

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

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

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 02/24/2023	4. Period End Date (mm/dd/yy) 03/06/2023	5. Treasurer Full Name 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"/> Party	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report None		10. Special Report Name RECEIVED WCBCE AUG 02 2023	

11. Account Information		11. Account Information	
a. Financial Institution Full Name NCCFCU		a. Financial Institution Full Name NCCFCU	
b. Purpose For All Campaign Expenses	c. Account Code PMJ4D5C	b. Purpose NCCFCU membership	c. Account Code PMJ4D5S
	d. Period Begin Balance \$ 1050.00		d. Period Begin Balance \$ 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:

8-2-27

Employee:

Signature

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ 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) Phyllis Merritt-James for District 5 City Council		2. Type of Report Organizational		3. ID Number YK12B0	
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$	
6) Contributions from Individuals (CRO-1210)		\$ 51.00		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$	
9) Loan Proceeds (CRO-1410)		\$ 1000.00		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1051.00		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$	
15) Loan Repayments (CRO-1420)		\$ 0		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0		\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1051.00		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
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		\$	
26) Forgiven Loans (CRO-1440)		\$ 0		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$	

Contributions from Individuals

Pg 1 of 1 Amendment ☒ 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) Phyllis Merritt-James 503 Cardinal Drive Goldsboro, NC 27534			b. Job Title/Profession		d. Comments	
			Nurse Practitioner			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			North Carolina Nephrology		\$ 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	cash		02/24/2023	\$ 50.00	
<input type="checkbox"/>	PMJ4D5S	cash		02/24/2023	\$ 1.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
			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					\$ 51.00	
5. Total of ALL CRO-1210 Pages					\$ 51.00	

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Loan Proceeds

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

Phyllis Merritt-James District 5 City Council		
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 c. Employer's Name/Specific Field North Carolina Nephrology
		d. Comments e. Start Date (mm/dd/yyyy) 02/24/2023 f. End Date (mm/dd/yyyy) _____
g. Rate 0%	h. Security Pledged _____	i. Account Code PMJ4D5C j. Form of Payment check k. Amount \$ 1000
l. Full Name of Lending Institution Self		m. Loan Number N/A
a. Full Name, Mailing Address & Phone (include city, state, & zip) Phyllis Merritt-James 503 Cardinal Dr Goldsboro NC 27534		b. Job Title/Profession Family Nurse Practitioner c. Employer's Name/Specific Field North Carolina Nephrology d. Percentage N/A % e. Amount \$ 1000
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession c. Employer's Name/Specific Field d. Percentage % e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession c. Employer's Name/Specific Field d. Percentage % e. Amount \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession c. Employer's Name/Specific Field d. Percentage % e. Amount \$
		\$ 1000



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Phyllis Merritt-James for District 5 City Council
- Person or committee to make loan: Phyllis Merritt-James
- Date of loan to committee: 2/24/23
- Name of lending institution (source):
Personal
- Amount of loan: \$1000
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
Phyllis Merritt-James
- Period of loan: None
- Rate of interest of loan: None
- Security pledged for loan: Signature

I, Phyllis Merritt-James, (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

[Signature]
Signature of Lender

2/24/23
Date Signed

[Signature]
Signature of Treasurer of Committee

2/24/23
Date Signed