

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 <u>Phyllis Merritt-James for District 5 City Council</u>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>503 Cardinal Drive</u> <u>Goldsboro, NC 27534</u>			d. Date Filed <u>Feb 24, 2023</u>	
			e. Phone Number <u>919-394-1953</u>	
2. Report Year <u>2023</u>	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name <u>Phyllis Merritt-James</u>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		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		
7. Type of Fund (if applicable, check one)		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"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: <u>N/A</u>		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report <u>None</u>		10. Special Report Name		
11. Account Information				
a. Financial Institution Full Name <u>North Carolina Community Federal Credit Union</u>		a. Financial Institution Full Name		
b. Purpose <u>Checking</u>	c. Account Code <u>PMJ4D5C</u>	b. Purpose <u>N/A</u>	c. Account Code <u>N/A</u>	
	d. Period Begin Balance <u>\$ 1000</u>		d. Period Begin Balance <u>\$</u>	
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.				
<u>Phyllis Merritt-James</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer		<u>3/7/2023</u> Date
FOR OFFICE USE ONLY				
Date Received: <u>3/8/23</u>	Employee: <u>Amber Hixon</u>	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: _____	RECEIVED WCBOE MAR 08 2023		
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	
Phyllis Merrill-James for District 5 City Council		Organizational			
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$	
6) Contributions from Individuals (CRO-1210)		\$ 0		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$	
9) Loan Proceeds (CRO-1410)		\$ 1000		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0		\$	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1000		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$	
15) Loan Repayments (CRO-1420)		\$ 0		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0		\$	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1000		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$	
26) Forgiven Loans (CRO-1440)		\$ 0		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$	

Loan Proceeds

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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 Full Name of Applicant)		2. ID Number	
Phyllis Merritt-James for District 5 City Council			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Phyllis Merritt-James 503 Cardinal Drive Goldsboro NC 27534		Family Nurse Practitioner	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		North Carolina Nephrology	02/24/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0 %		PMJ4D5C	check
k. Amount			
\$ 1000			
l. Full Name of Lending Institution			m. Loan Number
Self			N/A
4. Lender Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
Phyllis Merritt-James 503 Cardinal Dr Goldsboro NC 27534		Family Nurse Practitioner	North Carolina Nephrology
		d. Percentage	e. Amount
		N/A %	\$ 1000
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
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			\$ 1000



NORTH CAROLINA

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: Phyllis Merritt-James for District 5 City Council
- Person or committee to make loan: Phyllis Merritt-James
- Date of loan to committee: 2/24/23
- Name of lending institution (source):
Personal
- Amount of loan: \$1000
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
Phyllis Merritt-James
- Period of loan: None
- Rate of interest of loan: None
- Security pledged for loan: Signature

I, Phyllis Merritt-James, 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]
Signature of Lender

2/24/23
Date Signed

[Signature]
Signature of Treasurer of Committee

2/24/23
Date Signed