



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	
COMMITTEE TO ELECT RAYMOND SMITH			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O.BOX 10772 GOLDSBORO, NC 27532		08/31/2023	
		e. Phone Number	
		(919) 648-6149	
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	SUSAN THOMPSON
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input checked="" 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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
COMMITTEE TO ELECT RAYMOND SMITH		RECEIVED WCBCE	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FUNDS, POLITICAL ACTIVITY FUNDS, & EXPENDITURES	4	SEP 01 2023	
	d. Period Begin Balance		d. Period Begin Balance
	\$	BY	\$
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			
			
Printed Name of Signer		Signature of Appointed Treasurer	
		08/31/2023	
		Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered	
		<input checked="" 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	
COMMITTEE TO ELECT RAYMOND SMITH		2023 Thirty-five-day			
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 8,780.70		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 391.75		\$ 1,136.75	
6) Contributions from Individuals (CRO-1210)		\$ 8,009.95		\$ 20,235.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 300.00		\$ 300.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 200.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 50.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 8,701.70		\$ 21,921.75	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 9,236.33		\$ 11,081.12	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 450.77		\$ 760.28	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 40.70		\$ 2,325.75	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9,727.80		\$ 14,167.15	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,754.60		\$ 7,754.60	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 200.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH					
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 <input type="checkbox"/> Remove	4	Check		07/12/2023	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		08/15/2023	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		07/15/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		08/03/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		07/05/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		08/11/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		08/29/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		07/06/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		07/15/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Cash		07/13/2023	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Cash		07/17/2023	\$ 1.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	In-Kind	REFRESHMENTS FOR CAMPAIGN RETREAT	07/24/2023	\$ 25.75
4. Total only this Page					\$ 391.75
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 391.75

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 7 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	
COMMITTEE TO ELECT RAYMOND SMITH						
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	
JOHN BARNES 102 DOGWOOD COURT GOLDSBORO, NC 27534			CEO			
			c. Employer's Name/Specific Field			
			REBUILDING BROKEN PLACES CDC			
					e. Election Sum to Date	
					\$ 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"/>	4	Electric Funds Tran		08/07/2023	\$ 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)			b. Job Title/Profession		d. Comments	
WINSTON BARNES 3309 S ELM EUGENE STREET GREENSBORO, NC 27406			NOT WORKING			
			c. Employer's Name/Specific Field			
					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	
<input type="checkbox"/>	4	Check		08/17/2023	\$ 125.00	
<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	
CHRYSTE BEST 7912 MULBERRY BOTTOM COURT SPRINGFIELD, VA 22153			MANAGER			
			c. Employer's Name/Specific Field			
			FHI360			
					e. Election Sum to Date	
					\$ 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"/>	4	Electric Funds Tran		08/20/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,009.95	

Contributions from Individuals

Pg 2 of 7

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	
COMMITTEE TO ELECT RAYMOND SMITH						
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
ERNESTINE BEST 401 HAMILTON DRIVE GOLDSBORO, NC 27530				RETIRE		
				c. Employer's Name/Specific Field CHERRY HOSPITAL		
				e. Election Sum to Date		
				\$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Check		07/31/2023	\$ 400.00	
<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
JERRY BRASWELL P.O. BOX 253 GOLDSBORO, NC 27530				RETIRE		
				c. Employer's Name/Specific Field ATTORNEY / JUDGE		
				e. Election Sum to Date		
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Check		08/21/2023	\$ 150.00	
<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
PATRICIA BURDEN 1500 KING DRIVE GOLDSBORO, NC 27530				RETIRE		
				c. Employer's Name/Specific Field EDUCATOR		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Check		07/05/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,009.95	

Contributions from Individuals

Pg 3 of 7 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	
COMMITTEE TO ELECT RAYMOND SMITH						
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
CLARENCE CARRAWAY 1505 EAST HOLLY STREET GOLDSBORO, NC 27530 (919) 396-7821				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Electric Funds Tran		07/14/2023	\$ 100.00	
<input type="checkbox"/>	4	Electric Funds Tran		08/14/2023	\$ 100.00	
<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
JOANNE LLOYD 344 HARE ROAD GOLDSBORO, NC 27534 (919) 221-6103				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 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"/>	4	Electric Funds Tran		07/03/2023	\$ 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
CAROLYN LOGAN 7216 TALL TREE LANE CHARLOTTE, NC 28214 (980) 939-3535				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 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"/>	4	Electric Funds Tran		08/01/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,009.95	

Contributions from Individuals

Pg 4 of 7

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	
COMMITTEE TO ELECT RAYMOND SMITH						
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
GREGORY OATES 121 GLENSHANNON DRIVE COLUMBIA, SC 29223				NOT WORKING		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Check		07/02/2023	\$ 150.00	
<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
GARY PACKER 146 SOUTH MARION DRIVE GOLDSBORO, NC 27534 (919) 221-4176				NOT WORKING		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	4	Electric Funds Tran		06/29/2023	\$ 50.00	
<input type="checkbox"/>	4	Electric Funds Tran		07/29/2023	\$ 50.00	
<input type="checkbox"/>	4	Electric Funds Tran		08/29/2023	\$ 50.00	
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
LOLA SCOTT 15605 FLATBILL COURT WALDORF, MD 20601				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 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"/>	4	Electric Funds Tran		07/25/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,009.95	

Contributions from Individuals

Pg 5 of 7 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	
COMMITTEE TO ELECT RAYMOND SMITH						
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	
GERRI SHERARD 123 SUSAN CIRCLE GOLDSBORO, NC 27530 (919) 920-7950			NOT WORKING			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 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"/>	4	Electric Funds Tran		07/02/2023	\$ 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	
JAMES SMITH P.O. BOX 13692 GREENSBORO, NC 27415			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 5,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Electric Funds Tran		07/02/2023	\$ 5,000.00	
<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	
KANDIE SMITH 2201 FRENCH COURT GREENVILLE, NC 27804			TRAINING CONSULTANT			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 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"/>	4	Electric Funds Tran		07/12/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 5,200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,009.95	

Contributions from Individuals

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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	
COMMITTEE TO ELECT RAYMOND SMITH						
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	
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149			NOT WORKING			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 434.95	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	In-Kind	LOCKING TOTE- BACK TO SCHOOL EVENT.	08/14/2023	\$ 14.95	
<input type="checkbox"/>	4	Money Order		08/14/2023	\$ 220.00	
<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	
WANDA SMITH 900 COREY CT MITCHELLVILLE, MD 20721			REALTOR			
			c. Employer's Name/Specific Field			
			LONG AND FOSTER REAL ESTATE INC			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Electric Funds Tran		08/25/2023	\$ 250.00	
<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	
BELINDA TURNER 110 RYAN BOULDEVAR GOLDSBORO, NC 27534			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Electric Funds Tran		08/09/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 734.95	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,009.95	

Contributions from Individuals

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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	
COMMITTEE TO ELECT RAYMOND SMITH						
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	
SHEHA WATERS 420 WATERS CIRCLE GOLDSBORO, NC 27534			DAY CARE OWNER			
			c. Employer's Name/Specific Field			
			LITTLE WARRIORS		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	4	Check		08/09/2023	\$ 200.00	
<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)					\$ 8,009.95	

CRO-1210

NC State Board of Elections

April 2007

Contributions from Political Party Committees

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH					
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
LENOIR COUNTY DEMOCRATIC PARTY 1411 SAINT JAMES PLACE KINSTON, NC 28504					
				c. Election Sum to Date	
				\$ 300.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
4	Check		07/17/2023	\$ 300.00	
				\$	
				\$	
4. Total only this Page				\$ 300.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 300.00	

CRO-1220

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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) AAFES SEYMOUR JOHNSON EXPRESS 1090 CANNON AVENUE GOLDSBORO, NC 27531 (919) 734-7235				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	
						\$ 100.09	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/29/2023	\$ 100.09	TRAVEL-GAS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACT BLUE P.O. BOX 441146 SOMMERVILLE, MA 02144				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	
						\$ 160.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Draft	O	07/07/2023	\$ 75.04	CREDIT CARD		
4	Draft	O	08/03/2023	\$ 85.88	PROCESSING FEE CREDIT CARD		
PROCESSING FEE							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) AMAZON.COM 410 TERRY AVENUE N SEATTLE, WA 98109				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	
						\$ 408.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/09/2023	\$ 128.07	SMOCKS FOR		
4	Debit Card	O	08/09/2023	\$ 128.07	CANVASSERS/POLLWORK SMOCKS FOR		
CANVASSERS/POLLWORK							
5. Total only this Page						\$ 517.15	
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>						\$ 9,236.33	
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

Amendment

Pg 2 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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	
AMAZON.COM 410 TERRY AVENUE N SEATTLE, WA 98109							
				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	
						\$ 408.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/28/2023	\$ 152.13	ATTACHING WIRES FOR		
				\$	CAMPAIGN YARD SIGNS		
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	
BRISAS LATIN CUISINE RESTAURANT 103 N CENTER STREET GOLDSBORO, NC 27530							
				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	
						\$ 275.34	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	07/09/2023	\$ 275.34	CAMPAIGN COMMITTEE		
				\$	MEETING DINNER		
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	
WANDA CARRAWAY-WILLIAMS 2008 HARRIS STREET GOLDSBORO, NC 27530						SEE 8/8/2023 USPS MONEY ORDER	
				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	
						\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Money Order	O	08/08/2023	\$ 75.00	DOOR-TO-DOOR		
				\$	CANVASSER		
5. Total only this Page						\$ 502.47	
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)						\$ 9,236.33	
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

Amendment
Pg 3 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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) CIRCLE K # 2720926 2007 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534				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	
		\$ 80.78					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	07/03/2023	\$ 80.78	TRAVEL-GAS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CUSTOM CREATIONS FOR GOD 7341 CLINTON ROAD STEDMAN, NC 28391				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	
		\$ 825.51					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	BO	07/07/2023	\$ 168.00	CAMPAIGN SHIRTS		
4	Debit Card	BO	07/20/2023	\$ 195.27	CAMPAIGN SHIRTS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CUSTOM CREATIONS FOR GOD 7341 CLINTON ROAD STEDMAN, NC 28391				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	
		\$ 825.51					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/25/2023	\$ 462.24	CAMPAIGN SMOCKS		
				\$			
5. Total only this Page						\$ 906.29	
6. Total of ALL CRO-1310 Pages						\$ 9,236.33	
<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>							
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

Amendment

Pg 4 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH						
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
CORINTHUS DELANO 1206 OLD MOUNT OLIVE HIGHWAY DUDLEY, NC 28333 (984) 294-4308				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		
				\$		60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Check	O	08/25/2023	\$ 60.00	DOOR-TO-DOOR	
				\$	CANVASSER	
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
DICK'S SPORTING GOODS BERKELEY MALL RING ROAD GOLDSBORO, NC 27534 (919) 221-6331				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		
				\$		157.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Debit Card	FO	08/17/2023	\$ 157.97	EVENT/BACK TO	
				\$	SCHOOL/TENT SUPPLIES	
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
SHERLA EXUM 600 LOCKHAVEN COURT APT - 215 GOLDSBORO, NC 27534 (919) 222-3334				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		
				\$		295.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Money Order	O	08/08/2023	\$ 125.00	DOOR-TO-DOOR	
4	Check	O	08/25/2023	\$ 120.00	CANVASSER DOOR-TO-DOOR	

CANVASSER

5. Total only this Page	\$ 462.97
6. Total of ALL CRO-1310 Pages	\$ 9,236.33
<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>	
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

Amendment

Pg 5 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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) FIRST FLIGHT STORAGE 185 NC HWY 581 SOUTH GOLDSBORO, NC 27530 (919) 734-1755				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 \$ 445.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Draft	FO	07/01/2023	\$ 61.00	STORAGE RENTAL		
4	Draft	FO	08/01/2023	\$ 61.00	STORAGE RENTAL		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) GOLDSBORO NEWS-ARGUS 109 E. ASH STREET GOLDSBORO, NC 27530 (919) 778-9891				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 \$ 81.12	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	07/08/2023	\$ 81.12	NEWSPAPER		
				\$	SUBSCRIPTION		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (Include city, state, & zip) HOBBY LOBBY 107 N. BERKELEY BLVD. GOLDSBORO, NC 27534				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 \$ 106.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	B	08/02/2023	\$ 51.13	COVER PACKING LABELS		
				\$	FOR SIGNS		
5. Total only this Page						\$ 254.25	
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)						\$ 9,236.33	
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

Amendment

Pg 6 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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	
JERSEY MIKES 2503 E. ASH STREET GOLDSBORO, NC 27534 (919) 739-7200							
				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	
						\$ 68.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	07/25/2023	\$ 68.42	CAMPAIGN RETREAT		
				\$	MEETING		
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	
TONY LEE 501 E CHESTNUT STREET GOLDSBORO, NC 27530 (984) 294-1128							
				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	
						\$ 60.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Check	O	08/25/2023	\$ 60.00	DOOR-TO-DOOR		
				\$	CANVASSER		
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	
LOWE'S HOME CENTER, LLC 1202 N BERKELEY BLVD GOLDSBORO, NC 27534 (919) 778-9969							
				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	
						\$ 109.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/09/2023	\$ 54.38	COVER PACKING LABELS		
				\$	FOR SIGNS		
5. Total only this Page						\$ 182.80	
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)						\$ 9,236.33	
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

Amendment

Pg 7 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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	
MICHAEL'S 401 N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1958							
				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	
						\$ 127.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/13/2023	\$ 127.60	EVENT/BACK TO		
				\$	SCHOOL SUPPLIES		
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	
MURPHY EXPRESS 8564 103 NC 581 HIGHWAY GOLDSBORO, NC 27530							
				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	
						\$ 91.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/25/2023	\$ 91.68	TRAVEL-GAS		
				\$			
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	
NEW OLD NORTH MEDIA, LCC 1403 E MULBERRY STREET GOLDSBORO, NC 27530 (919) 995-6152							
				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	
						\$ 910.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Check	BO	07/17/2023	\$ 910.00	CAMPAIGN		
				\$	ADVERTISEMENT		
5. Total only this Page						\$ 1,129.28	
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)						\$ 9,236.33	
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

Amendment

Pg 8 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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	
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747						SEE 8/8/2023 USPS MONEY ORDER	
				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	
						\$ 125.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Money Order	O	08/08/2023	\$ 125.00	DOOR-TO-DOOR		
				\$	CANVASSER		
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	
QUICK MART 900 SPENCE AVENUE GOLDSBORO, NC 27534							
				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	
						\$ 540.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	07/20/2023	\$ 101.02	TRAVEL-GAS		
4	Debit Card	O	07/27/2023	\$ 114.45	TRAVEL-GAS		
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	
QUICK MART 900 SPENCE AVENUE GOLDSBORO, NC 27534							
				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	
						\$ 540.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	07/31/2023	\$ 106.10	TRAVEL-GAS		
4	Debit Card	O	08/09/2023	\$ 106.77	TRAVEL-GAS		
5. Total only this Page						\$ 553.34	
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)						\$ 9,236.33	
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

Amendment
Pg 9 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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) QUICK MART 900 SPENCE AVENUE GOLDSBORO, NC 27534				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	
		\$ 540.95					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/22/2023	\$ 112.61	TRAVEL-GAS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) QUICK MART 900 SPENCE AVNEUE GOLDSBORO, NC 27534				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	
		\$ 116.12					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/17/2023	\$ 116.12	EVENT/BACK TO		
				\$	SCHOOL/TRAVEL-GAS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELEANOR RISUENO 304 W. LOCKHAVEN DRIVE APT. A-11 GOLDSBORO, NC 27534 (919) 221-2707				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	
		\$ 360.00					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Money Order	O	08/08/2023	\$ 150.00	DOOR-TO-DOOR		
4	Check	O	08/21/2023	\$ 125.00	CANVASSE DOOR-TO-DOOR		

CANVASSE

5. Total only this Page		\$ 503.73
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>		\$ 9,236.33
7. Purpose Codes (List detailed expenditure code in (h.) above)		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;">A* - Media</div> <div style="width: 25%;">B* - Printing</div> <div style="width: 25%;">C* - Fundraising</div> <div style="width: 25%;">D - To Another Candidate</div> <div style="width: 25%;">E - Salaries</div> <div style="width: 25%;">F* - Equipment</div> <div style="width: 25%;">G - Political Party</div> <div style="width: 25%;">H* - Holding Public Office Expenses</div> <div style="width: 25%;">I - Postage</div> <div style="width: 25%;">J - Penalties</div> <div style="width: 25%;">K* - Office Expenses</div> <div style="width: 25%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 25%;">O* Other</div> </div>		
* Codes require detailed explanation in required remarks field (k)		

Disbursements

Amendment

Pg 10 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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	
ELEANOR RISUENO 304 W. LOCKHAVEN DRIVE APT. A-11 GOLDSBORO, NC 27534 (919) 221-2707							
				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	
						\$ 360.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Check	O	08/25/2023	\$ 85.00	DOOR-TO-DOOR		
				\$	CANVASSER		
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	
SAM'S CLUB 2811 NORTH PARK DRIVE GOLDSBORO, NC 27534							
				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	
						\$ 84.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	08/13/2023	\$ 84.45	TRAVEL-GAS		
				\$			
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	
SOUTHERN BANK 2501 E. ASH STREET GOLDSBORO, NC 27534							
				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	
						\$ 380.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	O	07/07/2023	\$ 120.00	FOR FILING FEE		
4	Debit Card	O	07/12/2023	\$ 220.00	ACCIDENTAL		

WITHDRAWAL

5. Total only this Page		\$ 509.45
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)		\$ 9,236.33
(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
E - Salaries	F* - Equipment	G - Political Party
I - Postage	J - Penalties	K* - Office Expenses
O* Other		D - To Another Candidate
		H* - Holding Public Office Expenses
		Q* - Donation to Legal Expense Fund
* Codes require detailed explanation in required remarks field (k)		

Disbursements

Amendment

Pg 11 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH					
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
STAPLES 1101 B N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1588					
			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
					\$ 295.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	ABO	08/10/2023	\$ 0.19	TEST PAGE FOR
4	Debit Card	AB	08/10/2023	\$ 0.38	PRINTING CAMPAIGN TEST PAGE FOR

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
STAPLES 1101 B N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1588					
			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
					\$ 239.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	ABO	08/17/2023	\$ 191.56	BROCHURE
				\$	PARAPHERNALIA

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
THE BUZZ AROUND WAYNE COUNTY 122 S BERKELEY BOULEVARD SUITE 3 GOLDSBORO, NC 27534					
			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
					\$ 290.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	ABO	08/24/2023	\$ 290.00	ADVERTISEMENT
				\$	

5. Total only this Page					\$ 482.13
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)					\$ 9,236.33
(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)			

Disbursements

Amendment

Pg 12 of 14 ☐ 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
COMMITTEE TO ELECT RAYMOND SMITH	

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
UNITED STATES POSTAL 3100 CASHWELL DRIVE GOLDSBORO, NC 27534 (800) 275-8777		
	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
		\$ 113.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	IO	07/03/2023	\$ 113.00	POSTAL RENEWAL
				\$	

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
VANTIVE COMMERCE/FUNDS 8500 GOVERNORS HILL DRIVE SYMMES TOWNSHIP, OH 45249		
	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
		\$ 350.94

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Draft	O	07/11/2023	\$ 83.75	CREDIT CARD
4	Draft	O	08/09/2023	\$ 158.25	PROCESSING FEE CREDIT CARD

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
VANTIVE COMMERCE/FUNDS 8500 GOVERNORS HILL DRIVE SYMMES TOWNSHIP, OH 45249		
	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
		\$ 350.94

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Draft	O	08/18/2023	\$ 100.00	CREDIT CARD
				\$	PROCESSING FEE

5. Total only this Page	\$ 455.00
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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>	\$ 9,236.33
<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)			
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

Amendment

Pg 13 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH							
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	
VISTA PRINT A CIMPRESS COMPRESS 275 WYMAN STREET WALTHAM, MA 02452 (866) 891-3156							
				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	
						\$ 2,450.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	BO	07/11/2023	\$ 471.93	CAMPAIGN		
4	Debit Card	B	07/27/2023	\$ 1,039.36	PARAPHERNALIA-DOOR CAMPAIGN MAGNETS, LABELS, BUMPER		

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	
VISTA PRINT A CIMPRESS COMPRESS 275 WYMAN STREET WALTHAM, MA 02452 (866) 891-3156							
				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	
						\$ 2,450.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	ABO	08/19/2023	\$ 317.56	CAMPAIGN		
4	Debit Card	ABO	08/28/2023	\$ 621.23	PARAPHERNALIA CAMPAIGN YARD SIGNS		

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	
WALMART 1140 TOMMY'S ROAD GOLDSBORO, NC 27532							
				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	
						\$ 90.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	F	07/17/2023	\$ 90.30	TRAVEL-GAS		
				\$			

5. Total only this Page \$ 2,540.38

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)
 \$ 9,236.33

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

Amendment

Pg 14 of 14 ☐ 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	
COMMITTEE TO ELECT RAYMOND SMITH					
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) WALMART 1002 N SPENCE AVENUE GOLDSBORO, NC 27534 (919) 778-3324			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
					\$ 237.09
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	08/17/2023	\$ 237.09	EVENT/BACK TO
				\$	SCHOOL SUPPLIES
5. Total only this Page					\$ 237.09
6. Total of ALL CRO-1310 Pages					\$ 9,236.33
<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>					
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

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

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

COMMITTEE TO ELECT RAYMOND SMITH						
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
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/15/2023	\$ 20.59	LUNCH FOR CANVASSERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Check	O	08/21/2023	\$ 50.00	DOOR-TO-DOOR CANVASSER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Money Order	O	08/08/2023	\$ 50.00	DOOR-TO-DOOR CANVASSER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	B	07/25/2023	\$ 29.84	COVER PACKING LABELS FOR SIGNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/09/2023	\$ 6.39	COVER PACKING LABELS FOR SIGNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/11/2023	\$ 19.18	COVER PACKING LABELS FOR SIGNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/13/2023	\$ 32.81	LUNCH CAMPAIGN PLANNING MEETING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	07/30/2023	\$ 40.85	CAMPAIGN LUNCHEON
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	07/09/2023	\$ 29.95	SUBSCRIPTION TO NEWS ARCHIVE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/05/2023	\$ 29.99	VOLUNTEER POLLWORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Draft	O	08/15/2023	\$ 40.20	CHECKS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/16/2023	\$ 36.27	LABELS FOR GLOWSTICKS @
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/17/2023	\$ 12.05	FOLDERS FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	FO	08/24/2023	\$ 32.01	BUNGEE CARGO NET TO HOLD CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/08/2023	\$ 10.00	MONEY ORDER FEES FOR CANVASSERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	08/05/2023	\$ 10.64	ENVELOPES
4. Total only this Page					\$	450.77
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	450.77
B* - Printing		D - To Another Candidate				
E - Salaries		G - Political Party				
J - Penalties		Q* - Donations to Legal Expense Fund				
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Pg 1 of 1 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	
COMMITTEE TO ELECT RAYMOND SMITH			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 31.75	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
REFRESHMENTS FOR CAMPAIGN RETREAT MEETING		07/24/2023	\$ 25.75
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		b. Type of Contributor	
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 434.95	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LOCKING TOTE- BACK TO SCHOOL EVENT.		08/14/2023	\$ 14.95
			\$
			\$
4. Total only this Page		\$ 40.70	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 40.70	

Outstanding Loans

Pg 1 of 1

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	
COMMITTEE TO ELECT RAYMOND SMITH				
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		d. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		NOT WORKING		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
				03/01/2023
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 100.00		\$ 100.00
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		d. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		NOT WORKING		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
				03/20/2023
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 100.00		\$ 100.00
k. Full Name of Lending Institution				l. Loan Number
4. Total only this Page				\$ 200.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 200.00