

Disclosure Report Cover

Amendment

☒ Yes ☐ No

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

1. Committee Information		c. ID Number	
a. Full Name <u>Dr. Dave Craig for Mayor</u>			
b. Mailing Address (Include City, State and Zip Code) <u>509 Shelley Dr.</u> <u>Goldsboro, NC, 27534</u>		d. Date Filed <u>08/01/2023</u>	
		e. Phone Number <u>919 709 1256</u>	
2. Report Year		3. Period Start Date (mm/dd/yyyy)	
<u>2023</u>		<u>07/19/2023</u>	
4. Period End Date (mm/dd/yyyy)		5. Treasurer Full Name	
<u>08/01/2023</u>		<u>David Leonard Craig</u>	
6. Type of Committee (Check One)		7. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		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	
8. Type of Fund (If applicable, check one)		9. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<u>RECEIVED</u> <u>WCOBE</u>	
10. Number of Fundraising this Report		11. Financial Institution Information	
<u>0</u>		a. Financial Institution Full Name <u>United Bank - Goldsboro</u>	
b. Purpose <u>Committee Account</u>		a. Financial Institution Full Name <u>N/A</u>	
c. Account Code <u>7779</u>		b. Purpose <u>N/A</u>	
d. Period Begin Balance \$ <u>0</u>		c. Account Code <u>N/A</u>	
		d. Period Begin Balance \$ <u>N/A</u>	
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.			
<u>David L. Craig</u> Printed Name of Signer		<u>David L. Craig</u> Signature of Appointed Treasurer	
		<u>08/01/2023</u> Date	
FOR OFFICE USE ONLY			
Date Received:	<u>8-1-23</u>	Employee:	<u>NGS</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

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

Amendment

☒ Yes

☐ No

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

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

<div style="font-size: 1.2em; font-family: cursive;">Dr. Dave Craig for Mayor</div>						
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> <div style="font-size: 1.1em; font-family: cursive;">David Leonard Craig 919 709 1256 509 Shelley Dr. Goldsboro, NC, 27534</div>			b. Job Title/Profession <div style="font-size: 1.1em; font-family: cursive;">Analyst/Researcher</div>		d. Comments 	
			c. Employer's Name/Specific Field <div style="font-size: 1.1em; font-family: cursive;">David Craig/Research</div>			
			e. Election Sum to Date <div style="font-size: 1.2em; font-family: cursive;">\$ 214.00</div>			
<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 <small>(include city, state, & zip)</small> 			b. Job Title/Profession 		d. Comments 	
			c. Employer's Name/Specific Field 			
			e. Election Sum to Date <div style="text-align: center;">\$</div>			
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> 			b. Job Title/Profession 		d. Comments 	
			c. Employer's Name/Specific Field 			
			e. Election Sum to Date <div style="text-align: center;">\$</div>			
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
\$ 214.00						
\$ 214.00						

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☒ Yes ☐ No

<div style="font-size: 24px; font-family: cursive;">Dr. Dave Crais for Mayor</div>							
<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 <small>(include city, state, & zip)</small> <div style="font-size: 18px; font-family: cursive;">Wayne County Board of Elections 309 East Chestnut Street Goldsboro, NC, 27530 919 731 4411</div>		b. Coordinated Committee Name <div style="font-size: 24px; font-family: cursive;">N/A</div>		d. Comments <div style="font-size: 24px; font-family: cursive;">N/A</div>			
		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 <div style="font-size: 24px; font-family: cursive;">\$ 114.00</div>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
N/A	Check	H*	07/19/2023	\$ 114.00	Filing Fee		
				\$			

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>		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 <div style="font-size: 24px; font-family: cursive;">\$</div>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>		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 <div style="font-size: 24px; font-family: cursive;">\$</div>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small>		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 <div style="font-size: 24px; font-family: cursive;">\$</div>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			

					\$ 114.00		
(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)					\$ 114.00		

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			