

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		
Team White			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
204 Hardingwood Drive Goldsboro, NC 27534	08/18/2023		
		e. Phone Number	
		573-528-9971	

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023			Debra D. Bailey

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 <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 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
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

11. Account Information	11. Account Information		
a. Financial Institution Full Name	a. Financial Institution Full Name		
Southern Bank	REC'D 8/18/2023 WCBOE		
b. Purpose	c. Account Code	b. Purpose	c. Account Code
All Campaign Expenses	021		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1557.42		\$

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.

Debra D. Bailey
Printed Name of Signer

Debra D. Bailey
Signature of Appointed Treasurer

08/18/2023
Date

FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Scanned:	Employee:		
Date Data Entered:	Employee:	<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
Team White		
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1625.00	\$ 1625.00
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)	\$ 1625.00	\$ 1625.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 67.58	\$ 67.58
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)	\$ 67.58	\$ 67.58
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1557.92	\$ 1557.92
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

Pg 1 of 3 Yes No

Amendment

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	
Team White					
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	
Roderick White 204 Harding Drive Goldsboro, NC 27534 573-528-9971			c. Employer's Name/Specific Field	e. Election Sum to Date	
			NC DMVA State of NC	\$ 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"/>	021	Credit Card		07/31/2023	\$ 25.00
<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	
			AFJROTC Teacher		
Earl Williams, II 1020 Holts Pond Road Princeton, NC 27569			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Hunt High School 611110	\$ 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"/>	021	Credit Card		08/05/2023	\$ 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	
			No Job Title or Profession		
Nicole Real			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Not Employed	\$ 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"/>	021	Credit Card		08/05/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 225.00
5. Total of ALL CRO-1210 Pages					\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Pg 2 of 3 Yes No

Amendment

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	
<u>Team White</u>					
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	
<u>Dwayne Everett</u> <u>1644 S. Albany</u> <u>Chicago, IL 60623</u>			<u>Sales Representative</u>		
			c. Employer's Name/Specific Field		
			<u>Lilly USA</u> <u>325412</u>		
e. Election Sum to Date \$ <u>100.00</u>					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>021</u>	<u>Credit Card</u>		<u>08/07/2023</u>	\$ <u>100.00</u>
<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	
<u>Christopher Williams</u> <u>6105 Lara Court</u> <u>Killeen, TX 76542</u>			<u>No Job Title or Profession</u>		
			c. Employer's Name/Specific Field		
			<u>Not Employed</u>		
e. Election Sum to Date \$ <u>100.00</u>					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>021</u>	<u>Credit Card</u>		<u>08/09/2023</u>	\$ <u>100.00</u>
<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	
<u>Corey Best</u> <u>2845 University Avenue 1E</u> <u>Bronx, NY 10468</u>			<u>Security Supervisor</u>		
			c. Employer's Name/Specific Field		
			<u>Mulligan</u> <u>541690</u>		
e. Election Sum to Date \$ <u>1,000.00</u>					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>021</u>	<u>Credit Card</u>		<u>08/11/2023</u>	\$ <u>1,000.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ <u>1200.00</u>
5. Total of ALL CRO-1210 Pages					\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

Pg 3 of 3 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	
Team White					
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	
			No Job Title or Profession		
Gene D. Thomas 105 Steven Pl Goldsboro, NC 27534-7619			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Not Employed	\$ 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"/>		Check		08/12/2023	\$ 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	
			No Job Title or Profession		
John Best 1015 Taylor St Goldsboro, NC 27530			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Not Employed	\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	021	Cash		08/12/2023	\$ 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)			b. Job Title/Profession	d. Comments	
			No Job Title or Profession		
Debra Best 1015 Taylor St Goldsboro, NC 27530			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Not Employed	\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	021	Cash		08/12/2023	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 200.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1625.00

Disbursements

Amendment

Pg ____ of ____

Yes No

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)

Team White

2. ID Number

3. Type of Disbursement

(Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses

Contributions to Candidates/Political Committees

Coordinated Party Expenditures

4. Payee Information

Add Remove

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

Southern Bank
2310 S. Charles Blvd
Greenville NC 27834

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:

State Municipality:

e. Election Sum to Date

\$

f. Account Code

021

g. Form of Payment

Draft

h. Purpose Code

026

i. Date (mm/dd/yyyy)

07/25/2023

j. Amount

\$ 38.20

k. Required Remarks

Service Charges

4. Payee Information

Add Remove

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

ACTBLUE
366 Summer St
Somerville, MA 02144

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:

State Municipality:

e. Election Sum to Date

\$

f. Account Code

021

g. Form of Payment

Draft

h. Purpose Code

26

i. Date (mm/dd/yyyy)

08/13/2023

j. Amount

\$ 21.38

k. Required Remarks

Service Charges

4. Payee Information

Add Remove

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

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal County:

State 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

\$

67.58

6. Total of ALL CRO-1310 Pages

\$

67.58

(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)