLDSBORO, NC 27530							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	03/21/2022	\$ 90.00	TABLE SPONORSHIP AND		
				\$	REGISTRATION FEE		
<input type="checkbox"/> <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WAYNE COUNT GOP 147 S Center St GOLDSBORO, NC 27530							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				Wayne		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	04/01/2022	\$ 100.00	REVERSE DRAWING		
01	Check	O	04/11/2022	\$ 100.00	REVERSE DRAWING		

		\$ 506.71
(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)		\$ 6,256.02
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)		
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other		

Disbursements

Pg 6 of 6

Amendment

☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WAYNE COUNTY BOARD OF ELECTIONS 309 East Chestnut St. GOLDSBORO, NC 27530			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 \$ 1,208.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	02/25/2022	\$ 1,208.00	FILING FEE	
				\$		
					\$ 1,208.00	
(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)					\$ 6,256.02	
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						

CRO-1310

NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK																											
3. Paper Information																											
a. Action	b. Account Code	c. Payment Method	d. Payment Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	C	04/15/2022	\$ 48.15	FLOWERS FOR MEET AND GREET																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	K	03/31/2022	\$ 6.50	PAPER STATEMENT FEE																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	K	04/29/2022	\$ 6.50	PAPER STATEMENT FEE																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	KO	02/18/2022	\$ 7.46	EMAIL SERVICE																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	K	03/17/2022	\$ 6.99	EMAIL HOSTING																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	K	04/18/2022	\$ 6.99	EMAIL HOSTING																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	K	02/10/2022	\$ 37.49	CHECKS																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	O	02/12/2022	\$ 50.00	BREAKFAST DONATION																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	O	04/09/2022	\$ 50.00	BREAKFAST DONATION																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	O	03/19/2022	\$ 50.00	DINNER PLATE PURCHASE																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	C	02/24/2022	\$ 12.78	TRANSFER FEE FOR ONLINE																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	C	03/10/2022	\$ 0.73	ELECTRONIC TRANSFER FEE FOR																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	C	03/29/2022	\$ 0.73	ELECTRONIC TRANSFER FEE FOR																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	C	04/08/2022	\$ 0.73	ELECTRONIC TRANSFER FEE FOR																					
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Draft	C	04/29/2022	\$ 0.73	ELECTRONIC TRANSFER FEE FOR																					
					\$	285.78																					
					\$	285.78																					
<table border="0"> <tr> <td colspan="2">B* - Printing</td> <td colspan="3">D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td colspan="2">G - Political Party</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">J - Penalties</td> <td colspan="3">Q* - Donations to Legal Expense Fund</td> </tr> <tr> <td colspan="2">O* - Other</td> <td colspan="3"></td> </tr> </table>							B* - Printing		D - To Another Candidate			E - Salaries	G - Political Party					J - Penalties		Q* - Donations to Legal Expense Fund			O* - Other				
B* - Printing		D - To Another Candidate																									
E - Salaries	G - Political Party																										
J - Penalties		Q* - Donations to Legal Expense Fund																									
O* - Other																											
* Codes require detailed explanation in required remarks field (g)																											

Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK			
<input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession MAINTENANCE TECH	d. Comments
BOBBY WHITFIELD 760 CORBETT HILL ROAD MOUNT OLIVE, NC 28365		c. Employer's Name/Specific Field DUKE ENERGY	e. Start Date (mm/dd/yyyy) 02/28/2022
			f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Original Loan Amount \$ 1,225.25	j. Remaining Loan Balance \$ 1,225.25
k. Full Name of Lending Institution			l. Loan Number
Amount Paid			\$ 1,225.25
Amount Paid			\$ 1,225.25

CRO-1430

NC State Board of Elections

December 2007

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Friday, June 17, 2022 3:48 PM
To: 'tax2000goldsboro@gmail.com'
Cc: 'jcc3334@att.net'
Subject: Audit Completed: Julie Whitfield for Clerk Committee

Good Afternoon,

The audit of the Julie Whitfield for Clerk committee's first quarter report is complete. Discrepancies are noted below.

- Page 1 and 2 of the CRO-1210s each include a contribution previously reported in the Statement of Organization. These contributions are not new contributions for this reporting period and should not be counted as such. Therefore Lines 6, 12, and 19 of the Total this Reporting Period column are incorrect.
- The accompanying CRO-1210s should be amended to remove the duplicative entries.
- Total this Election Cycle column on the CRO-1100 should account for the contributions previously reported on the Statement of Organization. Lines 5, 12, and 19 are incorrect as the Aggregated Contributions from Individuals listed in the Statement of Organization are not included.

Please submit an amended report to this office to bring the committee into compliance.

Nicholas G. Sullivan | Deputy Director
Wayne County Board of Elections
309 E. Chestnut Street
Goldsboro, NC 27530
919.731.1411 office | 919.731.1409 fax

**E-mail correspondence to/from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties.*