

# Disclosure Report Cover

Amendment  
 Yes  No

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

<b>1. Committee Information</b>							
a. Full Name THE GAYLOR FOR GOLDSBORO COMMITTEE		c. ID Number					
b. Mailing Address (include City, State and Zip Code) 702 PARK AVENUE GOLDSBORO, NC 27530		d. Date Filed 01/23/2023					
		e. Phone Number (919) 273-3084					
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>				
2023	01/10/2023	01/20/2023	CHARLES PARSON GAYLOR IV				
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report</b> (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		<input checked="" type="checkbox"/> Municipal <input checked="" 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"/> State/County <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 type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>7. Type of Fund</b> (if applicable, check one)						<b>10. Special Report Name</b>	
<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:							
<b>8. Number of Fundraisers this Report</b>							
0							
<b>3. Account Information</b>				<b>3. Account Information</b>			
a. Financial Institution Full Name		a. Financial Institution Full Name					
NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION							
b. Purpose	c. Account Code	b. Purpose	c. Account Code				
GENERAL OPERATING ACCOUNT	001	RECEIVED	WCBOT				
		JAN 20	2023				
d. Period Begin Balance	\$ 0.00	d. Period Begin Balance	\$ 0.00				
		BY <i>Charles P. Gaylor, IV</i>					
<b>CERTIFICATION</b>							
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							
<i>Charles P. Gaylor, IV</i>		<i>Charles P. Gaylor, IV</i>		01/23/2023			
Printed Name of Signer		Signature of Appointed Treasurer		Date			
<b>FOR OFFICE USE ONLY</b>							
Date Received:	1-20-23	Employee:	<i>AR</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed			
Date Postmarked:		Employee:		<input type="checkbox"/> Signer has not received mandatory training			
Date Scanned:		Employee:					
Date Data Entered:		Employee:					
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.							
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							

## Detailed Summary

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	
THE GAYLOR FOR GOLDSBORO COMMITTEE	2023 Organizational		
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start	\$ 0.00	\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,500.00	\$ 1,500.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 2,000.00	\$ 2,000.00
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	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 3,500.00	\$ 3,500.00	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,500.00	\$ 1,500.00
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)	\$ 15.49	\$ 15.49
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,515.49	\$ 1,515.49	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,984.51	\$ 1,984.51	
<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)	\$ 2,000.00	
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
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

# 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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
<b>a. Full Name, Mailing Address &amp; Phone (Include city, state, &amp; zip)</b>		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN MARSHALL SMITH 406 BIRCH DRIVE GOLDSBORO, NC 27534 (919) 738-5440		RETIRED			
		c. Employer's Name/Specific Field			
		STATE OF NORTH CAROLINA - CHERRY HOSPITAL		<b>e. Election Sum to Date</b>	
				\$ 1,500.00	
<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"/>	001	Check		01/11/2023	\$ 1,500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1,500.00
					\$ 1,500.00

CRO-1210

NC State Board of Elections

April 2007

# Loan Proceeds

Pg 1of 2Amendment  
 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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY		
		e. Start Date (mm/dd/yyyy)		
		c. Employer's Name/Specific Field	01/10/2023	
		COMMUNITY CARE OF NORTH CAROLINA, INC.	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		001	Check	\$ 500.00
l. Full Name of Lending Institution			m. Loan Number	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
f. Total of All CRO-1410s			\$ 2,000.00	

CRO-1410

NC State Board of Elections

April 2007

# Loan Proceeds

Pg 2 of 2Amendment  
 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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/20/2023	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		001	Check	\$ 1,500.00
l. Full Name of Lending Institution			m. Loan Number	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
d. Percentage	e. Amount			
%	\$			
			\$ 2,000.00	

CRO-1410

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 1  Yes  No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

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

CLIFTON BROADHURST  
101 ROSEMARY CT.  
DUDLEY, NC 28333

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

e. Election Sum to Date

\$ 1,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	01/13/2023	\$ 1,500.00	36. CONSULTANT-GOTV
				\$	

13a. Total for Line 13a Page \$ 1,500.00

13b. Total for Line 13b Page \$ 1,500.00

(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)

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			

**Aggregated Non-Media Expenditures**Page 1 of 1**Amendment**  
 Yes  No

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

**THE GAYLOR FOR GOLDSBORO COMMITTEE**

<input type="checkbox"/> Add	001	Draft	O	01/18/2023	\$ 15.49	26. BANK FEE (CHECKS)
<input type="checkbox"/> Remove					\$	15.49
					\$	15.49

	<b>B* - Printing</b>	<b>D - To Another Candidate</b>
E - Salaries	G - Political Party	
J - Penalties		<b>Q* - Donations to Legal Expense Fund</b>

**O\* - Other****\* Codes require detailed explanation in required remarks field (g)**

CRO-1315

NC State Board of Elections

December 2009

# Outstanding Loans

Pg 1 of 1  Yes  No

Amendment

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

THE GAYLOR FOR GOLDSBORO COMMITTEE			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	e. Start Date (mm/dd/yyyy) 01/10/2023
		COMMUNITY CARE OF NORTH CAROLINA, INC.	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 500.00	\$ 500.00
k. Full Name of Lending Institution		l. Loan Number	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	e. Start Date (mm/dd/yyyy) 01/20/2023
		COMMUNITY CARE OF NORTH CAROLINA, INC.	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,500.00	\$ 1,500.00
k. Full Name of Lending Institution		l. Loan Number	
		\$ 2,000.00	
		\$ 2,000.00	

CRO-1430

NC State Board of Elections

December 2007



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

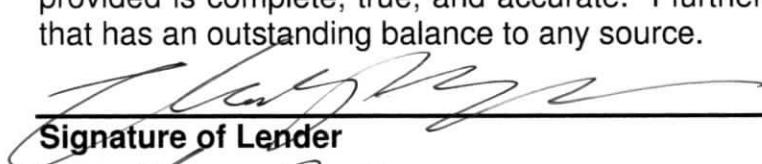
### Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: The Gaylor for Goldsboro Comm.
- Person or committee to make loan: Charles P. Gaylor, IV
- Date of loan to committee: 01/10/2023
- Name of lending institution (source):  
n/a
- Amount of loan: \$ 500.00
- Description (if in-kind loan): n/a
- Names of all parties responsible for payment of loan (guarantors):  
n/a
- Period of loan: n/a
- Rate of interest of loan: n/a
- Security pledged for loan: n/a

I, Charles P. Gaylor, IV, acknowledge that all of the information  
(Person lending money to committee) provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

  
Signature of Lender

01/23/2023  
Date Signed

  
Signature of Treasurer of Committee

01/23/2023  
Date Signed



# NORTH CAROLINA

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## STATE BOARD OF ELECTIONS

### Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

**This Statement is to be filed with the Election Board where the committee's reports are filed.**

- **Name of committee to receive loan:** The Gaylor for Goldsboro Comm.
- **Person or committee to make loan:** Charles P. Gaylor, IV
- **Date of loan to committee:** 01/20/2023
- **Name of lending institution (source):**  
n/a
- **Amount of loan:** \$1,500.00
- **Description (if in-kind loan):** n/a
- **Names of all parties responsible for payment of loan (guarantors):**  
n/a
- **Period of loan:** n/a
- **Rate of interest of loan:** n/a
- **Security pledged for loan:** n/a

I, Charles P. Gaylor, IV,  
(Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Charles P. Gaylor  
**Signature of Lender**

01/23/2023  
**Date Signed**

Charles P. Gaylor  
**Signature of Treasurer of Committee**

01/23/2023  
**Date Signed**