

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
DUMOND FOR GOLDSBORO COMMITTEE	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
602 Gloucester Rd Goldsboro, NC 27534	07/14/2023
	e. Phone Number
	919-432-8837

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	02/22/2023	06/30/2023	Laurence Frederick III

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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" 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) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<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 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

11. Account Information	11. Account Information
a. Financial Institution Full Name	RECEIVED
First Citizens Bank	a. Financial Institution Full Name
b. Purpose	b. Purpose
General Operating Account	WCBOE
	c. Account Code
	d. Period Begin Balance
	\$ 200.00
	\$

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.

Laurence Frederick

Printed Name of Signer



07/14/2023

Date

FOR OFFICE USE ONLY				
Date Received:	<u>7/14/23</u>	Employee:	<u>L. Frederick</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	SEMIANNUAL MID YEAR	
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 200.00	\$
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1219.99	\$ 1219.99
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$ 1700.00
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)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1219.99	\$ 2919.99
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 77.43	\$ 1577.43
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$ 144.99	\$ 144.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 222.42	\$ 1722.42
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1197.57	\$ 1197.57
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1700	
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)	\$ 0	\$ 0

Contributions from Individuals

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	
DUMOND FOR GOLDSBORO COMMITTEE						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Ann Aycock 1707 Nor Am Road Pikeville, NC 27863 919-738-7444			b. Job Title/Profession county commisioner		d. Comments e. Election Sum to Date \$ 75.00	
			c. Employer's Name/Specific Field Wayne County			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BUS	check		04/10/2023	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dave Frederick 2707 Isaac Drive Goldsboro, NC 27530 9192231317			b. Job Title/Profession Physician		d. Comments e. Election Sum to Date \$ 1000.00	
			c. Employer's Name/Specific Field UNCPN			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BUS	check		06/28/2023	\$ 1000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Chretien Dumond 602 Gloucester RD. Goldsboro, NC			b. Job Title/Profession Owner/Operator		d. Comments e. Election Sum to Date \$ 144.99	
			c. Employer's Name/Specific Field YBR Marketing LLC			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	BUS	debit	Domain Hosting	02/14/2023	\$ 12.99	
<input type="checkbox"/>	BUS	debit	Web Hosting	03/03/2023	\$ 33.00	
<input type="checkbox"/>	BUS	debit	Web Hosting	04/03/2023	\$ 33.00	
4. Total only this Page					\$ 1153.99	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1219.99	

Contributions from Individuals

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
DUMOND FOR GOLDSBORO COMMITTEE					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Chretien Dumond 602 Gloucester RD. Goldsboro , NC 27534 919-432-8837			b. Job Title/Profession	d. Comments	
			Owner/Operator		
			c. Employer's Name/Specific Field		
			YBR Marketing LLC		
			e. Election Sum to Date	\$ 144.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BUS	debit	Web Hosting	05/03/2023	\$ 33.00
<input type="checkbox"/>	BUS	debit	Web Hosting	06/03/2023	\$ 33.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			c. Employer's Name/Specific Field		
			e. Election Sum to Date	\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			c. Employer's Name/Specific Field		
			e. Election Sum to Date	\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 66.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1219.99

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.

1. Committee Full Name (and Fund if applicable) DUMOND FOR GOLDSBORO COMMITTEE					2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Jordan Portella Design 104 Kuwicki Road Pikeville, NC 27863 252-315-8158			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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
BUS	check	A	03/02/2023	\$50.00	Website Expense (17)
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Meta Platforms Inc. 1601 Willow Road Menlo Park, CA 94025-1452			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date	
			\$ 27.43		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	A	06/28/2023	\$27.43	internet ad (16)
				\$	
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date	
			\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable) DUMOND FOR GOLDSBORO COMMITTEE		2. ID Number
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Chretien Dumond 602 Gloucester Road Goldsboro, NC 27534 919-432-8837		b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments d. Election Sum to Date \$ 144.99
e. Description Domain Hosting		f. Date (mm/dd/yyyy) 02/14/2023
 Web Hosting		 03/03/2023
 Web Hosting		 04/03/2023
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Chretien Dumond 602 Gloucester Road Goldsboro, NC 27534 919-432-8837		b. Type of Contributor <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments d. Election Sum to Date \$ 144.99
e. Description Web Hosting		f. Date (mm/dd/yyyy) 05/03/2023
 Web Hosting		 06/03/2023
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source
		c. Comments d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)
4. Total only this Page		
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		

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.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
DUMOND FOR GOLDSBORO COMMITTEE					
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 Owner/Operator	d. Comments e. Start Date (mm/dd/yyyy) 02/15/2023		
Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837		c. Employer's Name/Specific Field YBR Marketing LLC	f. End Date (mm/dd/yyyy) g. Rate 0 % h. Security Pledged none	i. Original Loan Amount \$ 500.00	j. Remaining Loan Balance \$ 500.00
k. Full Name of Lending Institution			l. Loan Number		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession Owner/Operator	d. Comments e. Start Date (mm/dd/yyyy) 02/16/2023		
Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837		c. Employer's Name/Specific Field YBR Marketing LLC	f. End Date (mm/dd/yyyy) g. Rate 0 % h. Security Pledged none	i. Original Loan Amount \$ 1200.00	j. Remaining Loan Balance \$ 1200.00
k. Full Name of Lending Institution			l. Loan Number		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession c. Employer's Name/Specific Field d. Comments e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy)			
g. Rate % h. Security Pledged i. Original Loan Amount \$ j. Remaining Loan Balance \$ k. Full Name of Lending Institution	l. Loan Number				
4. Total only this Page \$ 1700.00					
5. Total of ALL CRO-1430 Pages \$ 1700.00 <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>					