

Disclosure Report Cover

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		
THE GAYLOR FOR GOLDSBORO COMMITTEE			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
702 PARK AVENUE GOLDSBORO, NC 27530	07/26/2023		
	e. Phone Number (919) 273-3084		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	01/21/2023	06/30/2023	CHARLES PARSON GAYLOR IV

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

0

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION	JUL 27 2023
b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	001
	d. Period Begin Balance
	\$ 0.00
b. Purpose	c. Account Code
	BY
	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

Charles P. Gaylor, IV

Printed Name of Signer

John M. B.

Signature of Appointed Treasurer

07/26/2023

Date

FOR OFFICE USE ONLY

Date Received:

7-27-23

Employee:

MB

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed

Date Postmarked:

Employee:

- Signer has not received mandatory training

Date Scanned:

Employee:

Date Data Entered:

Employee:

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

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

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
THE GAYLOR FOR GOLDSBORO COMMITTEE	2023 Mid Year Semi-Annual	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 1,984.51
		\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 750.00
6) Contributions from Individuals	(CRO-1210)	\$ 21,245.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 21,995.00
		\$ 25,495.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 11,309.44
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 153.24
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 11,462.68
		\$ 12,978.17
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 12,516.83
		\$ 12,516.83
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2,000.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

Aggregated Contributions from IndividualsPage 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	001	Check		04/18/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		06/02/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		05/20/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Cash		04/19/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		04/17/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		04/05/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		04/03/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		06/04/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		05/16/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		05/16/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		04/08/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		04/08/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		04/08/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		05/10/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		04/15/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 750.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 750.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
	PHARMACIST		
FREDDIE ADAMS JR 101 CASSEDALE DRIVE GOLDSBORO, NC 27534	c. Employer's Name/Specific Field		
	SOUTHEAST FAMILY PHARMACY		
		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"/>	001	Check		02/21/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
	NO JOB TITLE OR PROFESSION		
CONNIE ATKINSON 405 S MADISON AVE GOLDSBORO, NC 27530	c. Employer's Name/Specific Field		
	NOT EMPLOYED		
		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"/>	001	Check		06/11/2023	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
	NO JOB TITLE OR PROFESSION		
THOMAS EUGENE AYCOCK 319 Bayleaf Dr GOLDSBORO, NC 27530	c. Employer's Name/Specific Field		
	NOT 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"/>	001	Check		03/17/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 900.00
					\$ 21,245.00

Contributions from Individuals

Pg 2 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

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

DONALD BEST BARNES II
 619 PARK AVENUE
 GOLDSBORO, NC 27530

b. Job Title/Profession

FOOD MANUFACTURER

c. Employer's Name/Specific Field

ALTA FOODS

d. Comments

e. Election Sum to Date
 \$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		03/17/2023	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

BRYSON BATEMAN
 309 WALNUT CREEK DRIVE
 GOLDSBORO, NC 27534

b. Job Title/Profession

PHYSICIAN

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

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"/>	001	Check		04/08/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

ANNA BEST
 1504 E. MULBERRY STREET
 GOLDSBORO, NC 27530-5208

b. Job Title/Profession

NO JOB TITLE OR
 PROFESSION

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

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"/>	001	Check		04/20/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 2,200.00
					\$ 21,245.00

Contributions from Individuals

Pg 3 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
RICHARD BEST 704 PARK AVENUE GOLDSBORO, NC 27530			BUSINESS OWNER		
			c. Employer's Name/Specific Field		
			RETRO LUBE, INC.		
			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"/>	001	Check		04/12/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
MUNROE BEST JR 809 MILL ROAD GOLDSBORO, NC 27534			DEVELOPER		
			c. Employer's Name/Specific Field		
			M BEST AND SONS, LLC		
			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"/>	001	Check		02/20/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
LEE BORDEN 119 PINERIDGE LANE GOLDSBORO, NC 27534			REALTOR		
			c. Employer's Name/Specific Field		
			REAL ESTATE ADVISORS, INC.		
			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"/>	001	Check		04/17/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 1,000.00	
				\$ 21,245.00	

Contributions from Individuals

Pg 4 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
BARBARA BRADSHAW 2506 BRADFORD PLACE GOLDSBORO, NC 27530-8189			NO JOB TITLE OR PROFESSION		
			c. Employer's Name/Specific Field NOT EMPLOYED		
			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"/>	001	Check		04/06/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
HAROLD BRASHEAR 119 FAIRWAY DRIVE GOLDSBORO, NC 27534			ACCOUNTANT		
			c. Employer's Name/Specific Field NUNN BRASHEAR & UZZELL PA		
			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"/>	001	Check		05/31/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
JERRY BRASWELL 305 W. CHESTNUT STREET GOLDSBORO, NC 27530			NO JOB TITLE OR PROFESSION		
			c. Employer's Name/Specific Field NOT EMPLOYED		
			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"/>	001	Check		04/12/2023	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
			\$ 750.00		
			\$ 21,245.00		

Contributions from Individuals

Pg 5 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID A BRISSON 329 HOLLY LANE NEWPORT, NC 28570-9884	b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments
	c. Employer's Name/Specific Field NOT EMPLOYED	
		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"/>	001	Check		02/21/2023	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM BROADAWAY 1903 E. WALNUT STREET GOLDSBORO, NC 27530-5332	b. Job Title/Profession COUNCILMEMBER	d. Comments
	c. Employer's Name/Specific Field CITY OF GOLDSBORO	
		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"/>	001	Check		04/17/2023	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) TOM BROWN 306 S. CLAIBORNE STREET GOLDSBORO, NC 27530	b. Job Title/Profession ATTORNEY	d. Comments
	c. Employer's Name/Specific Field NOT EMPLOYED	
		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"/>	001	Check		04/05/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 850.00
					\$ 21,245.00

Contributions from Individuals

Pg 6 of 25

Amendment
 Yes No

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

<p>THE GAYLOR FOR GOLDSBORO COMMITTEE</p>																													
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>																									
<p>WILLIAM BRYAN 701 HILLCREST DRIVE MOUNT OLIVE, NC 28365</p>			<p>EXECUTIVE CHAIRMAN</p>																										
			<p>c. Employer's Name/Specific Field</p>																										
			<p>MOUNT OLIVE PICKLE CO.</p>																										
				<p>e. Election Sum to Date</p>																									
				<p>\$ 250.00</p>																									
<table border="1"> <thead> <tr> <th>f. Prior</th> <th>g. Account Code</th> <th>h. Form of Payment</th> <th>i. In-Kind Description</th> <th>j. Date (mm/dd/yyyy)</th> <th>k. Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>001</td> <td>Check</td> <td></td> <td>04/08/2023</td> <td>\$ 250.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>						f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	001	Check		04/08/2023	\$ 250.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																								
<input type="checkbox"/>	001	Check		04/08/2023	\$ 250.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>																									
<p>CHERYL T CASEY 104 BRIDLE PATH ROAD GOLDSBORO, NC 27534</p>			<p>OWNER</p>																										
			<p>c. Employer's Name/Specific Field</p>																										
			<p>WESTERN SIZZLIN</p>																										
				<p>e. Election Sum to Date</p>																									
				<p>\$ 200.00</p>																									
<table border="1"> <thead> <tr> <th>f. Prior</th> <th>g. Account Code</th> <th>h. Form of Payment</th> <th>i. In-Kind Description</th> <th>j. Date (mm/dd/yyyy)</th> <th>k. Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>001</td> <td>Check</td> <td></td> <td>02/21/2023</td> <td>\$ 200.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>						f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	001	Check		02/21/2023	\$ 200.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																								
<input type="checkbox"/>	001	Check		02/21/2023	\$ 200.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>																									
<p>KAY COOKE 205 CASHWELL DRIVE GOLDSBORO, NC 27530-7524</p>			<p>NO JOB TITLE OR PROFESSION</p>																										
			<p>c. Employer's Name/Specific Field</p>																										
			<p>NOT EMPLOYED</p>																										
				<p>e. Election Sum to Date</p>																									
				<p>\$ 100.00</p>																									
<table border="1"> <thead> <tr> <th>f. Prior</th> <th>g. Account Code</th> <th>h. Form of Payment</th> <th>i. In-Kind Description</th> <th>j. Date (mm/dd/yyyy)</th> <th>k. Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>001</td> <td>Check</td> <td></td> <td>04/08/2023</td> <td>\$ 100.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>						f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	<input type="checkbox"/>	001	Check		04/08/2023	\$ 100.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																								
<input type="checkbox"/>	001	Check		04/08/2023	\$ 100.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
<p>\$ 550.00</p>																													
<p>\$ 21,245.00</p>																													

Contributions from Individuals

Pg 7 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments	
REBECCA CRAIG 2306 OLD MILL PLACE GOLDSBORO, NC 27530-9070			c. Employer's Name/Specific Field NOT EMPLOYED	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"/>	001	Check		04/13/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession ATTORNEY	d. Comments	
JOHN DEES 707 E. MULBERRY STREET GOLDSBORO, NC 27530-5003			c. Employer's Name/Specific Field DEES LAW OFFICE	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"/>	001	Check		04/13/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments	
LOLA DELBRIDGE 400 FOREST HILL DRIVE GOLDSBORO, NC 27534			c. Employer's Name/Specific Field NOT 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"/>	001	Check		04/21/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
\$ 1,000.00					
\$ 21,245.00					

Contributions from Individuals

Pg 8 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
MATTHEW DELBRIDGE 412 N. JACKSON STREET GOLDSBORO, NC 27530	DISTRICT ATTORNEY - WAYNE COUNTY		
	c. Employer's Name/Specific Field		
	STATE OF NC		
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"/>	001	Check		05/10/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
NANCY DELIA 201 S. VIRGINIA STREET GOLDSBORO, NC 27530	NURSING EDUCATOR		
	c. Employer's Name/Specific Field		
	WAYNE COMMUNITY COLLEGE		
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"/>	001	Check		04/06/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	
KENNETH ELLIS 467 ACYCOCK CHURCH ROAD FREMONT, NC 27830	NO JOB TITLE OR PROFESSION		
	c. Employer's Name/Specific Field		
	NOT EMPLOYED		
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"/>	001	Check		05/12/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 300.00
					\$ 21,245.00

Contributions from Individuals

Pg 9 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

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

KENNETH FEARN
 1131 BRYNWOOD COURT
 LAWRENCE, KS 66049

b. Job Title/Profession

INTERVENTIONAL
 RADIOLOGIST

c. Employer's Name/Specific Field

RADIOLOGY & NUCLEAR
 MEDICINE, LLC

d. Comments

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"/>	001	Credit Card		01/23/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

THOMAS FRANKLIN JR
 705 E. BEECH STREET
 GOLDSBORO, NC 27530-2918

b. Job Title/Profession

NO JOB TITLE OR
 PROFESSION

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

e. Election Sum to Date

\$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		04/03/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

WALTER FUTRELLE III
 104 S. BEST STREET
 GOLDSBORO, NC 27530

b. Job Title/Profession

NO JOB TITLE OR
 PROFESSION

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

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"/>	001	Check		04/17/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1,300.00
					\$ 21,245.00

Contributions from Individuals

Pg 10 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHILLIP GRANT PO BOX 34 SEVEN SPRINGS, NC 28578			b. Job Title/Profession MANAGER	d. Comments	
			c. Employer's Name/Specific Field COASTAL CONSTRUCTORS	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"/>	001	Check		04/11/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) HETTIE GRISSETTE 106 SOLARA DRIVE GOLDSBORO, NC 27534			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED	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"/>	001	Check		04/21/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) KAREN HAITHCOCK 113 FAIRMAX ROAD GOLDSBORO, NC 27534-8975			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED	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"/>	001	Check		04/12/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
\$ 450.00 \$ 21,245.00					

Contributions from Individuals

Pg 11 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

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

JANICE HARRISON
701 E. FOREST HILL DRIVE
GOLDSBORO, NC 27534

b. Job Title/Profession

NO JOB TITLE OR
PROFESSION

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

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"/>	001	Check		04/11/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

JOHN HINE
2507 PEACHTREE STREET
GOLDSBORO, NC 27534

b. Job Title/Profession

ATTORNEY

c. Employer's Name/Specific Field

BADDOUR, PARKER, HINE &
HALE, PC

d. Comments

e. Election Sum to Date

\$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		04/14/2023	\$ 120.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

JENNIFER HOOVER
606 BROOKWOOD LANE
GOLDSBORO, NC 27534-7518

b. Job Title/Profession

PHYSICIAN

c. Employer's Name/Specific Field

GOLDSBORO PEDIATRICS

d. Comments

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"/>	001	Check		04/10/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 320.00
					\$ 21,245.00

Contributions from Individuals

Pg 12 of 25

Amendment
 Yes No

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

<p>THE GAYLOR FOR GOLDSBORO COMMITTEE</p>					
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>	
<p>CHRISTOPHER HOPPER 300 GATOR DRIVE GOLDSBORO, NC 27530</p>			CEO		
			c. Employer's Name/Specific Field		
			NC COMMUNITY FEDERAL CREDIT UNION		
				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"/>	001	Check		05/18/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>	
<p>GEOFFREY HULSE 1513 E. MULBERRY STREET GOLDSBORO, NC 27530-5207</p>			ATTORNEY		
			c. Employer's Name/Specific Field		
			Haithcock, Barfield, Hulse & King, PLLC		
				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"/>	001	Check		04/08/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>	
<p>SAMUEL HUNTER 770 LAKE WACKENA ROAD GOLDSBORO, NC 27534-8134</p>			CONSTRUCTION MANAGEMENT		
			c. Employer's Name/Specific Field		
			TA LOVING		
				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"/>	001	Check		04/10/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 850.00	
				\$ 21,245.00	

Contributions from Individuals

Pg 13 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARK HYLTON 411 DOGWOOD TRAIL GOLDSBORO, NC 27534			b. Job Title/Profession ANESTHESIOLOGIST	d. Comments	
c. Employer's Name/Specific Field UNC HEALTH WAYNE			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"/>	001	Credit Card		04/05/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) EMERY IVEY 2658 LENNOXVILLE RD BEAUFORT, NC 28516			b. Job Title/Profession MANAGER	d. Comments	
c. Employer's Name/Specific Field IVEY FAMILY FARMS			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"/>	001	Check		02/23/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) HARRIET IVEY 229 NC 111 SOUTH GOLDSBORO, NC 1053			b. Job Title/Profession OPERATIONS MANAGER	d. Comments	
c. Employer's Name/Specific Field IVEY SPRING CREEK FARMS			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"/>	001	Check		02/23/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1,250.00
					\$ 21,245.00

Contributions from Individuals

Pg 14 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ROBERT IVEY 2666 LENNOXVILLE RD BEAUFORT, NC 28516		FARMER	
		c. Employer's Name/Specific Field	
		IVEY SPRING CREEK FARMS	
		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"/>	001	Check		02/22/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
TED EMERY IVEY 1803 HWY 24 NEWPORT, NC 28570		FARMER	
		c. Employer's Name/Specific Field	
		IVEY SPRING CREEK FARMS	
		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"/>	001	Check		02/23/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
HELEN JERNIGAN 314 YEARLING DRIVE GOLDSBORO, NC 27534		PROPERTY MANAGER	
		c. Employer's Name/Specific Field	
		MCARTHUR PROPERTIES	
		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"/>	001	Check		06/10/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1,250.00
					\$ 21,245.00

Contributions from Individuals

Pg 15 of 25

Amendment
 Yes No

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

<p>THE GAYLOR FOR GOLDSBORO COMMITTEE</p>					
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>	
<p>JACK E KANNAN 106 FAIRWAY DRIVE GOLDSBORO, NC 27534</p>			<p>EXECUTIVE DIRECTOR</p>	<p>e. Election Sum to Date</p>	
			<p>c. Employer's Name/Specific Field</p>		
			<p>ARTS COUNCIL OF WAYNE COUNTY</p>	<p>\$ 200.00</p>	
<p>f. Prior</p>	<p>g. Account Code</p>	<p>h. Form of Payment</p>	<p>i. In-Kind Description</p>	<p>j. Date (mm/dd/yyyy)</p>	<p>k. Amount</p>
<input type="checkbox"/>	001	Check		02/20/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>	
<p>CLAUDIA KORNEGAY 260 PINEY GROVE ROAD LA GRANGE, NC 28551</p>			<p>NO JOB TITLE OR PROFESSION</p>	<p>e. Election Sum to Date</p>	
			<p>c. Employer's Name/Specific Field</p>		
			<p>NOT EMPLOYED</p>	<p>\$ 350.00</p>	
<p>f. Prior</p>	<p>g. Account Code</p>	<p>h. Form of Payment</p>	<p>i. In-Kind Description</p>	<p>j. Date (mm/dd/yyyy)</p>	<p>k. Amount</p>
<input type="checkbox"/>	001	Check		04/11/2023	\$ 350.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>			<p>b. Job Title/Profession</p>	<p>d. Comments</p>	
<p>WALTER KRENTZ JR 110 LEAFWOOD DRIVE GOLDSBORO, NC 27534</p>			<p>CITY EXECUTIVE</p>	<p>e. Election Sum to Date</p>	
			<p>c. Employer's Name/Specific Field</p>		
			<p>FIRST BANK</p>	<p>\$ 250.00</p>	
<p>f. Prior</p>	<p>g. Account Code</p>	<p>h. Form of Payment</p>	<p>i. In-Kind Description</p>	<p>j. Date (mm/dd/yyyy)</p>	<p>k. Amount</p>
<input type="checkbox"/>	001	Check		04/05/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 800.00
					\$ 21,245.00

Contributions from Individuals

Pg 16 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

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

DEBORAH LANE
 612 GLOUCESTER ROAD
 GOLDSBORO, NC 27534-1712

b. Job Title/Profession

NO JOB TITLE OR
 PROFESSION

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

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"/>	001	Check		04/03/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

STEPHEN LIES
 1703 E WALNUT STREET
 GOLDSBORO, NC 27530

b. Job Title/Profession

PHYSICIAN

c. Employer's Name/Specific Field

WAYNE WOMEN'S CLINIC

d. Comments

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"/>	001	Check		06/25/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

ROBERT LOGAN
 2213 GRANVILLE DRIVE
 GOLDSBORO, NC 27530-9077

b. Job Title/Profession

PRESIDENT

c. Employer's Name/Specific Field

WAYNE REALTY &
 INSURANCE

d. Comments

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"/>	001	Check		04/11/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 850.00

\$ 21,245.00

Contributions from Individuals

Pg 17 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
JOHN MANESS 5374 OCEAN VILLAGE DRIVE MYRTLE BEACH, SC 29577		CONSULTANT	
		c. Employer's Name/Specific Field	
		Mantrans Global Management Group, Inc.	
		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"/>	001	Check		04/12/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MEREDITH MCCELMURRY 7219 AIRLIE PLACE WILMINGTON, NC 28403		SENIOR PROJECT MANAGER	
		c. Employer's Name/Specific Field	
		JACOBS	
		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"/>	001	Credit Card		02/10/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ELIZABETH NEESE 701 E. BEECH STREET GOLDSBORO, NC 27530		NO JOB TITLE OR PROFESSION	
		c. Employer's Name/Specific Field	
		NOT EMPLOYED	
		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"/>	001	Check		04/17/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 850.00
					\$ 21,245.00

Contributions from Individuals

Pg 18 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
PAUL NUNN 606 LAKE SHORE DRIVE GOLDSBORO, NC 27534-8970			ACCOUNTANT	e. Employer's Name/Specific Field NUNN, BRASHEAR & UZZELL, PA	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		04/11/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
BORDEN PARKER 1709 EVERGREEN AVENUE GOLDSBORO, NC 27530-5235			ATTORNEY	e. Employer's Name/Specific Field BADDOUR, PARKER, HINE & HALE, PC	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		04/08/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
JAMES PARKER 117 PINE RIDGE LANE GOLDSBORO, NC 27534			ACCOUNTANT	e. Employer's Name/Specific Field PARKER & PARKER, PA	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		04/08/2023	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

				\$ 850.00
				\$ 21,245.00

Contributions from Individuals

Pg 19 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

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

GARY PARTIN
 1807 EVERGREEN AVENUE
 GOLDSBORO, NC 27530-5923

b. Job Title/Profession

ARCHITECT

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

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"/>	001	Check		04/21/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

RUTH POWERS
 4600 HAYWOOD FARMS ROAD
 NEW BERN, NC 28562

b. Job Title/Profession

EDUCATOR

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

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"/>	001	Check		06/04/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

JAMES POWERS JR
 2307 WIMBERLY WOODS DRIVE
 SANFORD, NC 27330-7059

b. Job Title/Profession

HUMAN RESOURCES
 DIRECTOR

c. Employer's Name/Specific Field

GILDAN

d. Comments

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"/>	001	Check		04/17/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 450.00

\$ 21,245.00

Contributions from Individuals

Pg 20 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip) BETSY PRITCHARD 102 PINERIDGE LANE GOLDSBORO, NC 27534-4314	b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments NOT EMPLOYED
	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"/>	001	Check		04/05/2023	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES ROUSE 228 RIDGEWOOD DRIVE GOLDSBORO, NC 27534	b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments NOT 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"/>	001	Check		04/05/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID J SEVERN 103 DEERBORN DRIVE GOLDSBORO, NC 27534	b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments NOT EMPLOYED
	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"/>	001	Check		02/21/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 675.00
					\$ 21,245.00

Contributions from Individuals

Pg 21 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JOHN MARSHALL SMITH 406 BIRCH DRIVE GOLDSBORO, NC 27534 (919) 738-5440	NO JOB TITLE OR PROFESSION	
	c. Employer's Name/Specific Field NOT EMPLOYED	
	e. Election Sum to Date \$ 2,100.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		01/27/2023	\$ 500.00
<input type="checkbox"/>	001	Check		04/03/2023	\$ 100.00
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
KATHRYN SPICER 1605 E. MULBERRY STREET GOLDSBORO, NC 27530	NO JOB TITLE OR PROFESSION	
	c. Employer's Name/Specific Field NOT EMPLOYED	
	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"/>	001	Check		04/12/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
WILL SPICER 1715 E. WALNUT STREET GOLDSBORO, NC 27530	ATTORNEY	
	c. Employer's Name/Specific Field NC STATE TREASURER	
	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"/>	001	Check		05/03/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 800.00
					\$ 21,245.00

Contributions from Individuals

Pg 22 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

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

JAMES STACKHOUSE
 710 PARK AVENUE
 GOLDSBORO, NC 27530-3835

b. Job Title/Profession

NO JOB TITLE OR
 PROFESSION

c. Employer's Name/Specific Field

NOT EMPLOYED

d. Comments

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"/>	001	Check		04/03/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

DOMENICA STUCKEY
 121 CLIFTWELL DRIVE
 GOLDSBORO, NC 27530

b. Job Title/Profession

FINANCIAL PLANNER

c. Employer's Name/Specific Field

ARBOR WEALTH
 MANAGEMENT

d. Comments

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"/>	001	Check		04/24/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

DAVID TAYLOE JR
 1406 E. MULBERRY STREET
 GOLDSBORO, NC 27530

b. Job Title/Profession

PHYSICIAN

c. Employer's Name/Specific Field

GOLDSBORO PEDIATRICS

d. Comments

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"/>	001	Check		04/05/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 600.00
					\$ 21,245.00

Contributions from Individuals

Pg 23 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGARET TEASLEY 2501 ISAAC DRIVE GOLDSBORO, NC 27530-8151			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments NOT EMPLOYED	
				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"/>	001	Check		04/08/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA VINSON 725 N. SPENCE AVENUE GOLDSBORO, NC 27534-4265			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments NOT EMPLOYED	
				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"/>	001	Check		04/03/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN WALSTON 2503 PINENEEDLES ROAD GOLDSBORO, NC 27534			b. Job Title/Profession ATTORNEY	d. Comments Warren, Kerr, Walston, Taylor & Smith LLP	
				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"/>	001	Check		05/23/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 850.00	
				\$ 21,245.00	

Contributions from Individuals

Pg 24 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Full Name, Mailing Address & Phone (include city, state, & zip) RILEY WILKINS 2608 PINE NEEDLES ROAD GOLDSBORO, NC 27534			b. Job Title/Profession REALTOR	d. Comments	
c. Employer's Name/Specific Field WILKINS & LANCASTER REALTY			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"/>	001	Credit Card		05/03/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) SANDRA WILKINS 815 N. SPENCE AVENUE GOLDSBORO, NC 27534			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments	
c. Employer's Name/Specific Field NOT EMPLOYED			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"/>	001	Check		04/06/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAN WISE 114 FAIRWAY DRIVE GOLDSBORO, NC 27534			b. Job Title/Profession CAR DEALER	d. Comments	
c. Employer's Name/Specific Field NOT EMPLOYED			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"/>	001	Check		02/20/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
\$ 450.00 \$ 21,245.00					

Contributions from Individuals

Pg 25 of 25

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CARRIE WOODARD 111 FAIRWAY DRIVE GOLDSBORO, NC 27534			b. Job Title/Profession GENERAL CONTRACTOR	d. Comments	
			c. Employer's Name/Specific Field WOODARD REALTY	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"/>	001	Check		02/22/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELIZABETH WOODARD 1518 E. MULBERRY STREET GOLDSBORO, NC 27530-5227			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED	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"/>	001	Check		04/08/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) MIKE WOODARD PO BOX 10544 GOLDSBORO, NC 27532			b. Job Title/Profession MANAGER	d. Comments	
			c. Employer's Name/Specific Field WOODARD REALTY	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"/>	001	Check		04/11/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1,100.00
					\$ 21,245.00

Disbursements

Pg 1 of 6 Yes No

Amendment

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
---	-------------------------------	-------------

ACCU COPY 322 N JOHN STREET GOLDSBORO, NC 27530	c. Level Registered (Specify)	e. Election Sum to Date
	<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	
		\$ 1,518.42

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	04/04/2023	\$ 42.70	15. Print Media
001	Check	B	06/20/2023	\$ 1,386.48	15. Print Media

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333	c. Level Registered (Specify)	e. Election Sum to Date
	<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	
		\$ 3,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	01/27/2023	\$ 1,000.00	36. CONSULTANT-GOTV
001	Check	O	05/23/2023	\$ 500.00	36. Consultant-GOTV

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CAMPAIGN CONNECTIONS 3801 LAKE BOONE TRAIL SUITE 255 RALEIGH, NC 27607	c. Level Registered (Specify)	e. Election Sum to Date
	<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	
		\$ 3,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	03/29/2023	\$ 3,000.00	34. Consultant-Media
				\$	

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)				\$ 5,929.18
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)				\$ 11,309.44
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

Disbursements

Pg 2 of 6

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
COMMUNITIES SUPPORTING SCHOOLS OF WAYNE COUNTY 308 N WILLIAM STREET GOLDSBORO, NC 27530			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	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Debit Card	O	03/20/2023	\$ 100.00	56. Charitable Donation	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
DILLARD GOLDSBORO ALUMNI & FRIENDS, INC. 801 POPLAR STREET GOLDSBORO, NC 27530			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	
					\$ 60.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	O	05/25/2023	\$ 60.00	56. Charitable Donation	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FACEBOOK 1 Hacker Way MENLO PARK, CA 94025			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	
					\$ 93.17	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Debit Card	A	06/01/2023	\$ 93.17	16. Internet Ads	
				\$		
					\$ 253.17	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 11,309.44	
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						

Disbursements

Pg 3 of 6 Amendment Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
GOLD/WAYNE FSU ALUMNI 801 POPLAR STREET GOLDSBORO, NC 27530	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 \$ 90.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	06/14/2023	\$ 90.00	56. Charitable Donation
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CIENNE HOLLOWAY 506 KING DRIVE GOLDSBORO, NC 27530	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 \$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	05/02/2023	\$ 250.00	21. GOTV-Door-to-Door
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
JIMMY DEVE TV 2211 N FIRST STREET GOLDSBORO, NC 27530	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 \$ 120.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Debit Card	A	06/15/2023	\$ 120.00	34. Consultant-Media
				\$	

\$ 460.00
\$ 11,309.44

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

Disbursements

Pg 4 of 6 Yes No

Amendment

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify)		d. Comments e. Election Sum to Date	
KIWANIS CLUB OF GOLDSBORO PO BOX 10386 GOLDSBORO, NC 27532		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
001	Check	O	06/06/2023	\$ 500.00	10. Event Space
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify)		d. Comments e. Election Sum to Date	
MAGNETS ON THE CHEAP 11525 B STONEHOLLOW DRIVE #220 AUSTIN, TX 78758		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 225.55	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
001	Debit Card	A	05/23/2023	\$ 135.88	15. Print Media
001	Debit Card	A	05/31/2023	\$ 89.67	15. Print Media
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify)		d. Comments e. Election Sum to Date	
NADINE MCEACHERN 206 GERALD LANE GOLDSBORO, NC 27530		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 250.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
001	Check	O	05/02/2023	\$ 250.00	21. GOTV-Door-to-Door
				\$	
\$ 975.55					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
\$ 11,309.44					

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			

Disbursements

Pg 5 of 6 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
MILLY MEDIA, INC. PO BOX 991 GOLDSBORO, NC 27533					
		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	
				\$ 1,931.77	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	A	05/08/2023	\$ 1,931.77	17. Website Expense
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
AILEEN ROWE 913 E. ELM STREET GOLDSBORO, NC 27530					
		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	
				\$ 250.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	05/03/2023	\$ 250.00	21. GOTV-Door-to-Door
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
STAPLES 1101B N BERKELEY BLVD GOLDSBORO, NC 27534					
		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	
				\$ 80.08	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	06/08/2023	\$ 80.08	15. Print Media
				\$	

\$ 2,261.85
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 11,309.44

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			

Disbursements

Pg 6 of 6 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
---	-------------------------------	-------------

UNITED STATES POSTAL SERVICE
200 N WILLIAM STREET
GOLDSBORO, NC 27530

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

\$ 189.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Debit Card	I	03/28/2023	\$ 126.00	
001	Debit Card	I	04/27/2023	\$ 63.00	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
---	-------------------------------	-------------

WAYNE CHARITABLE PARTNERSHIP
308 N. William St.
GOLDSBORO, NC 27530

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

\$ 777.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Debit Card	O	03/09/2023	\$ 777.20	56. Charitable Donation
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
---	-------------------------------	-------------

BESSIE YARBOROUGH
1104 Berry St
GOLDSBORO, NC 27530

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

\$ 463.49

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	02/14/2023	\$ 213.49	21. GOTV-Door-to-Door
001	Check	O	05/02/2023	\$ 250.00	21. GOTV-Door-to-Door
				\$	1,429.69

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

\$ 11,309.44

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

Aggregated Non-Media ExpendituresPage 1 of 1**Amendment**
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

Non-Media Expenditures						
<input type="checkbox"/> Add <input type="checkbox"/> Remove		001	Check	B	05/01/2023	\$ 44.62 15. Print Media
<input type="checkbox"/> Add <input type="checkbox"/> Remove		001	Check	B	05/15/2023	\$ 44.62 15. Print Media
<input type="checkbox"/> Add <input type="checkbox"/> Remove		001	Check	O	05/17/2023	\$ 24.00 56. Charitable Donation
<input type="checkbox"/> Add <input type="checkbox"/> Remove		001	Check	O	03/28/2023	\$ 40.00 56. Charitable Donation
						\$ 153.24
						\$ 153.24

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)

CRO-1315

NC State Board of Elections

December 2009

Outstanding Loans

Pg 1 of 1

Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

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

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