

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 <u>Zachary E. Lilly</u>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>PO Box 291</u> <u>Goldsboro NC, 27533</u>		d. Date Filed <u>08/21/2023</u>	
		e. Phone Number <u>919-288-0688</u>	
2. Report Year <u>2023</u>	3. Period Start Date (mm/dd/yy) <u>07/21/2023</u>	4. Period End Date (mm/dd/yy) <u>07/31/2023</u>	5. Treasurer Full Name <u>Zachary E. Lilly</u>
6. Type of Committee (Check One) <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		9. Type of Report (check only one type of report from one category) 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	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report			
11. Account Information			
a. Financial Institution Full Name <u>Truist</u>		a. Financial Institution Full Name <u>RECEIVED WCBOE</u>	
b. Purpose	c. Account Code <u>1</u>	b. Purpose	c. Account Code <u>AUG 21 2023</u>
	d. Period Begin Balance <u>\$ 0</u>	BY	d. Period Begin Balance <u>\$</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>Zachary E. Lilly</u> Printed Name of Signer		<u>Zachary E. Lilly</u> Signature of Appointed Treasurer	
		<u>08/21/2023</u> Date	
FOR OFFICE USE ONLY			
Date Received: <u>8-21-23</u>	Employee: <u>AKO</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training	
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		
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
Zach Lilly for Goldsboro		Organizational	
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)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 114	\$ 114	
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)	\$ 114	\$ 114	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 114	\$ 114	
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)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0	
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)	\$	\$	

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

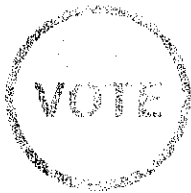
1. Committee Full Name (and Fund if applicable) <i>Zach Lilly for Goldsboro</i>						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political 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) <i>Wayne County Board of Elections 309 East Chestnut St. Goldsboro NC, 27530</i>				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date <i>\$ 114</i>	
f. Account Code <i>2</i>	g. Form of Payment <i>Money Order</i>	h. Purpose Code <i>H</i>	i. Date (mm/dd/yyyy) <i>07/21/2023</i>	j. Amount <i>\$ 114</i>	k. Required Remarks <i>Filing Fee</i>		
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments 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		
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments 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 <i>\$ 114</i>							
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>\$ 114</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>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A* - Media</div> <div style="width: 50%;">B* - Printing</div> <div style="width: 50%;">C* - Fundraising</div> <div style="width: 50%;">D - To Another Candidate</div> <div style="width: 50%;">E - Salaries</div> <div style="width: 50%;">F* - Equipment</div> <div style="width: 50%;">G - Political Party</div> <div style="width: 50%;">H* - Holding Public Office Expenses</div> <div style="width: 50%;">I - Postage</div> <div style="width: 50%;">J - Penalties</div> <div style="width: 50%;">K* - Office Expenses</div> <div style="width: 50%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 50%;">O* Other</div> </div>							
* Codes require detailed explanation in required remarks field (k)							

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

1. Committee Full Name (and Fund if applicable) <u>Zach Lilly For Goldsboro</u>				2. ID Number	
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Zachary Lilly</u> <u>PO Box 241 Goldsboro NC, 27533</u>		b. Job Title/Profession <u>Manager</u>		d. Comments	
		c. Employer's Name/Specific Field <u>Self</u>		e. Start Date (mm/dd/yyyy) <u>07/21/2023</u>	
				f. End Date (mm/dd/yyyy) <u>12/31/2023</u>	
g. Rate <u>0</u> %	h. Security Pledged <u>None</u>	i. Account Code	j. Form of Payment <u>Money Order</u>	k. Amount <u>\$ 114</u>	
l. Full Name of Lending Institution				m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan.)					
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 \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) <u>\$ 114</u>					



NORTH CAROLINA STATE BOARD OF ELECTIONS

RECEIVED

AUG 29 2023

WCBOE

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: Zach Lilly for Goldsboro
- Person or committee to make loan: Zach Lilly
- Date of loan to committee: 07/21/2023
- Name of lending institution (source):
Individual
- Amount of loan: \$114
- Description (if in-kind loan): NA
- Names of all parties responsible for payment of loan (guarantors):
Zachary Lilly
- Period of loan: 1 Year
- Rate of interest of loan: 0%
- Security pledged for loan: None

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

Zachary E. Lilly
Signature of Lender

08/29/2023

Date Signed

Zachary E. Lilly
Signature of Treasurer of Committee

08/29/2023

Date Signed