

Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

a. Full Name	c. ID Number		
Dr. Dave Craig for Mayor			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
509 Shelley Dr. Goldsboro, NC, 27534	08/01/2023		
e. Phone Number		919 709 1256	

2023	07/19/2023	08/01/2023	David Leonard Craig				
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund							
<input type="checkbox"/> Other:							
						RECEIVED WCBOE	

a. Financial Institution Full Name	a. Financial Institution Full Name		
United Bank - Goldsboro	N/A		
b. Purpose	c. Account Code	b. Purpose	e. Account Code
Committee Account	7779	N/A	N/A
d. Period Begin Balance		d. Period Begin Balance	
\$ 0		\$ N/A	

CERTIFICATION

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

David L. Craig

Printed Name of Signer

David L. Craig

Signature of Appointed Treasurer

08/01/2023

Date

FOR OFFICE USE ONLY

Date Received:	8-1-23	Employee:	168	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

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

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

Detailed Summary

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

1. Committee/Entity Name (and Party if applicable)	2. Type of Report	3. ID Number
<i>Dr. Dave Craig for Mayor</i>		<i>Organizational</i>
Start of Election Cycle: <i>January 1, 2023</i>	Total this Reporting Period	
4) Cash on Hand at Start	\$ <i>0</i>	\$ <i>100.00</i>
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ <i>214.00</i>
6) Contributions from Individuals	(CRO-1210)	\$ <i>214.00</i>
7) Contributions from Political Party Committees	(CRO-1220)	\$ <i>0</i>
8) Contributions from Other Political Committees	(CRO-1230)	\$ <i>0</i>
9) Loan Proceeds	(CRO-1410)	\$ <i>0</i>
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ <i>0</i>
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ <i>0</i>
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ <i>0</i>
11c) Outside Sources of Income	(CRO-1250)	\$ <i>0</i>
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ <i>0</i>
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ <i>0</i>
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ <i>214.00</i>
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ <i>114.00</i>
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ <i>0</i>
13c) Coordinated Party Expenditures	(CRO-1310)	\$ <i>0</i>
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ <i>0</i>
15) Loan Repayments	(CRO-1420)	\$ <i>0</i>
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ <i>0</i>
17) In-Kind Contributions	(CRO-1510)	\$ <i>0</i>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>114.00</i>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>100.00</i>
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ <i>0</i>
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ <i>0</i>
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ <i>0</i>
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ <i>0</i>
24) Account Transfers Within the Committee	(CRO-1720)	\$ <i>0</i>
25) Administrative Support	(CRO-1710)	\$ <i>0</i>
26) Forgiven Loans	(CRO-1440)	\$ <i>0</i>
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ <i>0</i>
28) Contributions to be Refunded	(CRO-1215)	\$ <i>0</i>

Contributions from Individuals

Pg 1 of 1 Yes No

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

Dr. Dave Craig for Mayor

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
<p>David Leonard Craig 919 709 1256 509 Shelley Dr. Goldsboro, NC, 27534</p>		Analyst/Researcher			
		c. Employer's Name/Specific Field			
		David Craig/Research	e. Election Sum to Date		
		\$ 214.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	N/A	Check	Filing Fee	07/19/2023	\$ 114.00
<input type="checkbox"/>	7779	Cash Deposit	Open Campaign Account	07/28/2023	\$ 100.00
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
		c. Employer's Name/Specific Field			
			e. Election Sum to Date		
		\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
		c. Employer's Name/Specific Field		
			e. Election Sum to Date	
		\$		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
\$ 214.00					
\$ 214.00					

Disbursements

Pg 1 of 1 Amendment Yes No

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

<p><i>Dr. Dave Craig for Mayor</i></p>					
<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 <i>N/A</i>		d. Comments <i>N/A</i>	
<i>Wayne County Board of Elections 309 East Chestnut Street Goldsboro, NC, 27530 919 731 1411</i>		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date <i>\$ 114.00</i>	
f. Account Code <i>N/A</i>		g. Form of Payment <i>Check</i>		h. Purpose Code <i>H*</i>	
				i. Date (mm/dd/yyyy) <i>07/19/2023</i>	
				j. Amount <i>\$ 114.00</i>	
				k. Required Remarks <i>Filing Fee</i>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)					
b. Coordinated Committee Name 					
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 <i>\$</i>					
f. Account Code		g. Form of Payment		h. Purpose Code	
				i. Date (mm/dd/yyyy)	
				j. Amount <i>\$</i>	
				k. Required Remarks	
a. Full Name, Mailing Address & Phone (include city, state, & zip)					
b. Coordinated Committee Name 					
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 <i>\$</i>					
f. Account Code		g. Form of Payment		h. Purpose Code	
				i. Date (mm/dd/yyyy)	
				j. Amount <i>\$</i>	
				k. Required Remarks	
<i>\$ 114.00</i>					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
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					