

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 COMMITTEE TO ELECT RAYMOND SMITH		c. ID Number					
b. Mailing Address (include City, State and Zip Code) P.O.BOX 10772 GOLDSBORO, NC 27532		d. Date Filed 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)							
<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		b. Purpose		c. Account Code	
COMMITTEE TO ELECT RAYMOND SMITH		RECEIVED WCBOE		SEP 01 2023			
b. Purpose	c. Account Code	d. Period Begin Balance		BY		d. Period Begin Balance	
CAMPAIGN FUNDS, POLITICAL ACTIVITY FUNDS, & EXPENDITURES	4	\$				\$	
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							
<u>SUSAN THOMPSON</u> Printed Name of Signer		<u>Susan Thompson</u> Signature of Appointed Treasurer		08/31/2023 Date			
FOR OFFICE USE ONLY							
Date Received:		Employee:		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed			
Date Postmarked:		Employee:					
Date Scanned:		Employee:					
Date Data Entered:		Employee:		<input type="checkbox"/> Signer has not received mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.							
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							

Detailed Summary

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 Yes No

Amendment

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	4	Check		07/12/2023	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		08/15/2023	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		07/15/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		08/03/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		07/05/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		08/11/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		08/29/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		07/06/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Cash		07/13/2023	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Cash		07/17/2023	\$ 1.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	In-Kind	REFRESHMENTS FOR CAMPAIGN RETREAT	07/24/2023	\$ 25.75
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 391.75	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 391.75	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Amendment

Pg 1 of 7 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 CEO	d. Comments e. Election Sum to Date \$ 100.00	
JOHN BARNES 102 DOGWOOD COURT GOLDSBORO, NC 27534			c. Employer's Name/Specific Field REBUILDING BROKEN PLACES CDC		
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 NOT WORKING	d. Comments e. Election Sum to Date \$ 125.00	
WINSTON BARNES 3309 S ELM EUGENE STREET GREENSBORO, NC 27406			c. Employer's Name/Specific Field		
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 MANAGER	d. Comments e. Election Sum to Date \$ 100.00	
CHRYSSTE BEST 7912 MULBERRY BOTTOM COURT SPRINGFIELD, VA 22153			c. Employer's Name/Specific Field FHI360		
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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>			\$ 8,009.95		

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			
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) ERNESTINE BEST 401 HAMILTON DRIVE GOLDSBORO, NC 27530		b. Job Title/Profession		d. Comments	
		RETIRED			
		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) JERRY BRASWELL P.O. BOX 253 GOLDSBORO, NC 27530		b. Job Title/Profession		d. Comments	
		RETIRED			
		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) PATRICIA BURDEN 1500 KING DRIVE GOLDSBORO, NC 27530		b. Job Title/Profession		d. Comments	
		RETIRED			
		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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,009.95

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			
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) CLARENCE CARRAWAY 1505 EAST HOLLY STREET GOLDSBORO, NC 27530 (919) 396-7821		b. Job Title/Profession		d. Comments	
		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) JOANNE LLOYD 344 HARE ROAD GOLDSBORO, NC 27534 (919) 221-6103		b. Job Title/Profession		d. Comments	
		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) CAROLYN LOGAN 7216 TALL TREE LANE CHARLOTTE, NC 28214 (980) 939-3535		b. Job Title/Profession		d. Comments	
		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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,009.95

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			
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) GREGORY OATES 121 GLEN SHANNON DRIVE COLUMBIA, SC 29223		b. Job Title/Profession		d. Comments	
		NOT WORKING			
		c. Employer's Name/Specific Field			
				\$ 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) GARY PACKER 146 SOUTH MARION DRIVE GOLDSBORO, NC 27534 (919) 221-4176		b. Job Title/Profession		d. Comments	
		NOT WORKING			
		c. Employer's Name/Specific Field			
				\$ 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) LOLA SCOTT 15605 FLATBILL COURT WALDORF, MD 20601		b. Job Title/Profession		d. Comments	
		NOT EMPLOYED			
		c. Employer's Name/Specific Field			
				\$ 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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,009.95

Contributions from Individuals

Pg 5 of 7 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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 8,009.95	

Contributions from Individuals

Amendment
Pg 6 of 7 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) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149			b. Job Title/Profession	d. Comments	
			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) WANDA SMITH 900 COREY CT MITCHELLVILLE, MD 20721			b. Job Title/Profession	d. Comments	
			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) BELINDA TURNER 110 RYAN BOULDEVAR GOLDSBORO, NC 27534			b. Job Title/Profession	d. Comments	
			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 IndividualsAmendment
 Yes NoPg 7 of 7

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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number								
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Full Name, Mailing Address & Phone (include city, state, & zip) SHEHA WATERS 420 WATERS CIRCLE GOLDSBORO, NC 27534</td> <td style="width: 50%;">b. Job Title/Profession DAY CARE OWNER</td> <td rowspan="2">d. Comments</td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field LITTLE WARRIORS</td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date \$ 200.00</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) SHEHA WATERS 420 WATERS CIRCLE GOLDSBORO, NC 27534	b. Job Title/Profession DAY CARE OWNER	d. Comments		c. Employer's Name/Specific Field LITTLE WARRIORS			e. Election Sum to Date \$ 200.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHEHA WATERS 420 WATERS CIRCLE GOLDSBORO, NC 27534	b. Job Title/Profession DAY CARE OWNER	d. Comments								
	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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,009.95					

CRO-1210

NC State Board of Elections

April 2007

Amendment

Contributions from Political Party Committees Pg 1 of 1 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)
4	Check		07/17/2023
			\$
			\$
4. Total only this Page			\$ 300.00
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>			\$ 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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) AAFES SEYMOUR JOHNSON EXPRESS 1090 CANNON AVENUE GOLDSBORO, NC 27531 (919) 734-7235		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 \$ 100.09	
f. Account Code 4		g. Form of Payment Debit Card	
h. Purpose Code O		i. Date (mm/dd/yyyy) 08/29/2023	
j. Amount \$ 100.09		k. Required Remarks 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 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 \$ 160.92	
f. Account Code 4		g. Form of Payment Draft	
h. Purpose Code O		i. Date (mm/dd/yyyy) 07/07/2023	
j. Amount \$ 75.04		k. Required Remarks CREDIT CARD	
f. Account Code 4		g. Form of Payment Draft	
h. Purpose Code O		i. Date (mm/dd/yyyy) 08/03/2023	
j. Amount \$ 85.88		k. Required Remarks 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 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 \$ 408.27	
f. Account Code 4		g. Form of Payment Debit Card	
h. Purpose Code O		i. Date (mm/dd/yyyy) 08/09/2023	
j. Amount \$ 128.07		k. Required Remarks SMOCKS FOR CANVASSERS/POLLWOR	
f. Account Code 4		g. Form of Payment Debit Card	
h. Purpose Code O		i. Date (mm/dd/yyyy) 08/09/2023	
j. Amount \$ 128.07		k. Required Remarks SMOCKS FOR CANVASSERS/POLLWOR	
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 E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties	
C* - Fundraising G - Political Party K* - Office Expenses		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 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 <i>(include city, state, & zip)</i>			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 <i>(include city, state, & zip)</i>			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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments	
WANDA CARRAWAY-WILLIAMS 2008 HARRIS 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	
					\$ 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						\$ 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 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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees	
<input type="checkbox"/> Coordinated Party Expenditures		4. Payee Information	
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) CIRCLE K # 2720926 2007 WAYNE MEMORIAL DRIVE 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 \$ 80.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	O	07/03/2023
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip) CUSTOM CREATIONS FOR GOD 7341 CLINTON ROAD STEDMAN, NC 28391		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 \$ 825.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	BO	07/07/2023
4	Debit Card	BO	07/20/2023
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip) CUSTOM CREATIONS FOR GOD 7341 CLINTON ROAD STEDMAN, NC 28391		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 \$ 825.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	O	08/25/2023
5. Total only this Page			
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>			
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		C* - Fundraising	
		G - Political Party	
		K* - Office Expenses	
		D - To Another Candidate	
		H* - Holding Public Office Expenses	
		Q* - Donation to Legal Expense Fund	
<i>* Codes require detailed explanation in required remarks field (k)</i>			

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)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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 CANVASSER	
4	Check	O	08/25/2023	\$ 120.00	DOOR-TO-DOOR CANVASSER	
5. Total only this Page						\$ 462.97
6. Total of ALL CRO-1310 Pages						\$ 9,236.33
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

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 <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	
FIRST FLIGHT STORAGE 185 NC HWY 581 SOUTH GOLDSBORO, NC 27530 (919) 734-1755		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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)		b. Coordinated Committee Name		d. Comments	
GOLDSBORO NEWS-ARGUS 109 E. ASH STREET GOLDSBORO, NC 27530 (919) 778-9891		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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)		b. Coordinated Committee Name		d. Comments	
HOBBY LOBBY 107 N. BERKELEY BLVD. GOLDSBORO, NC 27534		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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					\$ 9,236.33
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number													
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>															
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures															
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove												
<table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td>JERSEY MIKES 2503 E. ASH STREET GOLDSBORO, NC 27534 (919) 739-7200</td> <td>c. Level Registered (Specify)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 68.42</td> </tr> </table>		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		
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)												
4	Debit Card	O	07/25/2023												
			\$												
			MEETING												
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove												
<table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td>TONY LEE 501 E CHESTNUT STREET GOLDSBORO, NC 27530 (984) 294-1128</td> <td>c. Level Registered (Specify)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 60.00</td> </tr> </table>		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		
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)												
4	Check	O	08/25/2023												
			\$												
			CANVASSER												
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove												
<table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td>LOWE'S HOME CENTER, LLC 1202 N BERKELEY BLVD GOLDSBORO, NC 27534 (919) 778-9969</td> <td>c. Level Registered (Specify)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 109.10</td> </tr> </table>		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		
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)												
4	Debit Card	O	08/09/2023												
			\$												
			FOR SIGNS												
5. Total only this Page				\$ 182.80											
6. Total of ALL CRO-1310 Pages				\$ 9,236.33											
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>															
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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> MICHAEL'S 401 N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1958		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 \$ 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 <i>(include city, state, & zip)</i> MURPHY EXPRESS 8564 103 NC 581 HIGHWAY GOLDSBORO, NC 27530		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 \$ 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 <i>(include city, state, & zip)</i> NEW OLD NORTH MEDIA, LCC 1403 E MULBERRY STREET GOLDSBORO, NC 27530 (919) 995-6152		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 \$ 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
S. Total only this Page					\$ 1,129.28
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 <i>* Codes require detailed explanation in required remarks field (k)</i>					

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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747		 d. Comments SEE 8/8/2023 USPS MONEY ORDER	
		e. Election Sum to Date \$ 125.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Money Order	O	08/08/2023
			\$
			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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
QUICK MART 900 SPENCE AVENUE GOLDSBORO, NC 27534		 d. Comments	
		e. Election Sum to Date \$ 540.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	O	07/20/2023
4	Debit Card	O	07/27/2023
			\$
			TRAVEL-GAS
			\$
			540.95
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
QUICK MART 900 SPENCE AVENUE GOLDSBORO, NC 27534		 d. Comments	
		e. Election Sum to Date \$ 540.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	O	07/31/2023
4	Debit Card	O	08/09/2023
			\$
			TRAVEL-GAS
			\$
			106.10
			\$
			106.77
			TRAVEL-GAS
5. Total only this Page			
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)			
\$ 553.34			
\$ 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 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 \$ 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 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 \$ 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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments SEE 8/8/2023 USPS MONEY ORDER 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	CANVASSER DOOR-TO-DOOR	
						CANVASSER
S. Total only this Page						\$ 503.73
6. Total of ALL CRO-1310 Pages						\$ 9,236.33
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

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) COMMITTEE TO ELECT RAYMOND SMITH						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELEANOR RISUENO 304 W. LOCKHAVEN DRIVE APT. A-11 GOLDSBORO, NC 27534 (919) 221-2707			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 \$ 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) SAM'S CLUB 2811 NORTH PARK DRIVE 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 \$ 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) SOUTHERN BANK 2501 E. ASH STREET 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 \$ 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						\$ 9,236.33
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
STAPLES 1101 B N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1588		d. Comments e. Election Sum to Date \$ 295.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	ABO	08/10/2023
4	Debit Card	AB	08/10/2023
j. Amount k. Required Remarks \$ 0.19 TEST PAGE FOR \$ 0.38 PRINTING CAMPAIGN TEST PAGE FOR PRINTING CAMPAIGN			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
STAPLES 1101 B N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1588		d. Comments e. Election Sum to Date \$ 239.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	ABO	08/17/2023
j. Amount k. Required Remarks \$ 191.56 BROCHURE \$ PARAPHERNALILA			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
THE BUZZ AROUND WAYNE COUNTY 122 S BERKELEY BOULEVARD SUITE 3 GOLDSBORO, NC 27534		d. Comments e. Election Sum to Date \$ 290.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Debit Card	ABO	08/24/2023
j. Amount k. Required Remarks \$ 290.00 ADVERTISEMENT \$			
5. Total only this Page \$ 482.13			
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 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 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 \$ 113.00	
UNITED STATES POSTAL 3100 CASHWELL DRIVE GOLDSBORO, NC 27534 (800) 275-8777			
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 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 \$ 350.94	
VANTIVE COMMERCE/FUNDS 8500 GOVERNORS HILL DRIVE SYMMES TOWNSHIP, OH 45249			
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 CREDIT CARD \$ PROCESSING FEE \$ PROCESSING FEE			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date \$ 350.94	
VANTIVE COMMERCE/FUNDS 8500 GOVERNORS HILL DRIVE SYMMES TOWNSHIP, OH 45249			
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			
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 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)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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 PARAPHERNALIA-DOOR
4	Debit Card	B	07/27/2023	\$ 1,039.36	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)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 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					
<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 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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) WALMART 1002 N SPENCE AVENUE GOLDSBORO, NC 27534 (919) 778-3324		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 \$ 237.09			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
4	Debit Card	O	08/17/2023		
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 <i>(List detailed expenditure code in (h.) above)</i>					
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)					

Aggregated Non-Media Expenditures

Amendment
Page 1 of 1 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 CAMAPIGN
<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 \$ 450.77 <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
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

Amendment

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

Outstanding Loans

Pg 1 of 1 Yes No

Amendment

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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		b. Job Title/Profession NOT WORKING c. Employer's Name/Specific Field 03/01/2023 f. End Date (mm/dd/yyyy) 100.00
g. Rate	h. Security Pledged	i. Original Loan Amount
%		\$ 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) RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		b. Job Title/Profession NOT WORKING c. Employer's Name/Specific Field 03/20/2023 f. End Date (mm/dd/yyyy) 100.00
g. Rate	h. Security Pledged	i. Original Loan Amount
%		\$ 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 <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 200.00