

# 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	b. Mailing Address (include City, State and Zip Code)		
ELECT WADE LEATHAM		c. ID Number	6K1KT5
304 TONYA DR. GOLDSBORO, NC 27534		d. Date Filed	26 OCT 2022
		e. Phone Number	919-922-1757

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	07/13/2022	11/01/2022	DALE WADE LEATHAM

6. Type of Committee (Check One)	7. Type of Fund (if applicable, check one)	9. Type of Report (check only one type of report from one category)	10. Special Report Name
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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

## 8. Number of Fundraisers this Report

0

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
WELLS FARGO BANK	RECEIVED WAYNE BOE OF ELECTIONS OCT 26 2022
b. Purpose	c. Account Code
COMMITTEE FUNDS TO RECEIVE + SPEND	ANGEL 1
d. Period Begin Balance	b. Purpose
\$4962.67	OCT 26
	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.

DALE W. LEATHAM

Printed Name of Signer

Dale W. Heatham

Signature of Appointed Treasurer

26 OCT 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

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		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
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 0.00	\$ 0.00
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 0.00	\$ 0.00
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds <i>(CRO-1410)</i>	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$	\$
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 2372.34	\$ 2372.34
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions <i>(CRO-1510)</i>	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2372.34	\$ 2372.34
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2590.33	\$ 2590.33
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$	
25) Administrative Support <i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans <i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$	\$

## Disbursements

Pg 1 of 2  Yes  No

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

### 1. Committee Full Name (and Fund if applicable)

ELECT WADE LEATHAM

2. ID Number  
6K1KT5

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

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

### 4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
COASTAL MARKETING OF N.CAROLINA 5101 GATEWOOD DR. DURHAM, NC 27712 910-494-3963				HANDOUTS	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
				e. Election Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ANGEL 1	DEBIT	B	08/24/2022	\$412.65	HANDOUTS
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
COASTAL MARKETING OF N.CAROLINA 5101 GATEWOOD DR. DURHAM, NC 27712 910-494-3963				CAMPAIGN SIGNS	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
				e. Election Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ANGEL 1	DEBIT	B	08/31/2022	\$819.74	CAMPAIGN SIGNS
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
COASTAL MARKETING OF N.CAROLINA 5101 GATEWOOD DR. DURHAM, NC 27712 910-494-3963				CAMPAIGN SIGNS	
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
				e. Election Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ANGEL 1	DEBIT	B	09/14/2022	\$611.46	CAMPAIGN SIGNS
				\$	

5. Total only this Page	\$1843.85
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6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$2372.34
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7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>
------------------------------------------------------------------------

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

\* Codes require detailed explanation in required remarks field (k)

## Disbursements

Pg 2 of 2  Yes  No

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

### 1. Committee Full Name (and Fund if applicable)

ELECT WADE LEATHAM

### 2. ID Number

6K1KT5

### 3. Type of Disbursement

*(Please use separate CRO-1310 forms 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)

COASTAL MARKETING OF N. CAROLINA  
5101 GATEWOOD DR.  
DURHAM, NC 27712  
910-494-3963

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

d. Comments

CAMPAIGN MATERIALS

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ANGEL 1	DEBIT	B	10/17/2022	\$228.49	CAMPAIGN MATERIALS
				\$	

### 4. Payee Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

THE BUZZ AROUND WAYNE COUNTY  
122 S. BERKELEY BLVD, STE 3  
GOLDSBORO, NC 27534  
919-273-0488

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

d. Comments

LOCAL MEDIA PAPER

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ANGEL 1	DEBIT	A	10/18/2022	\$300.00	LOCAL MEDIA PAPER
				\$	

### 4. Payee Information

Add  Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

d. Comments

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

### 5. Total only this Page

\$ 528.49

### 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)

\$ 2372.34

### 7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

\* Codes require detailed explanation in required remarks field (k)

## Outstanding Loans

Pg 1 of 1 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	\$ 5,000.00	\$ 2590.33
k. Full Name of Lending Institution <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
l. Loan Number			
4. Total only this Page		\$ 2590.33	
5. Total of ALL CRO-1430 Pages		\$ 2590.33	
This is my true and accurate report of my outstanding loans as of the date of this report. I understand that this report is part of my annual report to the NC State Board of Elections.			

## Nicholas Sullivan

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**From:** Nicholas Sullivan  
**Sent:** Thursday, October 27, 2022 3:24 PM  
**To:** 'dleatham@nc.rr.com'  
**Subject:** Audit Complete: Elect Wade Leatham

The audit of the Elect Wade Leatham Committee's Third Quarter Report is complete and the following discrepancies were noted:

- Block 9 of the CRO-1000 should be Third Quarter.
- Block 2 of the CRO-1100 is left blank.
- On the CRO-1100 the Total this Election Cycle Column lines 4, 5, 9, 12, 13a, 18 are incorrect.
- Line 21 of the CRO-1100 is left blank.
- The CRO-1430 seems to imply loan forgiveness but there is no accompanying CRO-1440 or CRO-6200. If there was no loan forgiveness, the total outstanding loan should still be the full amount of the original loan.

As a reminder, this office cannot assist in completing campaign finance reports. Candidates are advised to utilize the NCSBE's campaign finance website where all forms, instruction sheets and schedules are available. The instruction sheets provide line by line steps how to complete each form. <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.

<b>1. Committee Information</b>							
<b>a. Full Name</b> <b>ELECT WADE LEATHAM</b>		<b>c. ID Number</b> <b>6K1KT5</b>					
<b>b. Mailing Address (include City, State and Zip Code)</b> <b>304 TONYA DR GOLDSBORO, NC 27534</b>		<b>d. Date Filed</b> <b>29 OCT 2022</b>					
<b>e. Phone Number</b> <b>919-922-1757</b>							
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>				
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>					
<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		<b>Municipal</b> <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		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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		<b>Referendum</b> <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	
<b>7. Type of Fund (if applicable, check one)</b>						<b>10. Special Report Name</b>	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:							
<b>8. Number of Fundraisers this Report</b> <b>0</b>							
<b>11. Account Information</b>				<b>11. Account Information</b>			
<b>a. Financial Institution Full Name</b> <b>WELLS FARGO BANK</b>		<b>a. Financial Institution Full Name</b> <b>RECEIVED WAYNE BOOF FORTUNE OCT 29 2022</b>		<b>b. Purpose</b> <b>COMMITTEE FUNDS TO RECEIVE + SPEND</b>		<b>c. Account Code</b> <b>ANGEL 1</b>	
<b>b. Purpose</b> <b>COMMITTEE FUNDS TO RECEIVE + SPEND</b>		<b>b. Purpose</b> <b>COMMITTEE FUNDS TO RECEIVE + SPEND</b>		<b>d. Period Begin Balance</b> <b>\$4962.67</b>		<b>d. Period Begin Balance</b> <b>\$</b>	
<b>CERTIFICATION</b> <p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B &amp; 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.</p>							
<b>DALE W. LEATHAM</b> <small>Printed Name of Signer</small>		<b>Dale W. Heatham</b> <small>Signature of Appointed Treasurer</small>		<b>29 OCT 2022</b> <small>Date</small>			
<b>FOR OFFICE USE ONLY</b>							
<b>Date Received:</b> _____		<b>Employee:</b> _____		<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed			
<b>Date Postmarked:</b> _____		<b>Employee:</b> _____		<input type="checkbox"/> Signer has not received mandatory training			
<b>Date Scanned:</b> _____		<b>Employee:</b> _____					
<b>Date Data Entered:</b> _____		<b>Employee:</b> _____					
<b>Please Note:</b> 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	3RD 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
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals <i>(CRO-1205)</i>	\$ 0	\$ 117,00
6) Contributions from Individuals <i>(CRO-1210)</i>	\$ 0	\$
7) Contributions from Political Party Committees <i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees <i>(CRO-1230)</i>	\$	\$
9) Loan Proceeds <i>(CRO-1410)</i>	\$	\$ 5000
10) Refunds/Reimbursements to the Committee <i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts <i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-For-Profit Organizations <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income <i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund - Other Sources <i>(CRO-1270)</i>	\$	\$
11e) Exempt Purchase Price Sales <i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 0	\$ 5117.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures <i>(CRO-1310)</i>	\$ 2372.34	\$ 2526.87
13b) Contributions to Candidates/Political Committees <i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures <i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures <i>(CRO-1315)</i>	\$	\$
15) Loan Repayments <i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements from the Committee <i>(CRO-1320)</i>	\$	\$
17) In-Kind Contributions <i>(CRO-1510)</i>	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2372.34	\$ 2526.87
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2590.33	\$ 2590.33
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees <i>(CRO-1330)</i>	\$	
21) Outstanding Loans (incl. ones from other campaigns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed by the Committee <i>(CRO-1610)</i>	\$	
23) Debts and Obligations owed to the Committee <i>(CRO-1620)</i>	\$	
24) Account Transfers Within the Committee <i>(CRO-1720)</i>	\$	
25) Administrative Support <i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans <i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum <i>(CRO-2220)</i>	\$	\$
28) Contributions to be Refunded <i>(CRO-1215)</i>	\$	\$

# Disbursements

Pg 1 of 2 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)

ELECT WADE LEATHAM

## 2. ID Number

6K1K75

## 3. Type of Disbursement

(Please use separate CRO-1310 forms 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)

COASTAL MARKETING OF N. CAROLINA  
5101 GATEWOOD DR.  
DURHAM, NC 27712

910-494-3963

### b. Coordinated Committee Name

### d. Comments

HANDOUTS

### c. Level Registered (Specify)

Federal

County:

State

Municipality:

### e. Election Sum to Date

\$

### f. Account Code

### g. Form of Payment

### h. Purpose Code

### i. Date (mm/dd/yyyy)

### j. Amount

### k. Required Remarks

ANGEL 1

DEBIT

B

08/24/2022

\$412.65

HANDOUTS

\$

## 4. Payee Information

Add  Remove

### a. Full Name, Mailing Address & Phone (include city, state, & zip)

COASTAL MARKETING OF N. CAROLINA  
5101 GATEWOOD DR.  
DURHAM, NC 27712  
910-494-3963

### b. Coordinated Committee Name

### d. Comments

CAMPAIGN SIGNS

### c. Level Registered (Specify)

Federal

County:

State

Municipality:

### e. Election Sum to Date

\$

### f. Account Code

### g. Form of Payment

### h. Purpose Code

### i. Date (mm/dd/yyyy)

### j. Amount

### k. Required Remarks

ANGEL 1

DEBIT

B

08/31/2022

\$819.74

CAMPAIGN SIGNS

\$

## 4. Payee Information

Add  Remove

### a. Full Name, Mailing Address & Phone (include city, state, & zip)

COASTAL MARKETING OF N. CAROLINA  
5101 GATEWOOD DR.  
DURHAM, NC 27712  
910-494-3963

### b. Coordinated Committee Name

### d. Comments

CAMPAIGN SIGNS

### c. Level Registered (Specify)

Federal

County:

State

Municipality:

### e. Election Sum to Date

\$

### f. Account Code

### g. Form of Payment

### h. Purpose Code

### i. Date (mm/dd/yyyy)

### j. Amount

### k. Required Remarks

ANGEL 1

DEBIT

B

09/14/2022

\$611.46

CAMPAIGN SIGNS

\$

## 5. Total only this Page

\$1843.85

## 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)

\$2372.34

## 7. Purpose Codes (List detailed expenditure code in (h.) above)

A\* - Media

B\* - Printing

C\* - Fundraising

D - To Another Candidate

E - Salaries

F\* - Equipment

G - Political Party

H\* - Holding Public Office Expenses

I - Postage

J - Penalties

K\* - Office Expenses

Q\* - Donation to Legal Expense Fund

O\* Other

\* Codes require detailed explanation in required remarks field (k)

CRO-1310

NC State Board of Elections

December 2009

# Disbursements

Pg 2 of 2 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					
ELECT WADE LEATHAM		6K1KT5					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove				
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p>COASTAL MARKETING OF N. CAROLINA 5101 GATEWOOD DR. DURHAM, NC 27712 910-494-3963</p>		<p>b. Coordinated Committee Name</p> <p>c. Level Registered (Specify)</p> <table> <tr> <td><input type="checkbox"/> Federal</td> <td><input checked="" type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> </table> <p>d. Comments CAMPAIGN MATERIALS</p> <p>e. Election Sum to Date \$</p>		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:						
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)				
ANGEL 1	DEBIT	B	10/17/2022				
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove				
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p>THE BUZZ AROUND WAYNE COUNTY 122 S. BERKELEY BLVD, STE 3 GOLDSBORO, NC 27534 919-273-0488</p>		<p>b. Coordinated Committee Name</p> <p>c. Level Registered (Specify)</p> <table> <tr> <td><input type="checkbox"/> Federal</td> <td><input checked="" type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> </table> <p>d. Comments LOCAL MEDIA PAPER</p> <p>e. Election Sum to Date \$</p>		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:						
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)				
ANGEL 1	DEBIT	A	10/18/2022				
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove				
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p>		<p>b. Coordinated Committee Name</p> <p>c. Level Registered (Specify)</p> <table> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> </tr> </table> <p>d. Comments</p> <p>e. Election Sum to Date \$</p>		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
<input type="checkbox"/> Federal	<input type="checkbox"/> County:						
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)				
5. Total only this Page		\$ 528.49					
6. Total of ALL CRO-1310 Pages		\$ 2372.34					
<p><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i></p>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate				
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses				
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund				
O* Other							
* Codes require detailed explanation in required remarks field (k)							

## Outstanding Loans

Pg 1 of 1 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		6K1K T5	
<b>3. Lender Information</b> <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 919-922-1759		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	\$ 5000
k. Full Name of Lending Institution			
l. Loan Number			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			
l. Loan Number			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			
l. Loan Number			
<b>4. Total only this Page</b> <input type="checkbox"/> <b>\$</b>			
<b>5. Total of ALL CRO 1430 Pages</b> <input type="checkbox"/> <b>\$</b>			
<i>This line must be on line 11 of Detailed Summary Page CRO-1100</i>			

## **Nicholas Sullivan**

---

**From:** Nicholas Sullivan  
**Sent:** Monday, October 31, 2022 5:58 PM  
**To:** 'dleatham@nc.rr.com'  
**Subject:** Audit Complete: Elect Wade Leatham Amended 3rd Quarter Report

The audit of the Elect Wade Leatham campaign committee's amended 3<sup>rd</sup> Quarter Report is complete and the following discrepancies were noted.

- Blocks 2-5 on the CRO-1000 are blank.
- Line 13a and 18 in the Total This Election Cycle column of the CRO-1100 are incorrect. The whole number is correct but there is an error in calculating the cents.
- Line 21 under the Total this Reporting Period column of the CRO-1100 is left blank. It should reflect the CRO-1430.

**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

1 NOV 2022

e. Phone Number

919-922-1757

2. Report Year

2022

~~06~~

07/13/2022

3. Period Start Date (mm/dd/yy)

11/01/2022

4. Period End Date (mm/dd/yy)

DALE WADE LEATHAM

5. Treasurer Full Name

6. Type of Committee (Check One)

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

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

Municipal  Organizational  
 State/County  Quarterly  
 Organizational  Thirty-five day  
 Quarterly  Pre-primary  
 First  Pre-election  
 Second  Pre-runoff  
 Third  Semi-annual  
 Fourth  Mid Year  
 Semi-annual  Year End  
 Mid Year  Final  
 Year End  Special  
 Final  
 Special

Referendum

Organizational  
 Pre-referendum  
 Final  
 Supplemental Final  
 Annual  
 Special

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

Booster Fund  
 Building Fund  
 Other:

8. Number of Fundraisers this Report

0

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

11. 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.

DALE W. LEATHAM

Printed Name of Signer

Dale W. Leatham

Signature of Appointed Treasurer

1 NOV 2022

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Signer has not received  
mandatory training

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

**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.

CRO-1000

NOV 01 2022

NC State Board of Elections

August 2008

## 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	3RD 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
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 0
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0
		\$ 5117.00
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 2372.34
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2372.34
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2590.33
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 5000.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0
25) Administrative Support	(CRO-1710)	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0

# Disbursements

Pg 1 of 2 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
ELECT WADE LEATHAM						6K1KT5
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) COASTAL MARKETING OF N.CAROLINA 5101 GATEWOOD DR. DURHAM, NC 27712 910-494-3963			b. Coordinated Committee Name   c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments HANDOUTS  e. Election Sum to Date \$  f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
ANGEL 1 DEBIT B 08/24/2022 \$412.65					HANDOUTS	
					\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) COASTAL MARKETING OF N.CAROLINA 5101 GATEWOOD DR. DURHAM, NC 27712 910-494-3963			b. Coordinated Committee Name   c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments CAMPAIGN SIGNS  e. Election Sum to Date \$  f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
ANGEL 1 DEBIT B 08/31/2022 \$819.74					CAMPAIGN SIGNS	
					\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) COASTAL MARKETING OF N.CAROLINA 5101 GATEWOOD DR. DURHAM, NC 27712 910-494-3963			b. Coordinated Committee Name   c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments CAMPAIGN SIGNS  e. Election Sum to Date \$  f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
ANGEL 1 DEBIT B 09/14/2022 \$611.46					CAMPAIGN SIGNS	
					\$	
5. Total only this Page						\$1843.85
6. Total of ALL CRO-1310 Pages						\$2372.34
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

# Disbursements

Pg 2 of 2 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
ELECT WADE LEATHAM					6K1KT5
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)  COASTAL MARKETING OF N. CAROLINA 5101 GATEWOOD DR. DURHAM, NC 27712 910-494-3963			b. Coordinated Committee Name		d. Comments
					CAMPAIN MATERIALS
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					e. Election Sum to Date
					\$
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove ANGEL 1 DEBIT B 10/17/2022 \$228.49  g. Form of Payment <input type="checkbox"/> Add <input type="checkbox"/> Remove h. Purpose Code <input type="checkbox"/> Add <input type="checkbox"/> Remove i. Date (mm/dd/yyyy) <input type="checkbox"/> Add <input type="checkbox"/> Remove j. Amount <input type="checkbox"/> Add <input type="checkbox"/> Remove k. Required Remarks <input type="checkbox"/> Add <input type="checkbox"/> Remove CAMPAIGN MATERIALS					
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove ANGEL 1 DEBIT A 10/18/2022 \$300.00  g. Form of Payment <input type="checkbox"/> Add <input type="checkbox"/> Remove h. Purpose Code <input type="checkbox"/> Add <input type="checkbox"/> Remove i. Date (mm/dd/yyyy) <input type="checkbox"/> Add <input type="checkbox"/> Remove j. Amount <input type="checkbox"/> Add <input type="checkbox"/> Remove k. Required Remarks <input type="checkbox"/> Add <input type="checkbox"/> Remove LOCAL MEDIA PAPER					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)  THE BUZZ AROUND WAYNE COUNTY 122 S. BERKELEY BLVD, STE 3 GOLDSBORO, NC 27534 919-273-0488			b. Coordinated Committee Name		d. Comments
					LOCAL MEDIA PAPER
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					e. Election Sum to Date
					\$
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove  g. Form of Payment <input type="checkbox"/> Add <input type="checkbox"/> Remove h. Purpose Code <input type="checkbox"/> Add <input type="checkbox"/> Remove i. Date (mm/dd/yyyy) <input type="checkbox"/> Add <input type="checkbox"/> Remove j. Amount <input type="checkbox"/> Add <input type="checkbox"/> Remove k. Required Remarks <input type="checkbox"/> Add <input type="checkbox"/> Remove  LOCAL MEDIA PAPER					
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove  g. Form of Payment <input type="checkbox"/> Add <input type="checkbox"/> Remove h. Purpose Code <input type="checkbox"/> Add <input type="checkbox"/> Remove i. Date (mm/dd/yyyy) <input type="checkbox"/> Add <input type="checkbox"/> Remove j. Amount <input type="checkbox"/> Add <input type="checkbox"/> Remove k. Required Remarks <input type="checkbox"/> Add <input type="checkbox"/> Remove  LOCAL MEDIA PAPER					
5. Total only this Page					\$ 528.49
6. Total of ALL CRO-1310 Pages					\$ 2372.34
(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)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

## 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.

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	\$ 5000
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
		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
		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 <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5. Total of ALL CRO-1430 Pages		\$ 5000.00	