

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 RAYMOND SMITH			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
P.O.BOX 10772 GOLDSBORO, NC 27532	07/20/2023		
	e. Phone Number (919) 648-6149		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	02/03/2023	06/30/2023	SUSAN THOMPSON

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"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<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:	<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 checked="" 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 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 checked="" 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 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 checked="" 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 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						
		10. Special Report Name						

8. Number of Fundraisers this Report

1

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
COMMITTEE TO ELECT RAYMOND SMITH	
b. Purpose	c. Account Code
CAMPAIGN FUNDS, POLITICAL ACTIVITY FUNDS, & EXPENDITURES	4
	d. Period Begin Balance
	\$

CERTIFICATION

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

SUSAN THOMPSON

Printed Name of Signer

Susan Thompson

Signature of Appointed Treasurer

07/20/2023

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
Date Postmarked:	Employee:	
Date Scanned:	Employee:	
Date Data Entered:	Employee:	<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

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 RAYMOND SMITH	2023 Mid Year Semi-Annual		
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ (83.84) \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 745.00 \$ 745.00	
6) Contributions from Individuals	(CRO-1210)	\$ 12,225.05 \$ 12,225.05	
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)	\$ 200.00 \$ 200.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 50.00 \$ 50.00	
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)		\$ 13,220.05 \$ 13,220.05	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,783.79 \$ 1,844.79	
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)	\$ 286.67 \$ 309.51	
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)	\$ 2,285.05 \$ 2,285.05	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,355.51 \$ 4,439.35	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,780.70 \$ 8,780.70	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 200.00	
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 1 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	4	Electric Funds Tran		06/02/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/26/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Money Order		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Cash		06/29/2023	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Check		06/29/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Check		06/29/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Cash		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/29/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/20/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/28/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Check		06/29/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Check		06/24/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Cash		06/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Check		06/29/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 745.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 745.00

Contributions from Individuals

Pg 1 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number																									
COMMITTEE TO ELECT RAYMOND SMITH																											
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>TASHA ADAMS 305 SOUTH LESLIE STREET GOLDSBORO, NC 27530 (919) 255-2750</td> <td>TEACHER</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>DILLARD ACADEMY CHARTER</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 125.00</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	TASHA ADAMS 305 SOUTH LESLIE STREET GOLDSBORO, NC 27530 (919) 255-2750	TEACHER			c. Employer's Name/Specific Field			DILLARD ACADEMY CHARTER			e. Election Sum to Date			\$ 125.00							
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																									
TASHA ADAMS 305 SOUTH LESLIE STREET GOLDSBORO, NC 27530 (919) 255-2750	TEACHER																										
	c. Employer's Name/Specific Field																										
	DILLARD ACADEMY CHARTER																										
	e. Election Sum to Date																										
	\$ 125.00																										
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																						
<input type="checkbox"/>	4	Electric Funds Tran		06/29/2023	\$ 125.00																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>GALE ADCOCK 300 LEGAULT DRIVE CARY, NC 27513</td> <td>LEGISLATOR</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>NCGA</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 100.00</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	GALE ADCOCK 300 LEGAULT DRIVE CARY, NC 27513	LEGISLATOR			c. Employer's Name/Specific Field			NCGA			e. Election Sum to Date			\$ 100.00		f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																									
GALE ADCOCK 300 LEGAULT DRIVE CARY, NC 27513	LEGISLATOR																										
	c. Employer's Name/Specific Field																										
	NCGA																										
	e. Election Sum to Date																										
	\$ 100.00																										
<input type="checkbox"/>	4	Electric Funds Tran		05/16/2023	\$ 100.00																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>GLENN BARFIELD 308 BREEZEWOOD DRIVE GOLDSBORO, NC 27534</td> <td>ATTORNEY</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>HAITHCOCK, BARFIELD, HULSE & KINSEY, PLLC</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 250.00</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	GLENN BARFIELD 308 BREEZEWOOD DRIVE GOLDSBORO, NC 27534	ATTORNEY			c. Employer's Name/Specific Field			HAITHCOCK, BARFIELD, HULSE & KINSEY, PLLC			e. Election Sum to Date			\$ 250.00		f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																									
GLENN BARFIELD 308 BREEZEWOOD DRIVE GOLDSBORO, NC 27534	ATTORNEY																										
	c. Employer's Name/Specific Field																										
	HAITHCOCK, BARFIELD, HULSE & KINSEY, PLLC																										
	e. Election Sum to Date																										
	\$ 250.00																										
<input type="checkbox"/>	4	Electric Funds Tran		06/13/2023	\$ 250.00																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
4. Total only this Page				\$ 475.00																							
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 12,225.05																							

Contributions from Individuals

Pg 2 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
COMMITTEE TO ELECT RAYMOND SMITH					
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 QUALITY MANAGER		d. Comments	
JAMES BARNES 200 CRICKET HOLLOW RUN CLAYTON, NC 27520		c. Employer's Name/Specific Field GRIFOLS		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/27/2023	\$ 250.00
<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 RETIRED EDUCATOR		d. Comments	
JEANETTE BARNES 115 COURTNEY ROAD GOLDSBORO, NC 27534		c. Employer's Name/Specific Field		e. Election Sum to Date \$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/24/2023	\$ 75.00
<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 NOT EMPLOYED		d. Comments	
LARRY BELL 908 SOUTHWEST BOULEVARD CLINTON, NC 28328 (910) 385-5677		c. Employer's Name/Specific Field		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/26/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 575.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,225.05

Contributions from Individuals

Pg 3 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMITTEE TO ELECT RAYMOND SMITH					
3. Contributor Information					<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) VERNAL BEST 408 E. BUNCH DRIVE GOLDSBORO, NC 27530			b. Job Title/Profession	d. Comments	
			RETIRED EDUCATOR		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date	\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 100.00
<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) RUTH BRITT 7607 KILLBARRON DRIVE LAUREL, MD 20707			b. Job Title/Profession	d. Comments	
			RETIRED EDUCATOR		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date	\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		03/20/2023	\$ 100.00
<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) TICARUS BUNCH 228 EVERETT SQUARE MCDONOUGH, GA 30252 (919) 441-6484			b. Job Title/Profession	d. Comments	
			ACTOR		
			c. Employer's Name/Specific Field		
			11TH STREET FILMS		
			e. Election Sum to Date	\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/17/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 300.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,225.05

Contributions from Individuals

Pg 4 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number																
COMMITTEE TO ELECT RAYMOND SMITH																				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>BETTY COLEY 1404 S SLOCUMB STREET GOLDSBORO, NC 27530</td> <td>NOT WORKING</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 75.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	BETTY COLEY 1404 S SLOCUMB STREET GOLDSBORO, NC 27530	NOT WORKING			c. Employer's Name/Specific Field				e. Election Sum to Date			\$ 75.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
BETTY COLEY 1404 S SLOCUMB STREET GOLDSBORO, NC 27530	NOT WORKING																			
	c. Employer's Name/Specific Field																			
		e. Election Sum to Date																		
		\$ 75.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	4	Check		06/28/2023	\$ 75.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>JACQUELINE DANIELS 107 MARLIN LANE PIKEVILLE, NC 27863 (919) 581-8184</td> <td>HUMAN RESOURCES</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>GRIFOLS</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 500.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	JACQUELINE DANIELS 107 MARLIN LANE PIKEVILLE, NC 27863 (919) 581-8184	HUMAN RESOURCES			c. Employer's Name/Specific Field			GRIFOLS	e. Election Sum to Date			\$ 500.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
JACQUELINE DANIELS 107 MARLIN LANE PIKEVILLE, NC 27863 (919) 581-8184	HUMAN RESOURCES																			
	c. Employer's Name/Specific Field																			
	GRIFOLS	e. Election Sum to Date																		
		\$ 500.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	4	Check		06/29/2023	\$ 500.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>DEBRA DAVIES 4460 S SOUTH MEGREGOR WAY HOUSTON, TX 77021</td> <td>STUDENT</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>TEXAS SOUTHERN UNIVERSITY</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 55.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	DEBRA DAVIES 4460 S SOUTH MEGREGOR WAY HOUSTON, TX 77021	STUDENT			c. Employer's Name/Specific Field			TEXAS SOUTHERN UNIVERSITY	e. Election Sum to Date			\$ 55.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
DEBRA DAVIES 4460 S SOUTH MEGREGOR WAY HOUSTON, TX 77021	STUDENT																			
	c. Employer's Name/Specific Field																			
	TEXAS SOUTHERN UNIVERSITY	e. Election Sum to Date																		
		\$ 55.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	4	Electric Funds Tran		06/29/2023	\$ 55.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
4. Total only this Page					\$ 630.00															
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,225.05															

Contributions from Individuals

Pg 5 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number																
COMMITTEE TO ELECT RAYMOND SMITH																				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>JUDY DEES 200 SMITH DRIVE GOLDSBORO, NC 27534 (919) 922-6781</td> <td>NOT WORKING</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 250.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	JUDY DEES 200 SMITH DRIVE GOLDSBORO, NC 27534 (919) 922-6781	NOT WORKING			c. Employer's Name/Specific Field				e. Election Sum to Date			\$ 250.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
JUDY DEES 200 SMITH DRIVE GOLDSBORO, NC 27534 (919) 922-6781	NOT WORKING																			
	c. Employer's Name/Specific Field																			
		e. Election Sum to Date																		
		\$ 250.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	4	Electric Funds Tran		06/29/2023	\$ 250.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>NICHOLE DIXON 410 PLANTERS RIDGE DRIVE PIKEVILLE, NC 27863</td> <td>EDUCATIONAL SERVICES</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>LADGOV CORP</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	NICHOLE DIXON 410 PLANTERS RIDGE DRIVE PIKEVILLE, NC 27863	EDUCATIONAL SERVICES			c. Employer's Name/Specific Field			LADGOV CORP	e. Election Sum to Date			\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
NICHOLE DIXON 410 PLANTERS RIDGE DRIVE PIKEVILLE, NC 27863	EDUCATIONAL SERVICES																			
	c. Employer's Name/Specific Field																			
	LADGOV CORP	e. Election Sum to Date																		
		\$ 100.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	4	Electric Funds Tran		06/29/2023	\$ 100.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>ANNIE DUKES 103 AMHERST ROAD GOLDSBORO, NC 27534 (919) 778-3227</td> <td>NOT WORKING</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ANNIE DUKES 103 AMHERST ROAD GOLDSBORO, NC 27534 (919) 778-3227	NOT WORKING			c. Employer's Name/Specific Field				e. Election Sum to Date			\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																		
ANNIE DUKES 103 AMHERST ROAD GOLDSBORO, NC 27534 (919) 778-3227	NOT WORKING																			
	c. Employer's Name/Specific Field																			
		e. Election Sum to Date																		
		\$ 100.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount															
<input type="checkbox"/>	4	Check		06/29/2023	\$ 100.00															
<input type="checkbox"/>					\$															
<input type="checkbox"/>					\$															
4. Total only this Page				\$ 450.00																
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 12,225.05																

Contributions from Individuals

Pg 6 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH					
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	
			DAY CARE WORKER		
CHARLYNE EDWARDS 105 HARDING PLACE GOLDSBORO, NC 27534			c. Employer's Name/Specific Field		
			KINDER CARE		
e. Election Sum to Date \$ 257.26					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	In-Kind	CHAIRS, TABLE, FLOOR FAN FOR FUNDRAISER	06/28/2023	\$ 257.26
<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	
			RETIRED MILITARY		
BERNARD FEATHERSON 215 EDGEBROOK DRIVE PIKEVILLE, NC 27863			c. Employer's Name/Specific Field		
e. Election Sum to Date \$ 150.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/16/2023	\$ 150.00
<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	
			RETIRED EDUCATOR		
JIMMIE FORD 111 HOMESTEAD DRIVE GOLDSBORO, NC 27530			c. Employer's Name/Specific Field		
			WAYNE COMMUNITY COLLEGE		
e. Election Sum to Date \$ 300.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 707.26
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,225.05

Contributions from Individuals

Pg 7 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number									
COMMITTEE TO ELECT RAYMOND SMITH												
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="3">a. Full Name, Mailing Address & Phone (include city, state, & zip) RUBEN FREEMAN 7337 ROCK SERVICE STATION ROAD RALEIGH, NC 27603 (919) 291-4860</td> <td>b. Job Title/Profession CONTRACTING</td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field FREEMAN & ASSOCIATES</td> <td></td> </tr> <tr> <td>e. Election Sum to Date \$ 250.00</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) RUBEN FREEMAN 7337 ROCK SERVICE STATION ROAD RALEIGH, NC 27603 (919) 291-4860	b. Job Title/Profession CONTRACTING	d. Comments	c. Employer's Name/Specific Field FREEMAN & ASSOCIATES		e. Election Sum to Date \$ 250.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) RUBEN FREEMAN 7337 ROCK SERVICE STATION ROAD RALEIGH, NC 27603 (919) 291-4860	b. Job Title/Profession CONTRACTING	d. Comments										
	c. Employer's Name/Specific Field FREEMAN & ASSOCIATES											
	e. Election Sum to Date \$ 250.00											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount							
<input type="checkbox"/>	4	Electric Funds Tran		06/23/2023	\$ 250.00							
<input type="checkbox"/>					\$							
<input type="checkbox"/>					\$							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="3">a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHI GIBSON 617 LUFKIN CIRCLE FAYETTEVILLE, NC 28311</td> <td>b. Job Title/Profession RETIREMENT SPECIALIST</td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td>e. Election Sum to Date \$ 250.00</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHI GIBSON 617 LUFKIN CIRCLE FAYETTEVILLE, NC 28311	b. Job Title/Profession RETIREMENT SPECIALIST	d. Comments	c. Employer's Name/Specific Field		e. Election Sum to Date \$ 250.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) KATHI GIBSON 617 LUFKIN CIRCLE FAYETTEVILLE, NC 28311	b. Job Title/Profession RETIREMENT SPECIALIST	d. Comments										
	c. Employer's Name/Specific Field											
	e. Election Sum to Date \$ 250.00											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount							
<input type="checkbox"/>	4	Check		06/15/2023	\$ 250.00							
<input type="checkbox"/>					\$							
<input type="checkbox"/>					\$							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="3">a. Full Name, Mailing Address & Phone (include city, state, & zip) WINTER GOODSON 1636 SANDY PRAIRIE DRIVE WENDELL, NC 27591</td> <td>b. Job Title/Profession PRINCIPAL</td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field WAYNE COUNTY PUBLIC SCHOOLS</td> <td></td> </tr> <tr> <td>e. Election Sum to Date \$ 100.00</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) WINTER GOODSON 1636 SANDY PRAIRIE DRIVE WENDELL, NC 27591	b. Job Title/Profession PRINCIPAL	d. Comments	c. Employer's Name/Specific Field WAYNE COUNTY PUBLIC SCHOOLS		e. Election Sum to Date \$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) WINTER GOODSON 1636 SANDY PRAIRIE DRIVE WENDELL, NC 27591	b. Job Title/Profession PRINCIPAL	d. Comments										
	c. Employer's Name/Specific Field WAYNE COUNTY PUBLIC SCHOOLS											
	e. Election Sum to Date \$ 100.00											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount							
<input type="checkbox"/>	4	Electric Funds Tran		06/28/2023	\$ 100.00							
<input type="checkbox"/>					\$							
<input type="checkbox"/>					\$							
4. Total only this Page \$ 600.00												
5. Total of ALL CRO-1210 Pages \$ 12,225.05 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>												

Contributions from Individuals

Pg 8 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
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 SELF-EMPLOYED	d. Comments	
CHARMAINE GRANTHAM 1528 TOMMY'S ROAD GOLDSBORO, NC 27534			c. Employer's Name/Specific Field PEDIATRIC PLAY THERAPY , LLC	e. Election Sum to Date \$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 125.00
<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 OT	d. Comments	
VALERIE GRANTHAM 1709 TOMMY'S ROAD GOLDSBORO, NC 27534			c. Employer's Name/Specific Field VA	e. Election Sum to Date \$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 125.00
<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 OT	d. Comments	
CHADAYA HICKS 316 BRENTWOOD DRIVE DUDLEY, NC 28333 (336) 546-2117			c. Employer's Name/Specific Field VA	e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/28/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,225.05

Contributions from Individuals

Pg 9 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
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	
HAROLD HILL 297 FRIENDLY DRIVE GOLDSBORO, NC 27530			NOT WORKING		
			c. Employer's Name/Specific Field		
				e. Election Sum to Date	
				\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/22/2023	\$ 150.00
<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	
SHERRY HILL 116 ADLER LANE GOLDSBORO, NC 27530			SPEECH-LANGUAGE PATHOLOGIST		
			c. Employer's Name/Specific Field		
			LCPS	e. Election Sum to Date	
				\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/23/2023	\$ 125.00
<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	
RASHAD HINNANT 402 ADLER LANE GOLDSBORO, NC 27530			EDUCATOR		
			c. Employer's Name/Specific Field		
			WAYNE COUNTY PUBLIC SCHOOLS	e. Election Sum to Date	
				\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Cash		06/17/2023	\$ 30.00
<input type="checkbox"/>	4	Cash		06/29/2023	\$ 30.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 335.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,225.05

Contributions from Individuals

Pg 10 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
COMMITTEE TO ELECT RAYMOND SMITH					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) WILL HOBBS 12707 WOODBRIDGE COURT BOWIE, MD 20721					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILL HOBBS 12707 WOODBRIDGE COURT BOWIE, MD 20721		b. Job Title/Profession	d. Comments		
		CEO			
		c. Employer's Name/Specific Field			
SOBRAN, INC		e. Election Sum to Date			
		\$ 200.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 200.00
<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) DOUGLAS HORNE P.O. BOX 363 KENLY, NC 27542				d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip) DOUGLAS HORNE P.O. BOX 363 KENLY, NC 27542		b. Job Title/Profession	d. Comments		
		MANAGER			
		c. Employer's Name/Specific Field			
NATIONAL POWER		e. Election Sum to Date			
		\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/11/2023	\$ 250.00
<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) ELAINE HUNT 7171 OLD WARSAW ROAD TURKEY, NC 28393				d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELAINE HUNT 7171 OLD WARSAW ROAD TURKEY, NC 28393		b. Job Title/Profession	d. Comments		
		CLERK			
		c. Employer's Name/Specific Field			
CITY OF CLINTON		e. Election Sum to Date			
		\$ 125.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$	575.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$	12,225.05

Contributions from Individuals

Amendment

Pg 11 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
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 NOT WORKING	d. Comments	
COMATHA JOHNSON 709 ROBINSON PLACE GOLDSBORO, NC 27530			c. Employer's Name/Specific Field	e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 250.00
<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 NOT WORKING	d. Comments	
ESTHER JOHNSON 1929 PINEMONT CIRCLE GOLDSBORO, NC 27534			c. Employer's Name/Specific Field	e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Cash		06/29/2023	\$ 200.00
<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 RETIRED EDUCATOR	d. Comments	
JERRY JOHNSON 300 TONYA DRIVE GOLDSBORO, NC 27534			c. Employer's Name/Specific Field	e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/03/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 550.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,225.05

Contributions from Individuals

Amendment

Pg 12 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
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 RETIRED MILITARY	d. Comments	
LARRY JOHNSON 332 HUNTERS CREEK DRIVE GOLDSBORO, NC 27534 (919) 759-3171			c. Employer's Name/Specific Field	e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 150.00
<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 NOT EMPLOYED	d. Comments	
BEATRICE JONES P.O. BOX 477 FREMONT, NC 27830 (919) 273-9511			c. Employer's Name/Specific Field	e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/24/2023	\$ 100.00
<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 DIRECTOR	d. Comments	
MILAS KELLY 507 LYNN AVENUE GOLDSBORO, NC 27534 (919) 221-4492			c. Employer's Name/Specific Field WAYNE STRUCTURED DAY	e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/20/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 500.00					
5. Total of ALL CRO-1210 Pages \$ 12,225.05 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Amendment
Pg 13 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number										
COMMITTEE TO ELECT RAYMOND SMITH													
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">DONNA LAKE 106 CASSEDALE DRIVE GOLDSBORO, NC 27534</td> <td>PROFESSOR</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>ECU</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	DONNA LAKE 106 CASSEDALE DRIVE GOLDSBORO, NC 27534	PROFESSOR		c. Employer's Name/Specific Field	ECU
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments											
DONNA LAKE 106 CASSEDALE DRIVE GOLDSBORO, NC 27534	PROFESSOR												
	c. Employer's Name/Specific Field												
	ECU												
e. Election Sum to Date \$ 100.00													
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount								
<input type="checkbox"/>	4	Electric Funds Tran		06/30/2023	\$ 100.00								
<input type="checkbox"/>					\$								
<input type="checkbox"/>					\$								
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">TRACY LEWIS 107 HARDING PLACE GOLDSBORO, NC 27534 (919) 922-0053</td> <td>SOCIAL WORKER</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>VA</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	TRACY LEWIS 107 HARDING PLACE GOLDSBORO, NC 27534 (919) 922-0053	SOCIAL WORKER		c. Employer's Name/Specific Field	VA
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments											
TRACY LEWIS 107 HARDING PLACE GOLDSBORO, NC 27534 (919) 922-0053	SOCIAL WORKER												
	c. Employer's Name/Specific Field												
	VA												
e. Election Sum to Date \$ 1,478.73													
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount								
<input type="checkbox"/>	4	In-Kind	TABLEWARE SUPPLIES FOR FUNDRAISER	06/12/2023	\$ 19.15								
<input type="checkbox"/>	4	In-Kind	TABLEWARE SUPPLIES FOR FUNDRAISER	06/22/2023	\$ 9.58								
<input type="checkbox"/>	4	In-Kind	FOOD FOR FUNDRAISER	06/29/2023	\$ 1,450.00								
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">DERRICK MANLEY 400 A N HILLCREST DRIVE GOLDSBORO, NC 27534</td> <td>BARBER</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>CHRIST MADE A WAY</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	DERRICK MANLEY 400 A N HILLCREST DRIVE GOLDSBORO, NC 27534	BARBER		c. Employer's Name/Specific Field	CHRIST MADE A WAY
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments											
DERRICK MANLEY 400 A N HILLCREST DRIVE GOLDSBORO, NC 27534	BARBER												
	c. Employer's Name/Specific Field												
	CHRIST MADE A WAY												
e. Election Sum to Date \$ 150.00													
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount								
<input type="checkbox"/>	4	Check		06/29/2023	\$ 150.00								
<input type="checkbox"/>					\$								
<input type="checkbox"/>					\$								
4. Total only this Page \$ 1,728.73													
5. Total of ALL CRO-1210 Pages \$ 12,225.05 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>													

Contributions from Individuals

Pg 14 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number																					
COMMITTEE TO ELECT RAYMOND SMITH																								
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td rowspan="2">PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534</td> <td>FNP</td> <td colspan="3" rowspan="2"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="3">NC NEPHROLOGY</td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="3"></td> <td>\$ 250.00</td> </tr> </table>						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	FNP				c. Employer's Name/Specific Field	NC NEPHROLOGY			e. Election Sum to Date				\$ 250.00
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	FNP																							
	c. Employer's Name/Specific Field																							
NC NEPHROLOGY			e. Election Sum to Date																					
			\$ 250.00																					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																			
<input type="checkbox"/>	4	Electric Funds Tran		06/21/2023	\$ 250.00																			
<input type="checkbox"/>					\$																			
<input type="checkbox"/>					\$																			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td rowspan="2">TRAVIS OUTLAW 221 S. SPENCE AVENUE GOLDSBORO, NC 27534</td> <td>NOT EMPLOYED</td> <td colspan="3" rowspan="2"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="3"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="3"></td> <td>\$ 125.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			TRAVIS OUTLAW 221 S. SPENCE AVENUE GOLDSBORO, NC 27534	NOT EMPLOYED				c. Employer's Name/Specific Field				e. Election Sum to Date				\$ 125.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																						
TRAVIS OUTLAW 221 S. SPENCE AVENUE GOLDSBORO, NC 27534	NOT EMPLOYED																							
	c. Employer's Name/Specific Field																							
			e. Election Sum to Date																					
			\$ 125.00																					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																			
<input type="checkbox"/>	4	Check		06/27/2023	\$ 125.00																			
<input type="checkbox"/>					\$																			
<input type="checkbox"/>					\$																			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="3">d. Comments</td> </tr> <tr> <td rowspan="2">SHIRLEY PERRY 311 CENTRAL DRIVE GOLDSBORO, NC 27534</td> <td>NOT WORKING</td> <td colspan="3" rowspan="2"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="3"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="3"></td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			SHIRLEY PERRY 311 CENTRAL DRIVE GOLDSBORO, NC 27534	NOT WORKING				c. Employer's Name/Specific Field				e. Election Sum to Date				\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																						
SHIRLEY PERRY 311 CENTRAL DRIVE GOLDSBORO, NC 27534	NOT WORKING																							
	c. Employer's Name/Specific Field																							
			e. Election Sum to Date																					
			\$ 100.00																					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																			
<input type="checkbox"/>	4	Check		06/29/2023	\$ 100.00																			
<input type="checkbox"/>					\$																			
<input type="checkbox"/>					\$																			
4. Total only this Page \$ 475.00																								
5. Total of ALL CRO-1210 Pages \$ 12,225.05 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																								

Contributions from Individuals

Amendment
Pg 15 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) DARRYL PITT 241 S. HILLCREST DRIVE GOLDSBORO, NC 27534		
			b. Job Title/Profession	d. Comments	
			HCT II		
			c. Employer's Name/Specific Field		
			CHERRY HOSPITAL		
			e. Election Sum to Date		
			\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 250.00
<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) JACQUELINE POWELL P.O. BOX 10774 GOLDSBORO, NC 27532		
			b. Job Title/Profession	d. Comments	
			NOT WORKING		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		
			\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 75.00
<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) WANDA REID 103 COBURN DRIVE GOLDSBORO, NC 27530		
			b. Job Title/Profession	d. Comments	
			RETIED FEDERAL		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		
			\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Cash		06/01/2023	\$ 50.00
<input type="checkbox"/>	4	Cash		06/29/2023	\$ 25.00
<input type="checkbox"/>					\$
4. Total only this Page					
\$ 400.00					
5. Total of ALL CRO-1210 Pages					
(\$This line must be on line 6 of Detailed Summary Page CRO-1100)					
\$ 12,225.05					

Contributions from Individuals

Pg 16 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT REIVES P.O. BOX 36 SANFORD, NC 27331 (919) 356-6948		
			b. Job Title/Profession	d. Comments	
			ATTORNEY	c. Employer's Name/Specific Field WILSON, REIVES & SILVERMAN	
			e. Election Sum to Date		
			\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		05/15/2023	\$ 500.00
<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) BLANCHE RICHARDSON 11085 HARNETT DUNN HIGHWAY DUNN, NC 28334		
			b. Job Title/Profession	d. Comments	
			COMMUNICATION SECURITY SPECIALIST	c. Employer's Name/Specific Field NETWORK ENTERPRISE CENTER	
			e. Election Sum to Date		
			\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/24/2023	\$ 200.00
<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) CHERYL RICHARDSON 202 SOUTHEAST DRIVE GOLDSBORO, NC 27534		
			b. Job Title/Profession	d. Comments	
			NOT EMPLOYED	c. Employer's Name/Specific Field e. Election Sum to Date	
			\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/29/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 900.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 12,225.05	

Contributions from Individuals

Pg 17 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
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 NOT EMPLOYED		d. Comments
JOSEPH SAWYER 806 S. CLAIBORNE STREET GOLDSBORO, NC 27530			c. Employer's Name/Specific Field		
					e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/30/2023	\$ 100.00
<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 EDUCATOR		d. Comments
DAMESHA SMITH 79 ENTERPRISE DRIVE CLAYTON, NC 27520			c. Employer's Name/Specific Field NCDPI		
					e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/13/2023	\$ 100.00
<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 TRUCKING		d. Comments
THOMAS SMITH P.O. BOX 10807 GOLDSBORO, NC 27532			c. Employer's Name/Specific Field THOMAS SMITH-TRUCKING		
					e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/21/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 300.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,225.05

Contributions from Individuals

Amendment
Pg 18 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number												
COMMITTEE TO ELECT RAYMOND SMITH															
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">TONY SMITH 602 MCLAMB DRIVE FAYETTEVILLE, NC 28301</td> <td>PRINCIPAL</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>ROBESON COUNTY</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 349.06</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	TONY SMITH 602 MCLAMB DRIVE FAYETTEVILLE, NC 28301	PRINCIPAL		c. Employer's Name/Specific Field	ROBESON COUNTY	e. Election Sum to Date	\$ 349.06
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
TONY SMITH 602 MCLAMB DRIVE FAYETTEVILLE, NC 28301	PRINCIPAL														
	c. Employer's Name/Specific Field														
	ROBESON COUNTY														
e. Election Sum to Date	\$ 349.06														
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	4	In-Kind	BEVERAGES FOR FUNDRAISER	06/23/2023	\$ 349.06										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">GENE THOMAS 105 STEVEN PLACE GOLDSBORO, NC 27534</td> <td>NOT WORKING</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	GENE THOMAS 105 STEVEN PLACE GOLDSBORO, NC 27534	NOT WORKING		c. Employer's Name/Specific Field		e. Election Sum to Date	\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
GENE THOMAS 105 STEVEN PLACE GOLDSBORO, NC 27534	NOT WORKING														
	c. Employer's Name/Specific Field														
e. Election Sum to Date	\$ 100.00														
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	4	Check		06/29/2023	\$ 100.00										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="3">WILLIAM VAUGHN 105 NEIL STREET GOLDSBORO, NC 27530</td> <td>NOT WORKING</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 250.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	WILLIAM VAUGHN 105 NEIL STREET GOLDSBORO, NC 27530	NOT WORKING		c. Employer's Name/Specific Field		e. Election Sum to Date	\$ 250.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
WILLIAM VAUGHN 105 NEIL STREET GOLDSBORO, NC 27530	NOT WORKING														
	c. Employer's Name/Specific Field														
e. Election Sum to Date	\$ 250.00														
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	4	Check		06/29/2023	\$ 250.00										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
4. Total only this Page \$ 699.06															
5. Total of ALL CRO-1210 Pages \$ 12,225.05 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>															

Contributions from Individuals

Pg 19 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
COMMITTEE TO ELECT RAYMOND SMITH					
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 CONSULTANT	d. Comments	
CHARLES WALTON 6 SUPERIOR COURT DURHAM, NC 27713 (919) 484-1244			c. Employer's Name/Specific Field SELF-EMPLOYED	e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/24/2023	\$ 500.00
<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 LAWYER	d. Comments	
NASTASIA WATKINS 4571 LANGDON DRIVE APT. 307 MORRISVILLE, NC 27560			c. Employer's Name/Specific Field SELF	e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/13/2023	\$ 250.00
<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 NOT WORKING	d. Comments	
MILTON WHITFIELD 184 STANLEY CHAPEL CHURCH ROAD DUDLEY, NC 28333 (919) 344-7036			c. Employer's Name/Specific Field 	e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/29/2023	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 900.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 12,225.05

Contributions from Individuals

Pg 20 of 21 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
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	
ROBERT WHITLEY 13303 BINNAWAY DRIVE HUNTERSVILLE, NC 28078			SPECIAL AGENT		
			c. Employer's Name/Specific Field		
			GOVERNMENT		
			e. Election Sum to Date	\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/10/2023	\$ 100.00
<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	
JACQUELYN WHITTINGTON 101 MIMOSA PARK DRIVE GOLDSBORO, NC 27534			NOT WORKING		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		
				\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 75.00
<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	
RODNEY WILLIAMS 2808 WELLINGTON DRIVE ROCKY MOUNT, NC 27803 (919) 734-4666			SELF-EMPLOYED		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Check		06/29/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 425.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,225.05

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			
COMMITTEE TO ELECT RAYMOND SMITH					
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 NOT EMPLOYED	d. Comments e. Election Sum to Date \$ 100.00		
CHARLES WRIGHT 200 TONYA DRIVE GOLDSBORO, NC 27534 (919) 273-2099		c. Employer's Name/Specific Field e. Election Sum to Date \$ 100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/29/2023	\$ 100.00
<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 NOT EMPLOYED	d. Comments e. Election Sum to Date \$ 100.00		
KARL YOUNG 106 RHONDA PLACE GOLDSBORO, NC 27530		c. Employer's Name/Specific Field e. Election Sum to Date \$ 100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	4	Electric Funds Tran		06/30/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,225.05

Loan Proceeds

Pg 1 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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number		
3. Lender Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		b. Job Title/Profession NOT WORKING		d. Comments
				e. Start Date (mm/dd/yyyy) 03/01/2023
				f. End Date (mm/dd/yyyy)
g. Rate %	h. Security Pledged	i. Account Code 4	j. Form of Payment In-Kind	k. Amount \$ 100.00
l. Full Name of Lending Institution			m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)				
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		b. Job Title/Profession NOT WORKING		c. Employer's Name/Specific Field
		d. Percentage %	e. Amount \$ 100.00	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$ 200.00	

CRO-1410

NC State Board of Elections

April 2007

Loan ProceedsPg 2 of 2 Yes No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number													
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149</td> <td>b. Job Title/Profession NOT WORKING</td> <td colspan="2">d. Comments</td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td colspan="2">e. Start Date (mm/dd/yyyy) 03/20/2023</td> </tr> <tr> <td></td> <td></td> <td colspan="2">f. End Date (mm/dd/yyyy)</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	b. Job Title/Profession NOT WORKING	d. Comments			c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy) 03/20/2023				f. End Date (mm/dd/yyyy)	
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	b. Job Title/Profession NOT WORKING	d. Comments													
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy) 03/20/2023													
		f. End Date (mm/dd/yyyy)													
g. Rate %	h. Security Pledged	i. Account Code 4	j. Form of Payment In-Kind												
			k. Amount \$ 100.00												
l. Full Name of Lending Institution			m. Loan Number												
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i> <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149</td> <td>b. Job Title/Profession NOT WORKING</td> <td colspan="2">c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td>d. Percentage %</td> <td colspan="2">e. Amount \$ 100.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	b. Job Title/Profession NOT WORKING	c. Employer's Name/Specific Field			d. Percentage %	e. Amount \$ 100.00					
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	b. Job Title/Profession NOT WORKING	c. Employer's Name/Specific Field													
	d. Percentage %	e. Amount \$ 100.00													
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$ 200.00												

CRO-1410

NC State Board of Elections

April 2007

Refunds/Reimbursements To the Committee

Pg 1 of 1 Yes No

Amendment

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)		2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACT BLUE P.O. BOX 441146 SOMMERVILLE, MA 02144		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: h. Original Expenditure Date 05/31/2023	
			i. Original Expenditure Amt \$ 50.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date	
		REFUNDED/ACCIDENTAL CONTRIB./WRONG CARD	\$ 0.00	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
4	Debit Card		06/29/2023	\$ 50.00
4. Total only this Page				\$ 50.00
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				\$ 50.00

CRO-1240

NC State Board of Elections

December 2007

Disbursements

Amendment

Pg 1 of 4 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT RAYMOND SMITH						
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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
BENTON CARD COMPANY 105 S. WALL STREET BENSON, NC 27504 (919) 894-3661			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
					\$ 387.29	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Debit Card	BC	05/22/2023	\$ 153.72	CAMPAIGN PARAPHERNALIA - CAR	
4	Debit Card	BC	06/29/2023	\$ 233.57	CAMPAIGN MAYOR ADHESIVE SIGN STRIPS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FIRST FLIGHT STORAGE 185 NC HWY 581 SOUTH GOLDSBORO, NC 27530 (919) 734-1755			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
					\$ 323.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Draft	FO	03/02/2023	\$ 61.00	STORAGE RENTAL	
4	Draft	FO	06/01/2023	\$ 201.30	STORAGE RENTAL	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
GO DADDY OPERATING COMPANY, LLC 2155 E. GODADDY WAY TEMPE, AZ 85284 (480) 505-8877			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
					\$ 123.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Debit Card	A	05/14/2023	\$ 3.17	CAMPAIGN WEB SITE	
4	Debit Card	A	05/21/2023	\$ 119.88	CAMPAIGN WEB SITE	
5. Total only this Page						\$ 772.64
6. Total of ALL CRO-1310 Pages						\$ 1,783.79
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH			
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 type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOWE'S HOME CENTER, LLC 1202 N BERKELEY BLVD GOLDSBORO, NC 27534 (919) 778-9969		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 \$ 54.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	C	06/28/2023
j. Amount k. Required Remarks \$ 54.72 FUNDRAISER:OUTDOOR PESTICIDE			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAM RENT-ALL, INC 306 FEDELON TRAIL 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 \$ 280.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	CF	06/27/2023
j. Amount k. Required Remarks \$ 280.22 CHAIRS, TABLE, OUTDOOR FAN			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAVE MORE GAS STATION 1903 E ASH 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 \$ 69.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	O	03/27/2023
j. Amount k. Required Remarks \$ 69.15 CAMPAIGN TRAVEL FUEL			
5. Total only this Page \$ 404.09			
6. Total of ALL CRO-1310 Pages \$ 1,783.79			
(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 Commt) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			
7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

Disbursements

Amendment

Pg 3 of 4 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) COMMITTEE TO ELECT RAYMOND SMITH				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 type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 40%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 1101 B N BERKELEY BOULDVARD GOLDSBORO, NC 27534 (919) 778-1588 </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 colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="4"></td> <td>\$ 295.24</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>4</td> <td>Debit Card</td> <td>FO</td> <td>06/17/2023</td> <td>\$ 96.45</td> <td>JUNETEENTH</td> </tr> <tr> <td>4</td> <td>Debit Card</td> <td>O</td> <td>06/17/2023</td> <td>\$ 101.86</td> <td>CELEBRATION JUNETEENTH</td> </tr> <tr> <td colspan="6" style="text-align: right;">CELEBRATION EVENT</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 1101 B N BERKELEY BOULDVARD GOLDSBORO, NC 27534 (919) 778-1588	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					\$ 295.24	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	4	Debit Card	FO	06/17/2023	\$ 96.45	JUNETEENTH	4	Debit Card	O	06/17/2023	\$ 101.86	CELEBRATION JUNETEENTH	CELEBRATION EVENT					
a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 1101 B N BERKELEY BOULDVARD GOLDSBORO, NC 27534 (919) 778-1588	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																																															
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4	Debit Card	FO	06/17/2023	\$ 96.45	JUNETEENTH																																															
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CELEBRATION EVENT																																																				
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 40%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 1011 SUNSET AVE CLINTON, NC 28328 </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 colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="4"></td> <td>\$ 63.00</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>4</td> <td>Check</td> <td>I</td> <td>06/16/2023</td> <td>\$ 63.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 1011 SUNSET AVE CLINTON, NC 28328	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					\$ 63.00	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	4	Check	I	06/16/2023	\$ 63.00						\$							
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 1011 SUNSET AVE CLINTON, NC 28328	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																																															
				\$ 63.00																																																
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																																															
4	Check	I	06/16/2023	\$ 63.00																																																
				\$																																																
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 40%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) WALMART 1002 N SPENCE AVENUE GOLDSBORO, NC 27534 (919) 778-3324 </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 colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="4"></td> <td>\$ 96.03</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>4</td> <td>Debit Card</td> <td>O</td> <td>06/17/2023</td> <td>\$ 96.03</td> <td>TABLES-JUNETEENTH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td>CELEBRATION EVENT</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) WALMART 1002 N SPENCE AVENUE GOLDSBORO, NC 27534 (919) 778-3324	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					\$ 96.03	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	4	Debit Card	O	06/17/2023	\$ 96.03	TABLES-JUNETEENTH					\$	CELEBRATION EVENT						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WALMART 1002 N SPENCE AVENUE GOLDSBORO, NC 27534 (919) 778-3324	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																																															
				\$ 96.03																																																
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																																															
4	Debit Card	O	06/17/2023	\$ 96.03	TABLES-JUNETEENTH																																															
				\$	CELEBRATION EVENT																																															
5. Total only this Page \$ 357.34																																																				
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> \$ 1,783.79 <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>																																																				
7. Purpose Codes (List detailed expenditure code in (h.) above)																																																				
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																																																	
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses																																																	
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																																																	
O* Other																																																				
* Codes require detailed explanation in required remarks field (k)																																																				

Disbursements

Amendment

Pg 4 of 4 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) COMMITTEE TO ELECT RAYMOND SMITH		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 type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) WESTERN SIZZLIN RESTAURANT 100 N. BERKLEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-7444		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 \$ 99.82			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	CO	06/25/2023	\$ 99.82	FUNDRAISING CAMPAIGN COMMITTEE
				\$	
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) ZOOM VIDEO COMMUNICATIONS INC. 55 ALMADEN BOULEVARD 6TH FLOOR SAN JOSE, CA 95113 (888) 799-9666		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 \$ 149.90			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	06/19/2023	\$ 149.90	ZOOM CONFERENCING
				\$	
5. Total only this Page					\$ 249.72
6. Total of ALL CRO-1310 Pages					\$ 1,783.79
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

Aggregated Non-Media Expenditures

Amendment Yes No
Page 1 of 1

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

COMMITTEE TO ELECT RAYMOND SMITH						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Draft	O	06/05/2023	\$ 9.75	CREDIT CARD PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	05/31/2023	\$ 50.00	ACCIDENTAL CONTRIBUTION/WRO
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Check	O	06/25/2023	\$ 50.00	DONATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Draft	O	03/20/2023	\$ 2.50	ATM INQUIRY SECU
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	BCO	06/27/2023	\$ 28.51	CAMPAIGN NAME BADGES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	03/13/2023	\$ 29.37	CAMPAIGN COMMITTEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	BO	06/17/2023	\$ 35.81	JUNETEENTH CELEBRATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	CO	06/26/2023	\$ 47.25	CAMPAIGN NAME BADGES &
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	06/28/2023	\$ 13.87	CAMPAIGN NAME BADGES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Draft	O	06/09/2023	\$ 8.94	CREDIT CARD PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	02/20/2023	\$ 10.67	CAMPAIGN COMMITTEE
4. Total only this Page \$ 286.67						
5. Total of ALL CRO-1315 Pages \$ 286.67 <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
B* - Printing		D - To Another Candidate				
E - Salaries		G - Political Party				
J - Penalties		Q* - Donations to Legal Expense Fund				
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Pg 1 of 2 Yes No

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)		2. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH			
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 checked="" 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
CHARLYNE EDWARDS 105 HARDING PLACE GOLDSBORO, NC 27534			d. Election Sum to Date \$ 257.26
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CHAIRS, TABLE, FLOOR FAN FOR FUNDRAISER		06/28/2023	\$ 257.26
			\$
			\$
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 checked="" 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
TRACY LEWIS 107 HARDING PLACE GOLDSBORO, NC 27534 (919) 922-0053			d. Election Sum to Date \$ 1,478.73
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
TABLEWARE SUPPLIES FOR FUNDRAISER		06/12/2023	\$ 19.15
TABLEWARE SUPPLIES FOR FUNDRAISER		06/22/2023	\$ 9.58
FOOD FOR FUNDRAISER		06/29/2023	\$ 1,450.00
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 checked="" 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
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149			d. Election Sum to Date \$ 200.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
IN-KIND (LOAN)		03/01/2023	\$ 100.00
IN-KIND (LOAN)		03/20/2023	\$ 100.00
			\$
4. Total only this Page		\$ 1,935.99	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 2,285.05	

In-Kind ContributionsAmendment
Pg 2 of 2 Yes No

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) COMMITTEE TO ELECT RAYMOND SMITH	2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (Include city, state, & zip) TONY SMITH 602 MCLAMB DRIVE FAYETTEVILLE, NC 28301	b. Type of Contributor <input checked="" 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		
\$ 349.06		
e. Description BEVERAGES FOR FUNDRAISER	f. Date (mm/dd/yyyy) 06/23/2023	g. Fair Market Amount \$ 349.06
		\$
		\$
4. Total only this Page	\$ 349.06	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>	\$ 2,285.05	

CRO-1510

NC State Board of Elections

December 2007

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.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		b. Job Title/Profession NOT WORKING	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy) 03/01/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
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) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		b. Job Title/Profession NOT WORKING	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy) 03/20/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 200.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 200.00	



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:** Committee To Elect Raymond Smith
- **Person or committee to make loan:** Raymond E. Smith, Jr.
- **Date of loan to committee:** March 1, 2023
- **Name of lending institution (source):**
N/A
- **Amount of loan:** \$100.00
- **Description (if in-kind loan):** In-Kind
- **Names of all parties responsible for payment of loan (guarantors):**
Raymond E. Smith, Jr.
- **Period of loan:** N/A
- **Rate of interest of loan:** N/A
- **Security pledged for loan:** N/A

I, Raymond E. Smith, Jr., 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.

3/3/2023

Signature of Lender

Date Signed

3/3/2023

Susan Thompson
Signature of Treasurer of Committee

Date Signed



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:	Committee To Elect Raymond Smith
• Person or committee to make loan:	Raymond E. Smith, Jr.
• Date of loan to committee:	March 20, 2023
• Name of lending institution (source):	N/A
• Amount of loan:	\$100.00
• Description (if in-kind loan):	In-Kind
• Names of all parties responsible for payment of loan (guarantors):	Raymond E. Smith, Jr.
• Period of loan:	N/A
• Rate of interest of loan:	N/A
• Security pledged for loan:	N/A

I, Raymond E. Smith, Jr., 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.

3/21/2023

Signature of Lender

Date Signed

3/21/2023

Susan Thompson
Signature of Treasurer of Committee

Date Signed

CRO-6100

Loan Proceeds Statement