

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.

Amendment

☐ Yes ☒ No

1. Committee Information		c. ID Number
a. Full Name		
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)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
0		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		10. Special Report Name	

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	b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	001	BY	
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$

CERTIFICATION

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

Charles P. Gaylor, IV
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

07/26/2023
Date

FOR OFFICE USE ONLY

Date Received:

7-27-23

Employee:

[Signature]

Delivery Method

☐ Normal Mail

☐ Registered Mail

☐ Hand Delivered

☒ Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

☐ 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	
THE GAYLOR FOR GOLDSBORO COMMITTEE		2023 Mid Year Semi-Annual			
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,984.51		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 750.00		\$ 750.00	
6) Contributions from Individuals (CRO-1210)		\$ 21,245.00		\$ 22,745.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 2,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 21,995.00		\$ 25,495.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 11,309.44		\$ 12,809.44	
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)		\$ 153.24		\$ 168.73	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 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		\$ 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

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 <input type="checkbox"/> Remove	001	Check		04/18/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		06/02/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		05/20/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Cash		04/19/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/17/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/05/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/03/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		06/04/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		05/16/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		05/16/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/08/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/08/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/08/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/08/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		05/10/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		04/15/2023	\$ 50.00
4. Total only this Page					\$ 750.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 750.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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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 PHARMACIST		d. Comments		
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 NO JOB TITLE OR PROFESSION		d. Comments		
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 NO JOB TITLE OR PROFESSION		d. Comments		
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

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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						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession FOOD MANUFACTURER		d. Comments	
DONALD BEST BARNES II 619 PARK AVENUE GOLDSBORO, NC 27530			c. Employer's Name/Specific Field ALTA FOODS			
			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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession PHYSICIAN		d. Comments	
BRYSON BATEMAN 309 WALNUT CREEK DRIVE GOLDSBORO, NC 27534			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"/>					\$	
<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	
ANNA BEST 1504 E. MULBERRY STREET GOLDSBORO, NC 27530-5208			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		04/20/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 2,200.00	
					\$ 21,245.00	

Contributions from Individuals

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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						
<input type="checkbox"/>		<input type="checkbox"/>				
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"/>					\$	
<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"/>					\$	
<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

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

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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						
<input type="checkbox"/> <input type="checkbox"/>						
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 c. Employer's Name/Specific Field NOT EMPLOYED		d. Comments 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"/>					\$	
<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 c. Employer's Name/Specific Field CITY OF GOLDSBORO		d. Comments 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"/>					\$	
<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 c. Employer's Name/Specific Field NOT EMPLOYED		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"/>					\$	
					\$ 850.00	
					\$ 21,245.00	

Contributions from Individuals

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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						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM BRYAN 701 HILLCREST DRIVE MOUNT OLIVE, NC 28365			EXECUTIVE CHAIRMAN			
			c. Employer's Name/Specific Field			
			MOUNT OLIVE PICKLE CO.			
					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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHERYL T CASEY 104 BRIDLE PATH ROAD GOLDSBORO, NC 27534			OWNER			
			c. Employer's Name/Specific Field			
			WESTERN SIZZLIN			
					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	Check		02/21/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAY COOKE 205 CASHWELL DRIVE GOLDSBORO, NC 27530-7524			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		04/08/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 550.00	
					\$ 21,245.00	

Contributions from Individuals

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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						
<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	
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"/>					\$	
<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"/>					\$	
<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

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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						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) MATTHEW DELBRIDGE 412 N. JACKSON STREET GOLDSBORO, NC 27530 </div> <div style="width: 45%;"> b. Job Title/Profession DISTRICT ATTORNEY - WAYNE COUNTY c. Employer's Name/Specific Field STATE OF NC </div> <div style="width: 10%;"> d. Comments </div> </div>						
						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"/>					\$	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) NANCY DELIA 201 S. VIRGINIA STREET GOLDSBORO, NC 27530 </div> <div style="width: 45%;"> b. Job Title/Profession NURSING EDUCATOR c. Employer's Name/Specific Field WAYNE COMMUNITY COLLEGE </div> <div style="width: 10%;"> d. Comments </div> </div>						
						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"/>					\$	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) KENNETH ELLIS 467 ACYCOCK CHURCH ROAD FREMONT, NC 27830 </div> <div style="width: 45%;"> b. Job Title/Profession NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT EMPLOYED </div> <div style="width: 10%;"> d. Comments </div> </div>						
						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

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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						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KENNETH FEARN 1131 BRYNWOOD COURT LAWRENCE, KS 66049			INTERVENTIONAL RADIOLOGIST			
			c. Employer's Name/Specific Field			
			RADIOLOGY & NUCLEAR MEDICINE, LLC			
					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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS FRANKLIN JR 705 E. BEECH STREET GOLDSBORO, NC 27530-2918			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WALTER FUTRELLE III 104 S. BEST 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		04/17/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 1,300.00	
					\$ 21,245.00	

Contributions from Individuals

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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						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PHILLIP GRANT PO BOX 34 SEVEN SPRINGS, NC 28578			MANAGER			
			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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HETTIE GRISETTE 106 SOLARA DRIVE GOLDSBORO, NC 27534			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		04/21/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAREN HAITHCOCK 113 FAIRMAX ROAD GOLDSBORO, NC 27534-8975			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"/>					\$	
					\$ 450.00	
					\$ 21,245.00	

Contributions from Individuals

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JANICE HARRISON 701 E. FOREST HILL DRIVE GOLDSBORO, NC 27534			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		04/11/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN HINE 2507 PEACHTREE STREET GOLDSBORO, NC 27534			ATTORNEY			
			c. Employer's Name/Specific Field			
			BADDOUR, PARKER, HINE & HALE, PC		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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JENNIFER HOOVER 606 BROOKWOOD LANE GOLDSBORO, NC 27534-7518			PHYSICIAN			
			c. Employer's Name/Specific Field			
			GOLDSBORO PEDIATRICS		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

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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						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHRISTOPHER HOPPER 300 GATOR DRIVE GOLDSBORO, NC 27530			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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GEOFFREY HULSE 1513 E. MULBERRY STREET GOLDSBORO, NC 27530-5207			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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAMUEL HUNTER 770 LAKE WACKENA ROAD GOLDSBORO, NC 27534-8134			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

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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 c. Employer's Name/Specific Field UNC HEALTH WAYNE		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	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 c. Employer's Name/Specific Field IVEY FAMILY FARMS		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		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 c. Employer's Name/Specific Field IVEY SPRING CREEK FARMS		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		02/23/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1,250.00
					\$ 21,245.00

Contributions from Individuals

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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)

ROBERT IVEY
2666 LENNOXVILLE RD
BEAUFORT, NC 28516

b. Job Title/Profession

FARMER

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		02/22/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

TED EMERY IVEY
1803 HWY 24
NEWPORT, NC 28570

b. Job Title/Profession

FARMER

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"/>					\$

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

HELEN JERNIGAN
314 YEARLING DRIVE
GOLDSBORO, NC 27534

b. Job Title/Profession

PROPERTY MANAGER

d. Comments

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

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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						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession EXECUTIVE DIRECTOR		d. Comments	
JACK E KANNAN 106 FAIRWAY DRIVE GOLDSBORO, NC 27534			c. Employer's Name/Specific Field ARTS COUNCIL OF WAYNE COUNTY		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	Check		02/20/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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	
CLAUDIA KORNEGAY 260 PINEY GROVE ROAD LA GRANGE, NC 28551			c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 350.00	
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	\$ 350.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession CITY EXECUTIVE		d. Comments	
WALTER KRENTZ JR 110 LEAFWOOD DRIVE GOLDSBORO, NC 27534			c. Employer's Name/Specific Field FIRST BANK		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"/>					\$	
					\$ 800.00	
					\$ 21,245.00	

Contributions from Individuals

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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						
<input type="checkbox"/> <input type="checkbox"/>						
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"/>					\$	
<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"/>					\$	
<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

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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)

JOHN MANESS
5374 OCEAN VILLAGE DRIVE
MYRTLE BEACH, SC 29577

b. Job Title/Profession

CONSULTANT

c. Employer's Name/Specific Field

Mantrans Global Management
Group, Inc.

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		04/12/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

MEREDITH MCELMURRY
7219 AIRLIE PLACE
WILMINGTON, NC 28403

b. Job Title/Profession

SENIOR PROJECT MANAGER

c. Employer's Name/Specific Field

JACOBS

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	Credit Card		02/10/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

ELIZABETH NEESE
701 E. BEECH 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

\$ 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

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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						
<input type="checkbox"/>		<input type="checkbox"/>				
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		
				c. Employer's Name/Specific Field		
				NUNN, BRASHEAR & UZZELL, PA		
				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	Check		04/11/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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		
				c. Employer's Name/Specific Field		
				BADDOUR, PARKER, HINE & HALE, PC		
				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"/>					\$	
<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		
				c. Employer's Name/Specific Field		
				PARKER & PARKER, PA		
				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		04/08/2023	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						\$ 850.00
						\$ 21,245.00

Contributions from Individuals

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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						
<input type="checkbox"/> <input type="checkbox"/>						
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"/>					\$	
<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"/>					\$	
<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						
<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	
BETSY PRITCHARD 102 PINERIDGE LANE GOLDSBORO, NC 27534-4314			c. Employer's Name/Specific Field 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"/>					\$	
<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	
CHARLES ROUSE 228 RIDGEWOOD 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		04/05/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<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	
DAVID J SEVERN 103 DEERBORN DRIVE GOLDSBORO, NC 27534			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		02/21/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 675.00	
					\$ 21,245.00	

Contributions from Individuals

Pg 21 of 25

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) JOHN MARSHALL SMITH 406 BIRCH DRIVE GOLDSBORO, NC 27534 (919) 738-5440			b. Job Title/Profession NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT EMPLOYED		d. Comments	
					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) KATHRYN SPICER 1605 E. MULBERRY 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		04/12/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILL SPICER 1715 E. WALNUT STREET GOLDSBORO, NC 27530			b. Job Title/Profession ATTORNEY c. Employer's Name/Specific Field NC STATE TREASURER		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		05/03/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 800.00	
					\$ 21,245.00	

Contributions from Individuals

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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						
<input type="checkbox"/> <input type="checkbox"/>						
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"/>					\$	
<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"/>					\$	
<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

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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						
<input type="checkbox"/> a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGARET TEASLEY 2501 ISAAC DRIVE GOLDSBORO, NC 27530-8151			<input type="checkbox"/> b. Job Title/Profession NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT EMPLOYED		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		04/08/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<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			<input type="checkbox"/> 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"/>					\$	
<input type="checkbox"/> a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN WALSTON 2503 PINENEEDLES ROAD GOLDSBORO, NC 27534			<input type="checkbox"/> b. Job Title/Profession ATTORNEY c. Employer's Name/Specific Field Warren, Kerr, Walston, Taylor & Smith LLP		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		05/23/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 850.00	
					\$ 21,245.00	

Contributions from Individuals

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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						
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession REALTOR		d. Comments	
RILEY WILKINS 2608 PINE NEEDLES ROAD GOLDSBORO, NC 27534			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"/>					\$	
<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	
SANDRA WILKINS 815 N. SPENCE AVENUE GOLDSBORO, NC 27534			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"/>					\$	
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession CAR DEALER		d. Comments	
DAN WISE 114 FAIRWAY DRIVE GOLDSBORO, NC 27534			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

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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						
<input type="checkbox"/>		<input type="checkbox"/>				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
CARRIE WOODARD 111 FAIRWAY DRIVE GOLDSBORO, NC 27534				GENERAL CONTRACTOR		
				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"/>					\$	
<input type="checkbox"/>		<input type="checkbox"/>				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ELIZABETH WOODARD 1518 E. MULBERRY STREET GOLDSBORO, NC 27530-5227				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		04/08/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>		<input type="checkbox"/>				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MIKE WOODARD PO BOX 10544 GOLDSBORO, NC 27532				MANAGER		
				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

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) ACCUCOPY 322 N JOHN 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 \$ 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) CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333			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 \$ 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) CAMPAIGN CONNECTIONS 3801 LAKE BOONE TRAIL SUITE 255 RALEIGH, NC 27607			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 \$ 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	
					\$ 5,929.18	
(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 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) COMMUNITIES SUPPORTING SCHOOLS OF WAYNE COUNTY 308 N WILLIAM 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 \$ 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) DILLARD GOLDSBORO ALUMNI & FRIENDS, INC. 801 POPLAR 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 \$ 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) FACEBOOK 1 Hacker Way MENLO PARK, CA 94025			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 \$ 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						
<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) GOLD/WAYNE FSU ALUMNI 801 POPLAR STREET GOLDSBORO, NC 27530				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 \$ 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) CIENNE HOLLOWAY 506 KING DRIVE GOLDSBORO, NC 27530				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 \$ 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) JIMMY DEVE TV 2211 N FIRST STREET GOLDSBORO, NC 27530				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 \$ 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	
(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

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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) KIWANIS CLUB OF GOLDSBORO PO BOX 10386 GOLDSBORO, NC 27532				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 \$ 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) MAGNETS ON THE CHEAP 11525 B STONEHOLLOW DRIVE #220 AUSTIN, TX 78758				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 \$ 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) NADINE MCEACHERN 206 GERALD LANE 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 \$ 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

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) MILLY MEDIA, INC. PO BOX 991 GOLDSBORO, NC 27533				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 \$ 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) AILEEN ROWE 913 E. ELM 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 \$ 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) STAPLES 1101B N BERKELEY BLVD GOLDSBORO, NC 27534				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 \$ 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

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) UNITED STATES POSTAL SERVICE 200 N WILLIAM STREET GOLDSBORO, NC 27530	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	
		\$ 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) WAYNE CHARITABLE PARTNERSHIP 308 N. William St. GOLDSBORO, NC 27530	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	
		\$ 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) BESSIE YARBOROUGH 1104 Berry St GOLDSBORO, NC 27530	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	
		\$ 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 Expenditures

Page 1 of 1

Amendment
☐ Yes ☒ No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE						
<input type="checkbox"/> Add <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
E - Salaries		B* - Printing		D - To Another Candidate		
		G - Political Party				
O* - Other		J - Penalties		Q* - Donations to Legal Expense Fund		
* 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			
<input type="checkbox"/> <input type="checkbox"/>			
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
<input type="checkbox"/> <input type="checkbox"/>			
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