

# Disclosure Report Cover

Amendment

Yes  No

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

## 1. Committee Information

a. Full Name	c. ID Number		
COMMITTEE TO ELECT ROBIN RADFORD			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
3840 NAHUNTA ROAD PIKEVILLE, NC 27863	01/04/2023		
	e. Phone Number (919) 738-7803		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	10/23/2022	12/31/2022	CHRISTEN R WILSON

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary  <input type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input checked="" type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special         </td> </tr> </table>	Municipal	State/County	Referendum	<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 type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum					
<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 type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<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					
7. Type of Fund (if applicable, check one)	10. Special Report Name						
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report							
0							

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
SOUTHERN BANK	RECEIVED WCBOE
b. Purpose	c. Account Code
CAMPAIGN-TO RECEIVE INCOME AND PAY EXPENSES	SB5650
d. Period Begin Balance	
\$ 9,259.54	
b. Purpose	c. Account Code
	JAN 06 2023
d. Period Begin Balance	
	BY \$

## CERTIFICATION

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

Christen R Wilson

Printed Name of Signer

Christen R Wilson

Signature of Appointed Treasurer

01/04/2023

Date

## FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method
		<input type="checkbox"/> Normal Mail
Date Postmarked:	Employee:	<input type="checkbox"/> Registered Mail
		<input type="checkbox"/> Hand Delivered
Date Scanned:	Employee:	<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training
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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD	<b>2. Type of Report</b> 2022 Fourth Quarter	<b>3. ID Number</b>	
<b>Start of Election Cycle: January 1, 2021</b>		<b>Total this Reporting Period</b>	
<b>4) Cash on Hand at Start</b>		\$ 9,259.54 \$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00 \$ 1,150.00	
6) Contributions from Individuals	(CRO-1210)	\$ 601.00 \$ 40,393.41	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00 \$ 500.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.00 \$ 1,000.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00 \$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00 \$ 0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00 \$ 0.00	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00 \$ 400.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00 \$ 0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00 \$ 0.00	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>		\$ 751.00 \$ 43,443.41	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 10,010.54 \$ 38,281.00	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00 \$ 0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00 \$ 10.00	
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 0.00 \$ 5,152.41	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 10,010.54 \$ 43,443.41	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 0.00 \$ 0.00	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,000.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$ 0.00	\$ 0.00

**Aggregated Contributions from Individuals** Page 1 of 1  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD			<b>2. ID Number</b>		
<b>3. Contributor Information</b>					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SB5650	Cash		10/24/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SB5650	Cash		10/24/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	SB5650	Check		11/02/2022	\$ 50.00
<b>4. Total only this Page</b>					\$ 150.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 150.00

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 1  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>			
COMMITTEE TO ELECT ROBIN RADFORD					
<b>3. Contributor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>		
AJIT N & INDIRA A PATEL 902 N BAINES PLACE GOLDSBORO, NC 27534-3223 (919) 394-2999		<b>c. Employer's Name/Specific Field</b> RETIRED	<b>e. Election Sum to Date</b> \$ 501.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	SB5650	Check		11/02/2022	\$ 501.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> PEDIATRICIAN	<b>d. Comments</b>		
DAVID T. & DENISE G. TAYLOE JR 1406 E MULBERRY ST GOLDSBORO, NC 27530 (919) 735-2552		<b>c. Employer's Name/Specific Field</b> GOLDSBORO PEDIATRICS	<b>e. Election Sum to Date</b> \$ 200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	SB5650	Check		10/28/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 601.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 601.00

# Disbursements

Amendment  
Pg 1 of 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD		<b>2. ID Number</b>																																								
<b>3. Type of Disbursement</b> <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																																										
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 30%;">a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle; height: 100px;">ACCU COPY LLC 322 NORTH JOHN STREET GOLDSBORO, NC 27530 (919) 751-2400</td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="2">\$ 376.84</td> </tr> <tr> <td><b>f. Account Code</b></td> <td><b>g. Form of Payment</b></td> <td><b>h. Purpose Code</b></td> <td><b>i. Date (mm/dd/yyyy)</b></td> <td><b>j. Amount</b></td> <td><b>k. Required Remarks</b></td> </tr> <tr> <td>SB5650</td> <td>Check</td> <td>B</td> <td>10/27/2022</td> <td>\$ 104.62</td> <td>PRINTING BUSINESS</td> </tr> <tr> <td>SB5650</td> <td>Check</td> <td>B</td> <td>11/04/2022</td> <td>\$ 197.49</td> <td>CARDS PRINTING BUSINESS CARDS</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments						ACCU COPY LLC 322 NORTH JOHN STREET GOLDSBORO, NC 27530 (919) 751-2400	c. Level Registered (Specify)		e. Election Sum to Date		<input type="checkbox"/> Federal	<input type="checkbox"/> County:			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	\$ 376.84		<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	SB5650	Check	B	10/27/2022	\$ 104.62	PRINTING BUSINESS	SB5650	Check	B	11/04/2022	\$ 197.49	CARDS PRINTING BUSINESS CARDS
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SB5650	Check	O	10/30/2022	\$ 300.00	POLL WORKER EARLY VOTING 10/24/22 - 10/26/22																																					
<b>5. Total only this Page</b> \$ 2,602.11																																										
<b>6. Total of ALL CRO-1310 Pages</b> (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)			\$ 10,010.54																																							
<b>7. Purpose Codes</b> (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																																						
<b>* Codes require detailed explanation in required remarks field (k)</b>																																										

# Disbursements

Amendment

Pg 2 of 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD		<b>2. ID Number</b>								
<b>3. Type of Disbursement</b> <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										
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ELIZABETH LEWIS 104 S ALABAMA AVENUE GOLDSBORO, NC 27530 (919) 648-6367</td> <td><b>b. Coordinated Committee Name</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td><b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td><b>e. Election Sum to Date</b></td> </tr> <tr> <td></td> <td></td> <td>\$ 1,025.00</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ELIZABETH LEWIS 104 S ALABAMA AVENUE GOLDSBORO, NC 27530 (919) 648-6367	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>			\$ 1,025.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ELIZABETH LEWIS 104 S ALABAMA AVENUE GOLDSBORO, NC 27530 (919) 648-6367	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>								
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>								
		\$ 1,025.00								
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>					
SB5650	Check	O	10/30/2022	\$ 425.00	POLL WORKER EARLY					
SB5650	Check	O	11/05/2022	\$ 600.00	VOTING POLL WORKER EARLY					
VOTING 10/31/22-11/5/22										
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MADELINE CRONE CREATIVE 509 N EAST STREET RALEIGH, NC 27604 (919) 946-5791		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>							
			\$ 17,659.52							
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>					
SB5650	Check	A	11/13/2022	\$ 4,029.78	ADVERTISING &					
				\$	CAMPAIGN PROMOTION					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>						
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MOUNT CARMEL UNITED METHODIST CHURCH 610 MT CARMEL CHURCH RD PIKEVILLE, NC 27863 (919) 581-9400		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b>							
			\$ 1,203.65							
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>					
SB5650	Check	O	12/12/2022	\$ 1,203.65	DONATION TO CLOSE					
				\$	ACCT					
<b>5. Total only this Page</b>					\$ 6,258.43					
<b>6. Total of ALL CRO-1310 Pages</b>  (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)					\$ 10,010.54					
<b>7. Purpose Codes</b> (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 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD		<b>2. ID Number</b>								
<b>3. Type of Disbursement</b> <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										
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863</td> <td><b>b. Coordinated Committee Name</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td colspan="2"><b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> </tr> <tr> <td colspan="2"></td> <td><b>e. Election Sum to Date</b>  \$ 1,267.94</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				<b>e. Election Sum to Date</b>  \$ 1,267.94
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>								
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:									
		<b>e. Election Sum to Date</b>  \$ 1,267.94								
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>					
SB5650	Check	O	12/12/2022	\$ 1,000.00	REPAYMENT OF LOAN TO CAMPAIGN					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove										
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  AILEEN ROWE 913 E ELM STREET GOLDSBORO, NC 27530		<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>							
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 850.00						
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>					
SB5650	Check	O	11/04/2022	\$ 150.00	POLL WORKER 11/08/22					
<b>5. Total only this Page</b>					\$ 1,150.00					
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 10,010.54					
<b>7. Purpose Codes</b> (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 <b>* Codes require detailed explanation in required remarks field (k)</b>										

# Outstanding Loans

Amendment  
Pg 1 of 1  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD		<b>2. ID Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863		<b>b. Job Title/Profession</b> CLERK OF COURT
		<b>c. Employer's Name/Specific Field</b> STATE OF NC
		<b>d. Comments</b>
		<b>e. Start Date (mm/dd/yyyy)</b> 12/06/2021
		<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>
%		\$ 1,000.00
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>
<b>4. Total only this Page</b>		\$ 1,000.00
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 1,000.00

CRO-1430

NC State Board of Elections

December 2007

## Nicholas Sullivan

---

**From:** Nicholas Sullivan  
**Sent:** Friday, January 6, 2023 2:32 PM  
**To:** 'CJ Wilson'  
**Cc:** Philip A radford  
**Subject:** Audit Complete: Committee to Elect Robin Radford 4th Quarter Report

The audit of the Committee to Elect Robin Radford's 4<sup>th</sup> Quarter Report is complete and the following discrepancies were noted.

- The ID number is missing from all pages of the report.
- The report indicates a \$1000 outstanding loan (CRO-1430 and line 21 of the CRO-1100) as well as an expenditure for repayment of a loan for \$1000 on page 3 of the CRO-1310. The committee cannot be closed if there is an outstanding loan balance.
  - If the loan listed on the CRO-1430 is the one that has been repaid – it is no longer outstanding and the CRO-1430 should not be submitted nor should the amount be listed on line 21 of the CRO-1100. Instead the loan repayment should be documented on a CRO-1420 and indicated on the corresponding line of the CRO-1100. It should not appear on the CRO-1310.
  - If there was an additional loan of the same amount, it should be indicated as such.

Please submit an amended 4<sup>th</sup> Quarter Report with the appropriate corrections.

The committee has submitted a Certification to Close dated January 6, 2022 and will be categorized as such as long as the amended 4<sup>th</sup> Quarter Report indicates a \$0 balance.

**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	c. ID Number		
COMMITTEE TO ELECT ROBIN RADFORD	HK1923		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
3840 NAHUNTA ROAD PIKEVILLE, NORTH CAROLINA 27863	01/09/2023		
	e. Phone Number		
	919-738-7803		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	10/23/2022	12/31/2022	CHRISTEN R. WILSON

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)									
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser  <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Thirty-five day         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum         </td> </tr> <tr> <td> <input type="checkbox"/> Pre-primary  <input type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input checked="" type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special         </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum	<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 type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum									
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum									
<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 type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special									
		10. Special Report Name									

## 8. Number of Fundraisers this Report

0

## 11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code
SOUTHERN BANK		
b. Purpose	c. Account Code	
CAMPAIGN-TO RECEIVE INCOME AND PAY EXPENSES	SB5650	
d. Period Begin Balance		d. Period Begin Balance
\$ 9,259.54		\$

## 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.

CHRISTEN R. WILSON

Printed Name of Signer

*Christen R. Wilson*

Signature of Appointed Treasurer

01/09/2023

Date

## FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method
		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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	
COMMITTEE TO ELECT ROBIN RADFORD	2022 Fourth Quarter	HK1923	
<b>Start of Election Cycle: January 1, 2021</b>		<b>Total this Reporting Period</b>	
4) Cash on Hand at Start		\$ 9,259.54 \$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00 \$ 1,150.00	
6) Contributions from Individuals	(CRO-1210)	\$ 601.00 \$ 40,393.41	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00 \$ 500.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.00 \$ 1,000.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00 \$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00 \$ 0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00 \$ 0.00	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00 \$ 400.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00 \$ 0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00 \$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 751.00 \$ 43,443.41	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 9,010.54 \$ 37,281.00	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00 \$ 0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00 \$ 10.00	
15) Loan Repayments	(CRO-1420)	\$ 1,000.00 \$ 1,000.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 0.00 \$ 5,152.41	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 10,010.54 \$ 43,443.41	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00 \$ 0.00	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

**Aggregated Contributions from Individuals**Page 1 of 1Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>		
COMMITTEE TO ELECT ROBIN RADFORD			HK1923		
<b>3. Contributor Information</b>					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	SB5650	Cash		10/24/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	SB5650	Cash		10/24/2022	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	SB5650	Check		11/02/2022	\$ 50.00
<input type="checkbox"/> Remove					
<b>4. Total only this Page</b>					\$ 150.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 150.00

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 1  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>																				
COMMITTEE TO ELECT ROBIN RADFORD		HK1923																				
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b></td> <td><b>b. Job Title/Profession</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td colspan="2">AJIT N &amp; INDIRA A PATEL 902 N BAINES PLACE GOLDSBORO, NC 27534-3223 (919) 394-2999</td> <td>RETIRED</td> </tr> <tr> <td colspan="2"></td> <td><b>c. Employer's Name/Specific Field</b></td> </tr> <tr> <td colspan="2"></td> <td>RETIRED</td> </tr> <tr> <td colspan="3"><b>e. Election Sum to Date</b></td> </tr> <tr> <td colspan="3">\$ 501.00</td> </tr> </table>					<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	AJIT N & INDIRA A PATEL 902 N BAINES PLACE GOLDSBORO, NC 27534-3223 (919) 394-2999		RETIRED			<b>c. Employer's Name/Specific Field</b>			RETIRED	<b>e. Election Sum to Date</b>			\$ 501.00		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>																				
AJIT N & INDIRA A PATEL 902 N BAINES PLACE GOLDSBORO, NC 27534-3223 (919) 394-2999		RETIRED																				
		<b>c. Employer's Name/Specific Field</b>																				
		RETIRED																				
<b>e. Election Sum to Date</b>																						
\$ 501.00																						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>																	
<input type="checkbox"/>	SB5650	Check		11/02/2022	\$ 501.00																	
<input type="checkbox"/>					\$																	
<input type="checkbox"/>					\$																	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b></td> <td><b>b. Job Title/Profession</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td colspan="2">DAVID T. &amp; DENISE G. TAYLOE JR 1406 E MULBERRY ST GOLDSBORO, NC 27530 (919) 735-2552</td> <td>PEDIATRICIAN</td> </tr> <tr> <td colspan="2"></td> <td><b>c. Employer's Name/Specific Field</b></td> </tr> <tr> <td colspan="2"></td> <td>GOLDSBORO PEDIATRICS</td> </tr> <tr> <td colspan="3"><b>e. Election Sum to Date</b></td> </tr> <tr> <td colspan="3">\$ 200.00</td> </tr> </table>					<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	DAVID T. & DENISE G. TAYLOE JR 1406 E MULBERRY ST GOLDSBORO, NC 27530 (919) 735-2552		PEDIATRICIAN			<b>c. Employer's Name/Specific Field</b>			GOLDSBORO PEDIATRICS	<b>e. Election Sum to Date</b>			\$ 200.00		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>																				
DAVID T. & DENISE G. TAYLOE JR 1406 E MULBERRY ST GOLDSBORO, NC 27530 (919) 735-2552		PEDIATRICIAN																				
		<b>c. Employer's Name/Specific Field</b>																				
		GOLDSBORO PEDIATRICS																				
<b>e. Election Sum to Date</b>																						
\$ 200.00																						
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>																	
<input type="checkbox"/>	SB5650	Check		10/28/2022	\$ 100.00																	
<input type="checkbox"/>					\$																	
<input type="checkbox"/>					\$																	
<b>4. Total only this Page</b>					\$ 601.00																	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 601.00																	

# Disbursements

Amendment

Pg 1 of 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD		<b>2. ID Number</b> <b>HK 1923</b>																										
<b>3. Type of Disbursement</b> <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																												
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2"><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ACCU COPY LLC 322 NORTH JOHN STREET GOLDSBORO, NC 27530 (919) 751-2400</td> <td><b>b. Coordinated Committee Name</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td colspan="2"><b>c. Level Registered (Specify)</b></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td><b>e. Election Sum to Date</b>  \$ 376.84</td> </tr> <tr> <td><b>f. Account Code</b></td> <td><b>g. Form of Payment</b></td> <td><b>h. Purpose Code</b></td> <td><b>i. Date (mm/dd/yyyy)</b></td> <td><b>j. Amount</b></td> <td><b>k. Required Remarks</b></td> </tr> <tr> <td>SB5650</td> <td>Check</td> <td>B</td> <td>10/27/2022</td> <td>\$ 104.62</td> <td>PRINTING BUSINESS</td> </tr> <tr> <td>SB5650</td> <td>Check</td> <td>B</td> <td>11/04/2022</td> <td>\$ 197.49</td> <td>CARDS PRINTING BUSINESS CARDS</td> </tr> </table>			<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ACCU COPY LLC 322 NORTH JOHN STREET GOLDSBORO, NC 27530 (919) 751-2400	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>	<b>c. Level Registered (Specify)</b>		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 376.84	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	SB5650	Check	B	10/27/2022	\$ 104.62	PRINTING BUSINESS	SB5650	Check	B	11/04/2022	\$ 197.49	CARDS PRINTING BUSINESS CARDS
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  ACCU COPY LLC 322 NORTH JOHN STREET GOLDSBORO, NC 27530 (919) 751-2400	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>																										
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<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BANKS, GRAY & CRUMPLER, PLLC 2719 GRAVES DR #15 GOLDSBORO, NC 27534 (919) 735-6300	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>																										
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<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  THERESA JACKSON 105 HONEY DEW DRIVE DUDLEY, NC 28333 (919) 221-2568	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>																										
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SB5650	Check	O	10/30/2022	\$ 300.00	POLL WORKER EARLY																							
				\$	VOTING 10/24/22 - 10/26/22																							
<b>5. Total only this Page</b>					\$ 2,602.11																							
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 9,010.54																							
<b>7. Purpose Codes</b> (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

Amendment

Pg 2 of 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD		<b>2. ID Number</b> HK1933			
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELIZABETH LEWIS 104 S ALABAMA AVENUE GOLDSBORO, NC 27530 (919) 648-6367		b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:  d. Comments  e. Election Sum to Date  \$ 1,025.00			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
SB5650	Check	O	10/30/2022	\$ 425.00	POLL WORKER EARLY
SB5650	Check	O	11/05/2022	\$ 600.00	VOTING POLL WORKER EARLY  VOTING 10/31/22-11/5/22
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MADELINE CRONE CREATIVE 509 N EAST STREET RALEIGH, NC 27604 (919) 946-5791		b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:  d. Comments  e. Election Sum to Date  \$ 17,659.52			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
SB5650	Check	A	11/13/2022	\$ 4,029.78	ADVERTISING &  CAMPAIGN PROMOTION
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MOUNT CARMEL UNITED METHODIST CHURCH 610 MT CARMEL CHURCH RD PIKEVILLE, NC 27863 (919) 581-9400		b. Coordinated Committee Name  c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:  d. Comments  e. Election Sum to Date  \$ 1,203.65			
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
SB5650	Check	O	12/12/2022	\$ 1,203.65	DONATION TO CLOSE  ACCT
<b>5. Total only this Page</b>				\$ 6,258.43	
<b>6. Total of ALL CRO-1310 Pages</b>				\$ 9,010.54	
(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)					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
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I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
<b>* Codes require detailed explanation in required remarks field (k)</b>					

# Disbursements

Amendment

Pg 3 of 3  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD		<b>2. ID Number</b> HK1923			
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) AILEEN ROWE 913 E ELM STREET GOLDSBORO, NC 27530		b. Coordinated Committee Name   c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments   e. Election Sum to Date \$ 850.00		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
SB5650	Check	O	11/04/2022	\$ 150.00	POLL WORKER 11/08/22
				\$	
<b>5. Total only this Page</b>				\$	150.00
<b>6. Total of ALL CRO-1310 Pages</b> <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>				\$	9,010.54
<b>7. Purpose Codes</b> (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		
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O* Other					
<b>* Codes require detailed explanation in required remarks field (k)</b>					

# Loan Repayments

Use this form to report payments on an existing loan.

Pg 1 of 1  Yes  No

Amendment

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT ROBIN RADFORD				<b>2. ID Number</b> HK1903
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBIN RADFORD 3840 NAHUNTA ROAD PIKEVILLE, NC 27863				
b. Comments  c. Original Loan Date 12/06/2021				
d. Original Loan Amount \$ 1,000.00				
<b>e. Remaining Loan Balance</b>	<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Date (mm/dd/yyyy)</b>	<b>i. Repayment Amount</b>
\$ 0.00	SB5650	Check	12/12/2022	\$ 1,000.00
\$				\$
<b>4. Total only this Page</b> \$ 1,000.00				
<b>5. Total of ALL CRO-1420 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i> \$ 1,000.00				

CRO-1420

NC State Board of Elections

December 2007