

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 JUNIE Whitfield For Clerk	c. ID Number JK1V95
b. Mailing Address (include City, State and Zip Code) 102 S. Spence Ave Goldsboro NC 27534	d. Date Filed 11/01/2022
	e. Phone Number 919-739-9997

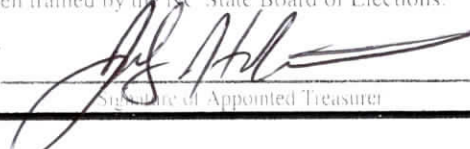
2. Report Year 2022	3. Period Start Date (mm/dd/yy) 07/01/2022	4. Period End Date (mm/dd/yy) 10/22/2022	5. Treasurer Full Name Jody H. BRIDGERS
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6. Type of Committee (Check One) ☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser	9. Type of Report (check only one type of report from one category) Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☒ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	Referendum ☐ Organizational ☐ Pre referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special
7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other	10. Special Report Name 		
8. Number of Fundraisers this Report 1			

11. Account Information a. Financial Institution Full Name FIRST CITIZENS BANK		11. Account Information a. Financial Institution Full Name FIRST CITIZENS BANK	
b. Purpose Committee Funds	c. Account Code 1	b. Purpose Committee Funds	c. Account Code 1
d. Period Begin Balance \$ 1656.36		d. Period Begin Balance \$ 1656.36	

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  **11/07/2022**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
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.

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 WHITEFIELD For Clerk		3rd Quarter 2022		JK1V95	
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1656.36		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 865.70		\$ 1390.52	
6) Contributions from Individuals (CRO-1210)		\$ 8468.83		\$ 16236.64	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$ 1225.25	
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)		\$ 9334.53		\$ 18852.41	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4050.14		\$ 11340.89	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$ 570.77	
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)		\$ 4050.14		\$ 11911.66	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6940.75		\$ 6640.75	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1225.25			
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)		\$		\$	

Aggregated Contributions from Individuals

Page 1 of 2 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
JULIE WHITEFIELD FOR CLERK				JK 1V95	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add	01	Cash		09/24/2022	\$ 30.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 25.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 30.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 25.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 20.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Check		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Check		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 30.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 30.00
☐ Remove					
☐ Add	01	Check		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Check		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Check		09/24/2022	\$ 25.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 50.00
☐ Remove					
☐ Add	01	Cash		09/24/2022	\$ 25.00
☐ Remove					
☐ Add	01	online		06/16/2022	\$ 26.27
☐ Remove					
☐ Add	01	online		8/2/2022	\$ 23.16
☐ Remove					
4. Total only this Page				\$ 839.43	
5. Total of ALL CRO-1205 Pages				\$ 865.70	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

Page 2 of 2 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Julie Whitfield For Clerk				JK1V95		
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐	Add	01	Online		07/11/2022	\$ 26.27
☐	Remove					
☐	Add					\$
☐	Remove					\$
☐	Add					\$
☐	Remove					\$
☐	Add					\$
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☐	Remove					\$
☐	Add					\$
☐	Remove					\$
☐	Add					\$
☐	Remove					\$
☐	Add					\$
☐	Remove					\$
4. Total only this Page					\$ 26.27	
5. Total of ALL CRO-1205 Pages					\$ 865.70	
(This line must be on line 5 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 1 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JULIE WHITFIELD FOR CLERK						JK1V95	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEWEL WHITFIELD 536 Raynor Mill Rd MT OLIVE, NC				b. Job Title/Profession		d. Comments	
				No Job title			
				c. Employer's Name/Specific Field			
				RETIRED		e. Election Sum to Date	
				\$ 200 -			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	01	Check		07/20/2022		\$ 100.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) JACKSON WHITFIELD 760 Corbett Hill Rd MOUNT OLIVE, NC 28365				b. Job Title/Profession		d. Comments	
				NURSE			
				c. Employer's Name/Specific Field			
				DUKE HOSPITAL		e. Election Sum to Date	
				\$ 1000 -			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	01	Check		08/08/2022		\$ 1000.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEVE HERRING 349 Weaver Rd GOLDSBORO, NC 27530				b. Job Title/Profession		d. Comments	
				REAL ESTATE			
				c. Employer's Name/Specific Field			
				HERRING RV PARK		e. Election Sum to Date	
				\$ 200 -			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	01	Check		08/23/2022		\$ 200.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 1300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8468.83	

Contributions from Individuals

Pg 2 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK1V95	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) D.W. LEATHAM 304 Tonya Drive GOLDSBORO, NC 27534			b. Job Title/Profession		d. Comments	
			CURRENTLY ON WAYNE BOARD OF EDUCATION			
			c. Employer's Name/Specific Field			
			RETIRED MILITARY		e. Election Sum to Date	
				\$ 100 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		08/29/2022	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SANDY PURVIS 2050 Dobbersville Rd. Mt. Olive, 28365			b. Job Title/Profession		d. Comments	
			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
				\$ 200 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		09/09/2022	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID ALLEN BENNETT 320 Falling Creek Church Rd. Goldsboro, NC 27530			b. Job Title/Profession		d. Comments	
			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
				\$ 100 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Cash		09/12/2022	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages					\$ 8468.83	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 3 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK 1V95	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDY D. COX 3268 Old Grantham Rd GOLDSBORO, NC 27530			b. Job Title/Profession NO JOB TITLE		d. Comments	
			c. Employer's Name/Specific Field RETIRED			
			e. Election Sum to Date \$ 50 -			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	01	Check		09/07/2022	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS KILPATRICK 2495 Hwy 55 East MOUNT OLIVE, NC 28365			b. Job Title/Profession NO JOB TITLE		d. Comments	
			c. Employer's Name/Specific Field BOTH RETIRED			
			e. Election Sum to Date \$ 200 -			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	01	Check		09/12/2022	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM DE ARAUJO 117 Deerborn Dr GOLDSBORO, NC 27534			b. Job Title/Profession ORTHOPEDIC SURGEON		d. Comments	
			c. Employer's Name/Specific Field WAYNE ORTHOPEDIC			
			e. Election Sum to Date \$ 250 -			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	01	Check		9/8/2022	\$ 250.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8468.83	

Contributions from Individuals

Pg 4 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK1V95	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS G BEST 2390 Hwy 111 South GOLDSBORO, NC 27534			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			BEST SAND & GRAVEL			
					e. Election Sum to Date	
					\$ 500 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	01	Check		09/13/2022		\$ 500.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOSEPH W DEMOCKO 120 Brisbayne Circle LA GRANGE, NC 28551			CHIROPRACTOR			
			c. Employer's Name/Specific Field			
			DEMOCKO CHIROPRACTIC			
					e. Election Sum to Date	
					\$ 250 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	01	Check		09/19/2022		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARSHA MITHCELL HAMILTON 104 S William St GOLDSBORO, NC 27530			ATTORNEY			
			c. Employer's Name/Specific Field			
			HAMILTON & BAIN LAW			
					e. Election Sum to Date	
					\$ 100 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	01	Check		09/19/2022		\$ 100.00
☐						\$
☐						\$
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8468.83	

Contributions from Individuals

Pg 5 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK 1V95	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CURTIS A. HINTON 300 E. April Lane GOLDSBORO, NC 27530			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field GEOGRAPHIC TECHNOLOGIES GROUP			
			e. Election Sum to Date \$ 750 -			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	01	Check		09/08/2022	\$ 750.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID ALLEN BENNETT 320 Falling Creek Church Rd. GOLDSBORO, NC 27530			b. Job Title/Profession NO JOB TITLE		d. Comments	
			c. Employer's Name/Specific Field RETIRED			
			e. Election Sum to Date \$ 200 -			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	01	Check		09/20/2022	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) TOMMY GRANTHAM 2219 O'berry Rd MOUNT OLIVE, NC 28365			b. Job Title/Profession BUSINESS OWNER		d. Comments	
			c. Employer's Name/Specific Field TOMMY GRANTHAM FARMS			
			e. Election Sum to Date \$ 500 -			
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
☐	01	Check		09/17/2022	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8468.93	

Contributions from Individuals

Pg 6 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
JULIE WHITFIELD FOR CLERK						JK1V95	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
WAYNE COUNTY REPUBLICAN WOMENS CLUB 147 S Center St GOLDSBORO, NC 27530			N/A				
			c. Employer's Name/Specific Field				
			N/A				
					e. Election Sum to Date		
					\$ 600 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check			09/29/2022	\$ 600.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
JAMES V FAULK 104 Jill St DUDLEY, NC 28333			FUNERAL OWNER/DIRECTOR				
			c. Employer's Name/Specific Field				
			SHUMATE-FAULK FUNERAL HOME				
					e. Election Sum to Date		
					\$ 400 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check			09/30/2022	\$ 400.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
TOM BRITT 545 Edwards Store Rd MOUNT OLIVE, NC 28365			FARMER				
			c. Employer's Name/Specific Field				
			SELF EMPLOYED				
					e. Election Sum to Date		
					\$ 500 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check			09/17/2022	\$ 500.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 1500.00	
5. Total of ALL CRO-1210 Pages						\$ 8468.83	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Pg

7

of

10

Amendment

Yes

No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK1V95	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONALD RAY MASSEY 170 Ramsey Lane PRINCETON, NC 27569			PASTOR			
			c. Employer's Name/Specific Field			
			MANLEY GROVE PH			
					e. Election Sum to Date	
					\$ 100 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		09/17/2022	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAY WELLS 1577 Memorial Church Rd FREMONT, NC 27830			WELDER			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 100 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		09/17/2022	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROY MILLS 2288 NC Hwy 55 West MOUNT OLIVE, NC 28365			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 2500 -	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	CHECK		09/17/2022	\$ 1500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1700.00	
5. Total of ALL CRO-1210 Pages					\$ 8468.83	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 8 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK1V95	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRIS WHITE 2011 Rose St GOLDSBORO, NC 27530			b. Job Title/Profession		d. Comments	
			OWNER			
			c. Employer's Name/Specific Field			
			DIRECT AUTO RENTAL		e. Election Sum to Date	
				\$ 100 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Cash		09/17/2022	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JEWEL WHITFIELD 536 Raynor Mill Rd MOUNT OLIVE, NC 28365			b. Job Title/Profession		d. Comments	
			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
				\$ 300 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		09/17/2022	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GEORGE SILVER 1900 Walnut St GOLDSBORO, NC 27530			b. Job Title/Profession		d. Comments	
			VETERINARIAN			
			c. Employer's Name/Specific Field			
			WAYNE VET		e. Election Sum to Date	
				\$ 200 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		09/17/2022	\$ 100.00	
☐	01	Check		09/17/2022	\$ 100.00	
☐					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8468.83	

Contributions from Individuals

Pg 9 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Julie Whitfield for Clerk						JK 2V95	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Melanic Rogers 209 Edgebrook Dr Greenville NC 27858				b. Job Title/Profession Flight Attendant c. Employer's Name/Specific Field Delta Airlines		d. Comments e. Election Sum to Date \$ 896.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
☐	01	Online		9/29/2022	\$ 104.15		
☐	01	Online		7/29/2022	\$ 104.15		
☐	01	Online		8/29/2022	\$ 104.15		
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		
☐					\$		
☐					\$		
☐					\$		
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. Total only this Page						\$ 312.45	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8468.83	

Contributions from Individuals

Pg 10 of 10 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable) <u>JULIE Whitfield For Clerk</u>						2. ID Number <u>JK1V95</u>	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>RAY THOMAS FLORES JR</u> <u>GOODSBORO NC</u>				b. Job Title/Profession <u>LAW ENFORCEMENT</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Wayne County</u>			
						e. Election Sum to Date \$ <u>156.69</u>	
f. Prior ☐	g. Account Code <u>01</u>	h. Form of Payment <u>online</u>	i. In-Kind Description	j. Date (mm/dd/yyyy) <u>08/01/2022</u>	k. Amount \$ <u>104.15</u>		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Richard Harborough</u> <u>116 DEERBORN DR</u> <u>GOODSBORO NC 27534</u>				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date \$ <u>52.23</u>	
f. Prior ☐	g. Account Code <u>01</u>	h. Form of Payment <u>online</u>	i. In-Kind Description	j. Date (mm/dd/yyyy) <u>10/07/2022</u>	k. Amount \$ <u>52.23</u>		
☐					\$		
☐					\$		
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						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. Total only this Page						\$ <u>156.38</u>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ <u>8468.83</u>	

Disbursements

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

Pg

of

12

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable) JULIE WHITFIELD FOR CLERK						2. ID Number JK1V95
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) Dollar Tree 916 N Spence Ave Goldsboro, NC 27534			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date \$ 117.43	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	07/01/2022	\$26.69	Give away items for campaign	
01	Debit Card	O	07/07/2022	\$90.74	Give away items for campaign	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Manley Grove PH 619 Manley Grove Church Rd Mt Olive, NC 28365			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date \$ 50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	07/13/2022	\$50.00	Donation to Bible School	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Media Publishing, LLC 122 S Berkeley Blvd Goldsboro, NC 27534			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date \$ 220.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	A	07/11/2022	\$220.00	Advertising	
				\$		
5. Total only this Page					\$ 387.43	
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)					\$ 4050.14	
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 13 ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK1V95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>						
☒ 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	
DOLLAR TREE 185 Highway 111 S Goldsboro, NC 27534						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 158.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	07/15/2022	\$41.37	GIVE AWAY ITEMS FOR CAMPAIGN	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
JODY BRIDGERS 102 S Spence Ave Goldsboro NC, 27534						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 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	07/17/2022	\$200.00	Treasurer Fees	
				\$		
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 GAINESVILLE FL, 32601						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 35.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	A	07/18/2022	\$35.00	WEBSITE HOSTING	
				\$		
5. Total only this Page					\$ 276.37	
6. Total of ALL CRO-1310 Pages					\$ 4050.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 3 of 13 Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK1V95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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) ACCU COPY LLC 322 N John ST GOLDSBORO, NC 27530			b. Coordinated Committee Name		d. Comments e. Election Sum to Date \$ 424.24	
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit	B	07/20/2022	\$319.62	CAMPAIGN BUSINESS CARDS	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNIVERISTY OF MOUNT OLIVE 634 Henderson St MOUNT OLIVE, NC 28365			b. Coordinated Committee Name		d. Comments e. Election Sum to Date \$ 100.00	
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	07/27/2022	\$100.00	GOLF TOURNAMENT SPONSOR	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LIBERTY FIRST 308 N William St Goldsboro, NC 27530			b. Coordinated Committee Name		d. Comments e. Election Sum to Date \$ 90.00	
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	()	07/28/2022	\$90.00	MEMBERSHIP	
				\$		
5. Total only this Page					\$ 509.62	
6. Total of ALL CRO-1310 Pages					\$ 4050.14	
(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 4 of 12 ☒ 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) JULIE WHITEFIELD FOR CLERK					2. ID Number JK1V95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>						
☒ 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) WAYNE COUNTY CRIME STOPPERS P.O. Box 1116 GOLDSBORO, NC 27533			b. Coordinated Committee Name		d. Comments 	
			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	O	07/21/2022	\$100.00	REVERSE DRAWING	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CURES FOR THE COLORS 3000 Wayne Memorial Dr GOLDSBORO, NC 27534			b. Coordinated Committee Name		d. Comments 	
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
					\$ 43.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	08/08/2004	\$43.25	DONATIONS	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NCTA CAISSON UNIT P.O. Box 840 SUMMERFIELD, NC 27358			b. Coordinated Committee Name		d. Comments 	
			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	O	08/12/2022	\$100.00	DONATIONS	
				\$		
5. Total only this Page					\$ 243.25	
6. Total of ALL CRO-1310 Pages					\$ 4050.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 5 of 13 ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK1V95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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	
JORDANS CHAPEL CHURCH 5663 US HWY B S MOUNT OLIVE, NC 28365						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	08-13-2022	\$25.00	DONATION	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
IMPRESS ME PRINT & AWARDS GALLERY 409 N Spunk Ave Goldsboro, NC 27534						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 190.34	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	B	08/15/2022	\$190.34	PRINTING	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
GRAPHIXX SCREEN PRINTING INC 601 N James St #B Goldsboro, NC 27530						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 933.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B	08/18/2022	\$411.00	SHIRTS	
				\$		
5. Total only this Page					\$ 626.34	
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)					\$ 4050.14	
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 6 of 13 ☒ 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) JULIE WHITFIELD FOR CLERK					2. ID Number JK 1V95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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) POLI ENGINE 621 NW 12th AVE GAINESVILLE, FL 32601			b. Coordinated Committee Name		d. Comments e. Election Sum to Date \$ 210.00	
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	A	08/18/2022	\$35.00	WESBITE HOSTING	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MEDIA PUBLISHING LLC 122 S Berkeley Blvd Goldsboro, NC 27534			b. Coordinated Committee Name		d. Comments e. Election Sum to Date \$ 280.00	
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	A	08/18/2022	\$60.00	Advertising	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JODY BRIDGERS 102 S Spence Ave Goldsboro, NC, 27534			b. Coordinated Committee Name		d. Comments e. Election Sum to Date \$ 500.00	
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	08/19/2022	\$100.00	Treasurer Fees	
				\$		
5. Total only this Page					\$ 195.00	
6. Total of ALL CRO-1310 Pages					\$ 4050.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 7 of 13 Yes [] No []

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD					JK 2195	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>						
☒ 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	
WAYNE COUNTY MUSEUM 116 N William St Goldsboro, NC 27530						
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
					\$ 23.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	08/29/2022	\$23.08	Donation	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FIRST CITIZENS BANK P.O. BOX 27131 RALEIGH, NC 27611						
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
					\$ 19.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	07/29/2022	\$6.50	BANK FEE	
01	Debit Card	O	08/29/2022	\$6.50	BANK FEE	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
DOLLAR TREE 537 US Highway 70 West Unit 106 Havelock, NC 28532						
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
					\$ 233.53	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	09/06/2022	\$74.73	GIVEAWAY ITEMS FOR CAMPAIGN	
				\$		
5. Total only this Page					\$ 110.81	
6. Total of ALL CRO-1310 Pages					\$ 4050.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 8 of 13 ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFELD FOR CLERK					JK 1V95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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) JODY BRIDGERS 102 S Spence Blvd Goldsboro, NC 27534			b. Coordinated Committee Name		d. Comments	
			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	09/07/2022	\$100.00	TREASURER FEES	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PROVIDENCE UMC 202 Providence Church Rd GOLDSBORO, NC 27530			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
		\$ 24.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	09/10/2022	\$24.00	DONATION	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHRIS WALKER 204 S Center St GOLDSBORO NC, 27534			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
		\$ 40.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	09-10-2022	\$40.00	DONATION TO CURE FOR COLORS	
				\$		
5. Total only this Page					\$ 164.00	
6. Total of ALL CRO-1310 Pages					\$ 4050.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 4 of 12 ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK1V95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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) MT OLIVE CHAMBER OF COMMERCE 123 N Center St MT OLIVE, NC 28365			b. Coordinated Committee Name 		d. Comments 	
			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	O	09/10/22	\$100.00	CHAMBER REVERSE TICKET	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GRACE BAPTIST CHURCH 1715 Royall Ave GOLDSBORO, NC			b. Coordinated Committee Name 		d. Comments 	
			c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	09/11/2022	\$25.00	DONATION TO CHURCH	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SMITH CHAPEL CHURCH 2212 NC-55 MT. OLIVE, NC 28365			b. Coordinated Committee Name 		d. Comments 	
			c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 24.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	C	09/17/2022	\$24.00	FUNDRAISER	
				\$		
5. Total only this Page					\$ 149.00	
6. Total of ALL CRO-1310 Pages					\$ 4050.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 6 of 13 ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					SK2V95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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	
MEDIA PUBLISHING 122 S Berkeley Blvd Goldsboro, NC 27534						
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
					\$ 340.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	A	09/19/2022	\$60.00	ADVERTISING	
				\$		
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 GAINESVILLE, FL 32601						
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
					\$ 210.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	A	09/17/2022	\$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	
ACCU COPY LLC 322 N John St GOLDSBORO, NC 27530						
			c. Level Registered (Specify)			
			☐ Federal ☒ County ☐ State ☐ Municipality			
					e. Election Sum to Date	
					\$ 794.66	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	B	09/16/2022	\$475.04	CAMPAIGN BUSINESS CARDS	
				\$		
5. Total only this Page					\$ 570.04	
6. Total of ALL CRO-1310 Pages					\$ 4050.14	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 11 of 12 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number		
JULIE WHITFIELD FOR CLERK					JK1V95		
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ 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		
SAMS CLUB 2811 N Park Dr Goldsboro, NC 27534							
			c. Level Registered (Specify)				
			☐ Federal ☒ County ☐ State ☐ Municipality				
					e. Election Sum to Date		
					\$ 159.28		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	C	09/20/2022	\$159.28	FUNDRAISING ITEMS FOR COOKOUT		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
FOOD LION 306 Main St NEWTON GROVE, NC 28366							
			c. Level Registered (Specify)				
			☐ Federal ☒ County ☐ State ☐ Municipality				
					e. Election Sum to Date		
					\$ 46.75		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	C	09/22/2022	\$46.75	FUNDRAISING ITEMS FOR COOKOUT		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
JODY BRIDGERS 102 S Spence Blvd Goldsboro NC, 27534							
			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	09/29/2022	\$100.00	TREASURER FEES		
				\$			
5. Total only this Page					\$ 306.03		
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)							
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 12 of 13 ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
JULIE WHITFIELD FOR CLERK					JK IV95	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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	
FIRST CITIZENS BANK P.O. BOX 27131 RALEIGH, NC 27611						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					\$ 19.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit Card	O	09/30/2022	\$6.50	BANK FEE	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
POSTMASTER 200 N William St GOLDSBORO, NC 27530						
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					\$ 58.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	10/03/2022	\$58.00	STAMPS FOR TV CARDS	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					\$	
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					\$ 64.50	
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)					\$ 4050.14	
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 13 of 13 ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
JULIE WHITFIELD FOR CLERK					JK 4V95
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
☒ 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	
JORDANS CHAPEL CHURCH 5663 US Highway 13 S MOUNT OLIVE, NC 28365					
		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
01	Check	O	10/08/2022	\$25.00	DONATION
				\$	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
GRAPHIXX SCREEN PRINTERS 601 N James St #B GOLDSBORO, NC 27530					
		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
01	Check	B	10/10/2022	\$402.75	SHIRTS
				\$	
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
MOSS HILL SCHOOL 6040 Hwy 55 West KINSTON, NC 28504					
		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
01	Check	O	10/12/2022	\$20.00	DONATION TO SCHOOL
				\$	
5. Total only this Page					\$ 447.75
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)					\$ 4050.14
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)					

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 ☐ 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. Proceeds (Make sure you provide this information)					
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				\$ 1,225.25	
6. If this is a loan, provide the following information (Page CRO-1100)					

CRO-1410

NC State Board of Elections

April 2007

Nicholas Sullivan

From: Nicholas Sullivan
Sent: Wednesday, November 16, 2022 1:36 PM
To: 'tax2000goldsboro@gmail.com'
Cc: 'jcc3334@att.net'
Subject: Audit Complete: Julie Whitfield for Clerk Amended 3rd Quarter Report

The audit of the Julie Whitfield for Clerk's amended 3rd Quarter Report is complete and the following discrepancy was noted:

- Line 19 of the "Total this Election Cycle" column on the CRO-1100 is incorrect.

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

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

Disclosure Report Cover

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

Amendment

☒ Yes

☐ No

1. Committee Information

a. Full Name JUNE Whitfield For Clerk	c. ID Number JK1V95
b. Mailing Address (include City, State and Zip Code) 102 S. Spence Ave Goldsboro NC 27534	d. Date Filed 11/17/2022
	e. Phone Number 919-739-9997

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 07/01/2022	4. Period End Date (mm/dd/yy) 10/22/2022	5. Treasurer Full Name Jody H. BRIDGES
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6. Type of Committee (Check One) ☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser	9. Type of Report (check only one type of report from one category) Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☒ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special
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7. Type of Fund (if applicable, check one)

☐ Booster Fund

☐ Building Fund

☐ Other

8. Number of Fundraisers this Report

1

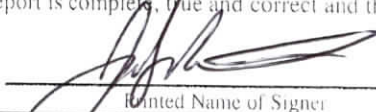
10. Special Report Name

11. Account Information

a. Financial Institution Full Name FIRST CITIZENS BANK	a. Financial Institution Full Name
b. Purpose Committee Funds	b. Purpose
c. Account Code 1	c. Account Code
d. Period Begin Balance \$ 1656.36	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.


Printed Name of Signer


Signature of Appointed Treasurer

11/17/22
Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	☐ 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 WHITEFIELD For Clerk		3rd Quarter 2022	JK1V95
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1656.36	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 865.70	\$ 1390.52	
6) Contributions from Individuals (CRO-1210)	\$ 8468.83	\$ 16236.64	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$ 1225.25	
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)	\$ 9334.53	\$ 18852.41	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 4050.14	\$ 11340.89	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$ 570.77	
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)	\$ 4050.14	\$ 11911.66	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 6940.75	\$ 6940.75	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1225.25		
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)	\$	\$	