Nicholas Sullivan

From: Nicholas Sullivan
Sent: Wednesday, June 29, 2022 4:42 PM
To: 'tax2000goldsboro@gmail.com'
Cc: 'jcc3334@att.net'
Subject: RE: Audit Completed: Julie Whitfield for Clerk Committee

Mr. Bridgers,

This is a reminder that this office has yet to receive the amended First Quarter report as requested below.

Thanks

From: Nicholas Sullivan
Sent: Friday, June 17, 2022 3:48 PM
To: 'tax2000goldsboro@gmail.com' <tax2000goldsboro@gmail.com>
Cc: 'jcc3334@att.net' <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

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	JK1V95
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
102 S Spence Ave Goldsboro NC 27534	6/30/2022
	e. Phone Number
	9197399997

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)

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

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

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

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

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

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
			$

RECEIVED WCBOE JUN 03 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 of Elections.

Jody H. Bridgers		6/30/22
Printed Name of Signer	Signature of Appointed Treasurer	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	JK1V95

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	$ 270
6) Contributions from Individuals	(CRO-1210)	$ 4370	$ 5470
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)		$ 5765.25	$ 7365.25
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)		$ 823.45	$ 823.45
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

Committee Name (Chart/Treasurer)	
JULIE WHITFIELD FOR CLERK	

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	01	Electric Funds Tran		02/17/2022	$ 50.00
☐ Add ☐ Remove	01	Electric Funds Tran		02/19/2022	$ 20.00
☐ Add ☐ Remove	01	Cash		02/02/2022	$ 50.00
☐ Add ☐ Remove	01	Check		03/17/2022	$ 50.00
4. Total only this Page					$ $170.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 3 of Detailed Summary Page CRO-1100)*					$ $170.00

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

Committee Full Name and Candidate Name (if applicable)	ID Number
JULIE WHITFIELD FOR CLERK	JK1V95

Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARY BARNES 1309 TOMMY'S ROAD GOLDSBOR, NC 27530	NO JOB TITLE	NOT EMPLOYEED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		03/16/2022	$ 200.00
☐					$
☐					$

Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOE C DAUGHTERY 102 Downing Place GOLDSBORO, NC 27530	NO JOB TITLE	NOT EMPLOYEED		$ 510.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐	01	Electric Funds Tran		02/17/2022	$ 10.00
☐					$

Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANNIE GRANTHAM 2219 OBERRY ROAD MOUNT OLIVE, NC 28365	FARMER	TOMMY GRANTHAM FARMS		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		03/20/2022	$ 500.00
☐					$
☐					$

Total on this page	$ 710.00
Total from CRO 1210 Page(s)	$ 4370.00

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 Information ☐ Add ☐ Remove

JULIE WHITFIELD FOR CLERK

2. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JEFFERY GRANTHAM 1500 GRANTHAM SCHOOL RD MOUNT OLIVE, NC 28365	FARMER	JDG FARMS		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/05/2022	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

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

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEOFF HULSE 1513 EAST MULBERRY STREET GOLDSBORO, NC 27530	ATTORNEY	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Electric Funds Tran		03/10/2022	$ 100.00
☐					$
☐					$

Continuation Page Total	$ 1100.00
Grand Total All Pages (Next Page)	$ 4370

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 Name and Full Mailing Address	2. ID Number
JULIE WHITFIELD FOR CLERK	

Contributor Information ☐ Add ☐ Replace

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DELMER KEEN 1988 DOBBERSVILLE RD MOUNT OLIVE, NC 28365	ELECTRONIC TECH	SELF		$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Cash		02/02/2022	$ 50.00
☐	01	Electric Funds Tran		02/17/2022	$ 10.00
☐					$

Contributor Information ☐ Add ☐ Replace

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NANNIE MILLS 2288 NC 55 HWY W MOUNT OLIVE, NC 28365	NO JOB TITLE	NOT EMPLOYEED		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/05/2022	$ 500.00
☐					$
☐					$

Contributor Information ☐ Add ☐ Replace

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROY MILLS 2288 NC 55 HWY W MOUNT OLIVE, NC 28636	NO JOB TITLE	NOT EMPLOYEED		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/05/2022	$ 1,000.00
☐					$
☐					$

Total on this Page	$ 1,560.00
Total for All Pages (This Page plus Previous Pages)	$ 4370

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 (do not abbreviate)	2. ID Number
JULIE WHITFIELD FOR CLERK	

Contributor Information ☐ Add ☐ 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
☐	01	Check		03/14/2022	$ 100.00
☐					$
☐					$

Contributor Information ☐ Add ☐ 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
☐	01	Electric Funds Tran		02/18/2022	$ 50.00
☐	01	Electric Funds Tran		02/18/2022	$ 100.00
☐	01	Electric Funds Tran		03/29/2022	$ 100.00

Contributor Information ☐ Add ☐ 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
☐	01	Electric Funds Tran		04/29/2022	$ 100.00
☐					$
☐					$

Total on this Page	$ 450.00
Sum of All CRO-1210 Pages	$ 4570 –

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

Committee Name (and Sum Name if applicable)	SBOE Number (if known)
JULIE WHITFIELD FOR CLERK	

Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PAM SLIVER 1900 EAST WALNUT STREET GOLDSBORO, NC 27530	REAL ESTATE BROKER	SILBER REAL ESTATE LLC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Electric Funds Tran		04/08/2022	$ 100.00
☐					$
☐					$

Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARK SMITH 226 CORBETT HILL ROAD MOUNT OLIVE, NC 28365	OWNER	SMITH SERVICE CO		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		03/06/2022	$ 250.00
☐					$
☐					$

Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JUANITA TAYLOR 660 EDWARDS STORE ROAD MOUNT OLIVE, NC 28365	NO JOB TITLE	NOT EMPLOYEED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/28/2022	$ 100.00
☐					$
☐					$

Total on this page	$ 450.00
Total of all pages (Optional)	$ 4370 -

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. Committee Full Name [illegible]	ID Number [illegible]
JULIE WHITFIELD FOR CLERK	

2. Contributor Information [illegible] ☐ [illegible] ☐ [illegible]

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JEWEL WHITFIELD 536 RAYNOR MILL ROAD MOUNT OLIVE, NC 28365	NO JOB TITLE	
	c. Employer's Name/Specific Field	**e. Election Sum to Date**
	NOT EMPLOYEED	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Check		02/20/2022	$ 100.00
☐					$
☐					$

4. Total on this Page [illegible]	$ 100.00
5. Total of ALL CRO-1210 Pages [illegible]	$ 4370 –

Loan Proceeds

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)	2. ID Number
JULIE WHITFIELD FOR CLERK	

3. Lender Information [illegible] ☐ Add ☐ 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

4. Endorser/Guarantor [illegible]

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	**e. Amount**
	%	$

5. Total of ALL CRO-1410 Pages [illegible]	$ 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

[illegible]	[illegible]
JULIE WHITFIELD FOR CLERK	

[illegible]

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

[illegible]

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) ☐ Federal ☐ County: ☐ State ☐ 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

[illegible]

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) ☐ Federal ☐ County: ☐ State ☐ 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

[illegible]

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) ☐ Federal ☐ County: ☐ State ☐ 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

[illegible]	$ 2,633.80
[illegible] *(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

[illegible]

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			

[illegible]

Disbursements

Amendment ☐ Yes ☒ No

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

[illegible]	ID Number
JULIE WHITFIELD FOR CLERK	

[illegible]

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
GRANTHAM FIRE DEPARTMENT 3430 US Highway 13 South GOLDSBORO, NC 27530	c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ 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 SPONSORSHIP
				$	

Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
GRAPHIXX SCREEN PRINTING INC 01 N James St # B GOLDSBORO, NC 27530	c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ 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
				$	

Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
HONOR OUR FIRSTS 308 N. William Street GOLDSBORO, NC 27530	c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ 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 SPONSORSHIP
				$	

Total on this page	$ 1,122.80
[illegible] *(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

Purpose Codes [illegible]

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 [illegible]

Disbursements

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 Name (Last Name, First Name if applicable)	2. ID Number
JULIE WHITFIELD FOR CLERK	

3. Disbursement Type (Please use a separate CRO-1310 form for each type of disbursement)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ODOM FARMING 1426 Claridge Nursery Rd GOLDSBORO, NC 27530	c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality	e. Election Sum to Date $ 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 & REGISTATION FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
POLI ENGINE 621 NW 12th Ave GAINSVILLE, FL 32601	c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality	e. Election Sum to Date $ 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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
POLI ENGINE 621 NW 12th Ave GAINSVILLE, FL 32601	c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ Municipality	e. Election Sum to Date $ 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
				$	

5. Total This Page (Optional) $ 185.00

6. Total To Date (Optional) $ 6,256.02

(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)

Purpose Codes (Use detailed description in remarks section below)

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			

Provide a more detailed explanation in required remarks section below

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

1. Committee Full Name [illegible]	2. ID Number
JULIE WHITFIELD FOR CLERK	

[illegible]

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

[illegible]

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
PREFECTION GRAPHICS 316 S Market St BENSON, NC 27504	c. Level Registered (Specify). ☐ Federal ☐ County ☐ State ☐ 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
				$	

[illegible]

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SELHA CHRISTIAN CHURCH 1332 Selah Church Road FOUR OAKS, NC 27534	c. Level Registered (Specify) ☐ Federal ☐ County. ☐ State ☐ 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
				$	

[illegible]

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SOUTHERN GROUND 1037N N Breazeale AvE MOUNT OLIVE, NC 28365	c. Level Registered (Specify) ☐ Federal ☐ County ☐ State ☐ 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
				$	

5. [illegible]	$ 599.71
6. [illegible] *(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

Purpose Codes [illegible]

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			

[illegible]

Disbursements

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 (no abbreviations)	2. ID Number
JULIE WHITFIELD FOR CLERK	

3. Type of Disbursement (*Please use separate CRO-1310 form for each type of Disbursement*)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STICKER MULE 336 Forest Ave Amsterdam, NY 12010		☐ Federal ☐ County: ☐ State ☐ 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

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TUSCARORA COUNCIL BOY SCOUTS Hwy S 172, NC-581 GOLDSBORO, NC 27530		☐ Federal ☐ County: ☐ State ☐ 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 SPONSORSHIP AND REGISTRATION FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WAYNE COUNT GOP 147 S Center St GOLDSBORO, NC 27530		☐ Federal ☒ County: ☐ State ☐ 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 TICKET
01	Check	O	04/11/2022	$ 100.00	REVERSE DRAWING TICKET

5. Section Total this page	$ 506.71
6. Total of all CRO-1310 pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 6,256.02

7. Purpose Codes (use the appropriate 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 Section (k)**

Disbursements

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 Name (Last Name, First Name if Applicable)	2. ID Number
JULIE WHITFIELD FOR CLERK	

3. Type of Disbursement: (Refer to Instructions for Explanation of Types of Disbursements)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information: ☐ Individual ☐ Business/Committee

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WAYNE COUNTY BOARD OF ELECTIONS 309 East Chestnut St. GOLDSBORO, NC 27530	c. Level Registered (Specify). ☐ Federal ☐ County ☐ State ☐ 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
				$	

5. This Column Total: $ 1,208.00

6. Total to CRO-Detail Page: $ 6,256.02

(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)

Purpose Codes: (Use appropriate purpose code in the above 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			

Additional detailed information or short remarks field (if any)

Aggregated Non-Media Expenditures

Amendment ☐ Yes ☒ No

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

JULIE WHITFIELD FOR CLERK	

☐ Add ☐ Remove	01	Check	C	04/15/2022	$	48.15	FLOWERS FOR MEET AND GREET
☐ Add ☐ Remove	01	Draft	K	03/31/2022	$	6.50	PAPER STATEMENT FEE
☐ Add ☐ Remove	01	Draft	K	04/29/2022	$	6.50	PAPER STATEMENT FEE
☐ Add ☐ Remove	01	Debit Card	KO	02/18/2022	$	7.46	EMAIL SERVICE
☐ Add ☐ Remove	01	Debit Card	K	03/17/2022	$	6.99	EMAIL HOSTING
☐ Add ☐ Remove	01	Debit Card	K	04/18/2022	$	6.99	EMAIL HOSTING
☐ Add ☐ Remove	01	Electric Funds Tran	K	02/10/2022	$	37.49	CHECKS
☐ Add ☐ Remove	01	Check	O	02/12/2022	$	50.00	BREAKFAST DONATION
☐ Add ☐ Remove	01	Check	O	04/09/2022	$	50.00	BREAKFAST DONATION
☐ Add ☐ Remove	01	Check	O	03/19/2022	$	50.00	DINNER PLATE PURCHASE
☐ Add ☐ Remove	01	Draft	C	02/24/2022	$	12.78	TRANSFER FEE FOR ONLINE
☐ Add ☐ Remove	01	Draft	C	03/10/2022	$	0.73	ELECTRONIC TRANSFER FEE FOR
☐ Add ☐ Remove	01	Draft	C	03/29/2022	$	0.73	ELECTRONIC TRANSFER FEE FOR
☐ Add ☐ Remove	01	Draft	C	04/08/2022	$	0.73	ELECTRONIC TRANSFER FEE FOR
☐ Add ☐ Remove	01	Draft	C	04/29/2022	$	0.73	ELECTRONIC TRANSFER FEE FOR
					$	285.78	
					$	285.78	

	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.

Committee Name (Last Name, First Name if applicable)		
JULIE WHITFIELD FOR CLERK		

Lender Information ☐ Add ☐ 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. Original Loan Amount	j. Remaining Loan Balance
%		$ 1,225.25	$ 1,225.25

k. Full Name of Lending Institution	l. Loan Number

Total for this Page	$ 1,225.25
Total to Date (Cumulative)	$ 1,225.25