

Disclosure Report Cover

Amendment

Yes

No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information

a. Full Name	c. ID Number		
Phyllis Merritt-James for District 5 City Council	YK12B0		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
503 Cardinal Drive Goldsboro, NC 27534	02/24/2023		
	e. Phone Number		
	919-584-5814		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	03/07/2023	06/30/2023	Phyllis Merritt-James

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"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> 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
7. Type of Fund (if applicable, check one)				
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
				RECEIVED Report Name WCBOE AUG 02 2023

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
NCCFCU		NCCFCU	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign exp	PMJ4D5C	Credit union fee to join so can have checkin acct	PMJ4D5S
d. Period Begin Balance		d. Period Begin Balance	
\$ 1050.00		\$ 1.00	

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 of Elections.

Phyllis Merritt-James

Printed Name of Signer

Signature of Appointed Treasurer

08/02/2023

Date

FOR OFFICE USE ONLY

Date Received:	8-2-23	Employee:		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

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
Phyllis Merritt-James for District 5 City Council	MidYear Semit Annual Report	YK12BO
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1051.00	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 90.00	\$ 90.00
6) Contributions from Individuals (CRO-1210)	\$ 975.00	\$ 1026.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 1000.00
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1065.00	\$ 2116.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 1347.35	\$ 1347.35
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 15.02	\$ 15.02
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1362.37	\$ 1362.37
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 753.63	\$ 753.63
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1000.00	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$ 0	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	
25) Administrative Support (CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

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

1. Committee Full Name (and Fund if applicable) Phyllis Merritt-James for District 5 City Council					2. ID Number YK12B0
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	PMJ4D5C	Check	04/28/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	PMJ4D5C	Cash	04/28/2023	\$ 20.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	PMJ4D5C	Electronic Tran	05/19/2023	\$ 25.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add	PMJ4D5C	Cash	05/26/2023	\$ 20.00
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
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<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				
<input type="checkbox"/>	Add				\$
<input type="checkbox"/>	Remove				
4. Total only this Page					\$ 90.00
5. Total of ALL CRO-1205 Pages					\$ 90.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 1 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Phyllis Merritt-James for District 5 City Council					YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Donna Lake 106 Cassedale Drive Goldsboro, NC 27534			b. Job Title/Profession RN		d. Comments	
			c. Employer's Name/Specific Field ECU			
					e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	Check		04/17/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hattie Lofton 13 Cedar Drive Smithfield, NC 27577			b. Job Title/Profession Not Employed		d. Comments	
			c. Employer's Name/Specific Field None			
					e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	Check		05/04/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Carl Martin 801 South Baines Place Goldsboro, NC 27577			b. Job Title/Profession Not employed		d. Comments	
			c. Employer's Name/Specific Field None			
					e. Election Sum to Date \$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	Check		05/17/2023	\$ 225.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 525.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 975.00	

Contributions from Individuals

Amendment

Pg 2 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Phyllis Merritt-James for District 5 City Council			YK12B0		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles Williams 1402 South Slocumb Street Goldsboro, NC 27534		b. Job Title/Profession Not Employed		d. Comments None	
				e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	Electronic		06/07/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Maria Enamorado 127 Greenlyn Dr Clayton, NC 27527		b. Job Title/Profession RN		d. Comments Davita	
				e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	Electronic		06/07/2023	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Benita James 4508 Rosewood Ct Middletown, OH 45042		b. Job Title/Profession Production Tech		d. Comments Molson Coors	
				e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	Electronic		06/14/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 250.00					
5. Total of ALL CRO-1210 Pages \$ 975.00 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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

Amendment
Pg 3 of 3 Yes No

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Phyllis Merritt-James for District 5 City Council				YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Logistics		d. Comments
			c. Employer's Name/Specific Field National Power		
Douglas Horne P.O.Box 363 Kenly, NC 27542			e. Election Sum to Date \$ 0		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	Electronic		06/21/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Not employed		d. Comments
			c. Employer's Name/Specific Field None		
Travis Outlaw 221 S. Spence Ave Goldsboro, NC 27534			e. Election Sum to Date \$ 0		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	Check		06/23/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession 		d. Comments
			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"/>					\$
4. Total only this Page				\$ 200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 975.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Phyllis Merritt-James for District 5 City Council			YK12B0		
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
NCCFCU 2401 E. Ash St Goldsboro, NC 27534					
			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	
				\$ 0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Cash	0	03/07/2023	\$15.49	Bank Checks
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
USA Tax ID Support@USA-TaxID.com 1-800-317-5781					
			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	
				\$ 0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Debit	O	04/26/2023	\$249.00	Fee for Tax ID
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
Dillard/Goldsboro Alumni & Friends, Inc 1302 Bob Braswell Ct Goldsboro, NC 27534 910-465-9157					
			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	
				\$ 0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Check	O	05/04/2023	\$25.00	Candidate Parade Entry Fee
				\$	
5. Total only this Page					\$ 289.49
6. Total of ALL CRO-1310 Pages <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>					\$ 1347.35
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

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

1. Committee Full Name (and Fund if applicable) Phyllis Merritt-James for District 5 City Council					2. ID Number YK12B0
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Signage of Clayton, Inc 218 W. Main St Clayton, NC 27520			b. Coordinated Committee Name		d. Comments
			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			
			\$ 0		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Debit	A	05/26/2023	\$82.86	Car Magnets For My Signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Karena Atkinson 353 Weaver Rd 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 checked="" type="checkbox"/> Municipality:	e. Election Sum to Date			
			\$ 0		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Check	O	06/01/2023	\$750.00	Campaign Manage
PMJ4D5C	Check	O	06/29/2023	\$225.00	Campaign Manage *not cleared ac
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			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			
			\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 1057.86
6. Total of ALL CRO-1310 Pages					\$ 1347.35
(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)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Outstanding Loans

Amendment

Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable) Phyllis Merritt-James for District 5 City Council			2. ID Number YK12B0
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Phyllis Merritt-James 503 Cardinal Drive Goldsboro, NC 27534		b. Job Title/Profession Family Nurse Practitioner	d. Comments e. Start Date (mm/dd/yyyy) 02/24/2023
		c. Employer's Name/Specific Field North Carolina Nephrology	f. End Date (mm/dd/yyyy) N/A
g. Rate 0 %	h. Security Pledged N/A	i. Original Loan Amount \$ 1000.00	j. Remaining Loan Balance \$ 1000.00
k. Full Name of Lending Institution Self			l. Loan Number N/A
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession c. Employer's Name/Specific Field e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy)	d. Comments j. Remaining Loan Balance l. Loan Number
g. Rate % %	h. Security Pledged	i. Original Loan Amount \$	j. Remaining Loan Balance \$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession c. Employer's Name/Specific Field e. Start Date (mm/dd/yyyy) f. End Date (mm/dd/yyyy)	d. Comments j. Remaining Loan Balance l. Loan Number
g. Rate % %	h. Security Pledged	i. Original Loan Amount \$	j. Remaining Loan Balance \$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 1000.00