

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 ELECT WADE LEATHAM	c. ID Number 6K1KT5
b. Mailing Address (include City, State and Zip Code) 364 TONYA DR. GOLDSBORO, NC 27534	d. Date Filed 12 JUL 2022
	e. Phone Number 919-922-1757

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 05/11/2022	4. Period End Date (mm/dd/yy) 07/12/2022	5. Treasurer Full Name DALE WADE LEATHAM
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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 checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<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
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
8. Number of Fundraisers this Report 0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name WELLS FARGO BANK	a. Financial Institution Full Name	JUL 12 2022	
b. Purpose COMMITTEE FUNDS TO RECEIVE + SPEND	b. Purpose		
c. Account Code ANGEL 1	c. Account Code		
d. Period Begin Balance \$4962.67	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.

DALE W. LEATHAM

Printed Name of Signer

Dale W. Leatham

Signature of Appointed Treasurer

07/12/2022

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
ELECT WADE LEATHAM			6K1KT5
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4962.67	\$ 4962.67
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00	
6) Contributions from Individuals (CRO-1210)	\$ 0.00	\$ 0.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0.00	\$ 0.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4962.67	\$ 4962.67	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Outstanding Loans

Pg ____ of ____ 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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ELECT WADE LEATHAM		6K1KT5	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DALE WADE LEATHAM 304 TONYA DR. GOLDSBORO, NC 27534 919-922-1757		SCHOOL BOARD	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		WAYNE COUNTY	12/28/2021
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0%	NONE	\$5000.00	\$4962.67
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$4962.67
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$4962.67

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Wednesday, July 13, 2022 4:45 PM
To: 'dleatham@nc.rr.com'
Subject: Audit Complete: Elect Wade Leatham 2nd Quarter Report

The audit of the Elect Wade Leatham committee's 2nd Quarter Report is complete and the following discrepancies are noted.

- Block 9 of the CRO-1000 should indicate the report is a 2nd Quarter Report – not Organizational.
- Block 2 of the CRO-1100 should indicate the report is a 2nd Quarter Report.
- "Total this Election Cycle" on Line 4 of the CRO-1100 should be 0 as the committee's first report indicated a beginning balance for the committee as such.
- "Total this Election Cycle" lines 5-19 should include the total receipts and expenditures of the committee on the relevant lines.
- Line 12 of the CRO-1100 is left blank.
- Line 21 of the CRO-1100 is left blank.

Please amend your report and resubmit to our office. As a reminder, our office is responsible for auditing all campaign finance reports so we may not assist you with completing your reports. All forms and instructions on each form are available on the SBOE's 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.*

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 ELECT WADE LEATHAM			c. ID Number 6K1KT5																			
b. Mailing Address (include City, State and Zip Code) 304 TONYA DR. GOLDSBORO, NC 27534			d. Date Filed 14 JUL 2022																			
			e. Phone Number 919-922-1257																			
2. Report Year																						
2022																						
3. Period Start Date (mm/dd/yy)																						
05/11/2022																						
4. Period End Date (mm/dd/yy)																						
07/12/2022																						
5. Treasurer Full Name																						
DALE WADE LEATHAM																						
6. Type of Committee (Check One)																						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund																						
7. Type of Fund (if applicable, check one)																						
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:																						
8. Number of Fundraisers this Report																						
05																						
9. Type of Report (check only one type of report from one category)																						
<table border="0" style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="width:33%; vertical-align: top;"> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td style="width:33%; vertical-align: top;"> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>					Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special															
Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special																				
10. Special Report Name																						
11. Account Information																						
a. Financial Institution Full Name WELLS FARGO BANK																						
b. Purpose COMMITTEE FUNDS TO RECEIVE + SPEND																						
c. Account Code ANGEL 1																						
d. Period Begin Balance \$4962.67																						
12. Account Information																						
a. Financial Institution Full Name																						
b. Purpose																						
c. Account Code																						
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.																						
<table border="0" style="width:100%;"> <tr> <td style="width:33%; text-align: center;">DALE W. LEATHAM</td> <td style="width:33%; text-align: center;"><i>Dale W. Leatham</i></td> <td style="width:33%; text-align: center;">07/14/2022</td> </tr> <tr> <td style="text-align: center;">Printed Name of Signer</td> <td style="text-align: center;">Signature of Appointed Treasurer</td> <td style="text-align: center;">Date</td> </tr> </table>					DALE W. LEATHAM	<i>Dale W. Leatham</i>	07/14/2022	Printed Name of Signer	Signature of Appointed Treasurer	Date												
DALE W. LEATHAM	<i>Dale W. Leatham</i>	07/14/2022																				
Printed Name of Signer	Signature of Appointed Treasurer	Date																				
FOR OFFICE USE ONLY																						
<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Date Received: _____</td> <td style="width:33%;">Employee: _____</td> <td style="width:33%;">Delivery Method</td> </tr> <tr> <td>Date Postmarked: _____</td> <td>Employee: _____</td> <td><input type="checkbox"/> Normal Mail</td> </tr> <tr> <td>Date Scanned: _____</td> <td>Employee: _____</td> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td>Date Data Entered: _____</td> <td>Employee: _____</td> <td><input type="checkbox"/> Hand Delivered</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>					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
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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
ELECT WADE LEATHAM		2ND QUARTER	6K1KT5
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4962.67	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 117.00	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$ 5000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 0	\$ 5117.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$ 154.33	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4962.67	\$ 4962.67	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 5000.00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Outstanding Loans

Pg ____ of ____

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
ELECT WADE LEATHAM		6K1KT5	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DALE WADE LEATHAM 304 TONYA DR. GOLDSBORD, NC 27534 919-922-1757		SCHOOL BOARD	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		WAYNE COUNTY	12/28/2021
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	NONE	\$5000.00	\$5000.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$5000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$5000.00