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
DUMOND FOR GOLDSBORO COMMITTEE

c. ID Number

b. Mailing Address (include City, State and Zip Code)
602 Gloucester Rd.
Goldsboro, NC 27534

d. Date Filed
08/30/2023

e. Phone Number
919-432-8837

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/01/2023	08/29/2023	Laurence D Frederick III

6. Type of Committee (Check One)

☒ Candidate Campaign   ☐ Party
☐ PAC   ☐ Referendum
☐ Independent Expenditure   ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

Municipal
☐ Organizational
☒ Thirty-five day
☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County
☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum
☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
First Citizens Bank

b. Purpose
General Operating Account

c. Account Code
BUS

d. Period Begin Balance
$ 1197.57

11. Account Information

a. Financial Institution Full Name

RECEIVED
WCBOE
AUG 31 2023
BY _____

b. Purpose

c. Account Code

d. Period Begin Balance
$

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.

Laurence D Frederick
Printed Name of Signer

Laurence D. Frederick (signature)
Signature of Appointed Treasurer

08/30/2023
Date

FOR OFFICE USE ONLY

Date Received: _____   Employee: _____
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.

CRO-1000   NC State Board of Elections   August 2008

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
DUMOND FOR GOLDSBORO COMMITTEE	35 DAY REPORT	

Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1197.57	$
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 1935.84	$ 3155.83
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$ 850.00	$ 2550.00
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)	$	$
11 e) Exempt Purchase Price Sales	(CRO-1265)	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		$ 2785.84	$ 5705.83
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 3524.74	$ 5102.17
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 70.00	$ 70.00
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$ 346.00	$ 490.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 3940.74	$ 5663.16
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 42.67	$ 42.67
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 2550.00	
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)	$ 0	$ 0

Contributions from Individuals

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
DUMOND FOR GOLDSBORO COMMITTEE	

3. Contributor Information   ☒ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Nancy Norwood 216 Ridgewwood Dr. Goldsbporo, NC 27534 9197340524	Retired	
	c. Employer's Name/Specific Field	
	Retired	
		e. Election Sum to Date $ 250

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	BUS	cheeck		07/25/2023	$ 250
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Dave Frederick 2707 Isaac Dr. Goldsboro, NC 27530 9192231317	Physician	
	c. Employer's Name/Specific Field	
	UNCPN	
		e. Election Sum to Date $ 1999

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	BUS	check		07/27/2023	$ 999
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837	Owner/Operator	
	c. Employer's Name/Specific Field	
	YBR Marketing LLC	
		e. Election Sum to Date $ 490.99

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	BUS	Debit	Web Hosting	07/03/2023	$ 33.00
☐	BUS	Debit	Web Hosting	08/03/2023	$ 33.00
☐	BUS	Credit Cd	Signage	07/16/2023	$ 280

4. Total only this Page	$ 1595
5. Total of ALL CRO-1210 Pages	$ 1935.84
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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
DUMOND FOR GOLDSBORO COMMITTEE	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Barbara Ann Aycock	county commisioner	
1707 Nor Am Road	**c. Employer's Name/Specific Field**	
Pikeville, NC 27863	Wayne County	
919-738-7444		**e. Election Sum to Date**
		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	BUS	Check		07/25/2023	$ 50.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Tony Mooring	Painter	
305 Camden Park Drive	**c. Employer's Name/Specific Field**	
Goldsboro, NC 27530	Tony's Painting/owner	
919-344-2784		**e. Election Sum to Date**
		$ 290.84

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	BUS	draft		07/31/2023	$ 290.84
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ 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
☐					$
☐					$
☐					$

4. Total only this Page	$ 340.84
5. Total of ALL CRO-1210 Pages	$ 1935.84
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

CRO-1210   NC State Board of Elections   April 2007

Loan Proceeds

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 9194328837	Owner/Operator	
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	07/25/2023
	YBR Marketing LLC	f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0 %		BUS	Draft	$ 850.00

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)

$ 850.00

Disbursements

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)	2. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	

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)	b. Coordinated Committee Name	d. Comments
Accucopy 322 N. John Street Goldsboro, NC 27530 919-751-2400	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 76.86

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	CHECK	B	07/24/2023	$76.86	Print Media (15
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Wayne County Board of Election 304 E Chestnut Street Goldsboro, NC 27530 919-731-1411	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	CHECK	O	07/10/2023	$90	Filing Fee (25)
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Southern Sign Co.Inc 119 Carridge Rd. Goldsboro, NC 27534 919-736-1709	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 787.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	CHECK	A	07/16/2023	$787.50	Print Media (15
				$	

5. Total only this Page	$ 954.36

6. Total of ALL CRO-1310 Pages

(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)

$ 3524.74

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)

CRO-1310   NC State Board of Elections   December 2009

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
DUMOND FOR GOLDSBORO COMMITTEE	

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)	b. Coordinated Committee Name	d. Comments
Clifton Broadhurst 101 Rosemary Court Dudley, NC 28333 919-440-1738	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 2500

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	CHECK	O	07/25/2023	$1000	Consultant GOTV (36)
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Meta Platforms Inc. 1601 Willow Road Menlo Park, CA 94025-1452 650-543-4800	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 420.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	A	07/17/2023	$21.66	Internet Ad (16)
BUS	Debit	A	07/11/2023	$8.29	Internet Ad (16)

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Meta Platforms Inc. 1601 Willow Rd. Menlo Park, CA 94025-1452 650-543-4800	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 420.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	A	07/05/2023	$33.58	Internet Ad (16)
BUS	Debit	A	07/05/2023	$37.40	Internet Ad (16)

5. Total only this Page	$ 1100.93

6. Total of ALL CRO-1310 Pages

(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)

$ 3524.74

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)	2. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	

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)	b. Coordinated Committee Name	d. Comments
Meta Platforms Inc. 1601 Willow Road Menlo Park, CA 94025-1452 650-543-4800	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 420.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	A	07/05/2023	$41.26	internet ad (16)
BUS	Debit	A	07/28/2023	$22.81	internet ad (16)

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Printsonthecheap 800-330-9622 11525 Stonehollow Dr. Austin, TX, 78758, US	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 927.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	B	07/28/2023	$927.44	Print Media (15)
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Meta Platform Inc 1601 Willow Road Menlo Park, CA 94025-1452 650-543-4800	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 420.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	A	07/31/2023	$25.02	internet ad (16)
BUS	Debit	A	08/04/2023	$26.43	internet ad (16)

5. Total only this Page	$ 1042.96

6. Total of ALL CRO-1310 Pages

(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)

$ 3524.74

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)	2. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	

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)	b. Coordinated Committee Name	d. Comments
Meta Platforms Inc. 1601 Willow Rd. Menlo Park, CA 94025-1452 650-543-4800	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 420.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	A	08/07/2023	$30.80	internet ad (16)
BUS	Debit	A	08/09/2023	$33.70	internet ad (16)

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Haveri Creative Solutions 101 Davelin Place Goldsboro, NC 27530 919-922-0435	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	check	A	08/04/2023	$100	internet ad (16)
BUS	Debit	A	08/17/023	$150	internet ad (16)

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Meta Platforms Inc. 1601 Willow Rd. Menlo Park, CA, 94025-1452 65-543-4800	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 420.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	A	08/14/2023	$29.23	internet ad (16)
BUS	Debit	A	08/17/2023	$32.58	internet ad (16)

5. Total only this Page	$ 376.31

6. Total of ALL CRO-1310 Pages
(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)

$ 3524.74

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)	2. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	

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)	b. Coordinated Committee Name	d. Comments
Meta Platforms Inc. 1601 Willow Rd. Menlo Park, CA., 94025-1452 650-543-4800	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 420.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BUS	Debit	A	08/23/2023	$24.40	internet ad (16)
BUS	Debit	A	08/24/2023	$25.78	internet ad (16)

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
				$	
				$	

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	$ 50.18

6. Total of ALL CRO-1310 Pages

(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)

$ 3524.74

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)

Aggregated Non-Media Expenditures

Optional form used to report NC Non-Media Expenditures of $50 or less.

Amendment ☐ Yes ☑ No

1. Committee Full Name (and Fund if applicable)		2. ID Number				
DUMOND FOR GOLDSBORO COMMITTEE						

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	BUS	CHECK (1002)	O	07/16/2023	$ 50.00	Charitable donation (56)
☐ Add ☐ Remove	BUS	CHECK (1006)	O	08/04/20233	$ 20.00	Charitable donation (56)
☐ Add ☐ Remove					$	
☐ Add ☑ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☑ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☑ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☑ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☑ Remove					$	
☐ Add ☐ Remove					$	
☑ Add ☐ Remove					$	
☐ Add ☐ Remove					$	

4. Total only this Page	$70.00
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$70.00

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund
Q* - Other			

* Codes require detailed explanation in required remarks field (g)

CRO-1315   NC State Board of Elections   December 2009

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Chretien Dumond 602 Glouceter Rd. Goldsboro, NC 27534 919-432-8837	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

d. Election Sum to Date $ 490.99

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Web Hosting	07/03/2023	$ 33.00
Web Hosting	08/03/2023	$ 33.00
Signage	07/16/2023	$ 280.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 346
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 346

CRO-1510   NC State Board of Elections   December 2007

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:** Dumond For Goldsboro
- **Person or committee to make loan:** Chretien Dumond
- **Date of loan to committee:** 07/25/2023
- **Name of lending institution (source):**

- **Amount of loan:** 850.00
- **Description (if in-kind loan):**
- **Names of all parties responsible for payment of loan (guarantors):**

- **Period of loan:**
- **Rate of interest of loan:**
- **Security pledged for loan:**

I, Chretien Dumond _____, 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.

_____   8-30-2023
Signature of Lender   **Date Signed**

_____   8-30-2023
Signature of Treasurer of Committee   **Date Signed**

CRO-6100   *Loan Proceeds Statement*

Outstanding Loans

Amendment ☐ 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)	2. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837	Owner/Oprator	
		e. Start Date (mm/dd/yyyy) 02/15/2023
	c. Employer's Name/Specific Field YBR Marketing LLC	**f. End Date (mm/dd/yyyy)**

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		$ 500	$ 500

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837	Owner/Operator	
		e. Start Date (mm/dd/yyyy) 02/16/2023
	c. Employer's Name/Specific Field YBR Marketing LLC	**f. End Date (mm/dd/yyyy)**

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		$ 1200	$ 1200

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837	Owner/Operator	
		e. Start Date (mm/dd/yyyy) 07/25/2023
	c. Employer's Name/Specific Field YBR Marketing LLC	**f. End Date (mm/dd/yyyy)**

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %		$ 850	$ 850

k. Full Name of Lending Institution	l. Loan Number

4. Total only this Page	$ 2550
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 2550