

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.

a. Committee Information	
a. Full Name	c. ID Number
THE GAYLOR FOR GOLDSBORO COMMITTEE	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
702 PARK AVENUE GOLDSBORO, NC 27530	09/04/2023
	e. Phone Number (919) 273-3084

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Signer's Full Name
2023	07/01/2023	09/26/2023	CHARLES PARSON GAYLOR IV

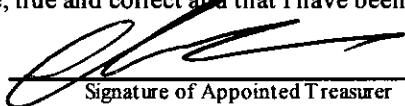
6. Type of Committee (Check One)	7. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input 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
8. 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:			
9. Number of Days Late on This Report			
0			

11. Financial Institution Info	
a. Financial Institution Full Name	a. Financial Institution Full Name
NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION	RECEIVED WCBOE
b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	001
d. Period Begin Balance	
\$	
b. Purpose	c. Account Code
SEP 05 2023	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

Charles P. Gaylor, Jr.
Printed Name of Signer


Signature of Appointed Treasurer

09/04/2023

Date

FOR OFFICE USE ONLY

Date Received:	9/5/23 8:05AM	Employee:	AC	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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) THE GAYLOR FOR GOLDSBORO COMMITTEE	2. Type of Report 2023 Thirty-five-day	3. ID Number	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 12,516.83	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 101.00	\$ 851.00
6) Contributions from Individuals	(CRO-1210)	\$ 7,047.50	\$ 29,792.50
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 2,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
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)		\$ 7,148.50	\$ 32,643.50
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 10,772.27	\$ 23,581.71
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)	\$ 103.46	\$ 272.19
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)	\$ 197.50	\$ 197.50
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 11,073.23	\$ 24,051.40
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,592.10	\$ 8,592.10
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2,000.00	
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. CONTRIBUTOR INFORMATION		2. AMENDMENT			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. CONTRIBUTION 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	001	Credit Card		08/30/2023	\$ 1.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		08/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 101.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 101.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

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. Contribution Information			2. Payment Information		
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			4. Payment Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession ATTORNEY		d. Comments	
PHILIP BADDOUR JR 125 PINERIDGE LANE GOLDSBORO, NC 27534		c. Employer's Name/Specific Field BADDOUR, PARKER, HINE, & HALE PC		e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		08/28/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			4. Payment Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession CONSULTANT		d. Comments	
GARY BARTLETT 209 CASHWELL DRIVE GOLDSBORO, NC 27534		c. Employer's Name/Specific Field SELF EMPLOYED		e. Election Sum to Date \$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Credit Card		07/25/2023	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			4. Payment Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession COMMERCIAL REALTOR		d. Comments	
A. GLENN BARWICK 201 N GEORGE STREET GOLDSBORO, NC 27530		c. Employer's Name/Specific Field BERKSHIRE HATHAWAY HOME SERVICES		e. Election Sum to Date \$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		07/21/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
5. Contribution Totals					\$ 1,800.00
6. Total of All CRO-1210 Pages (This amount must be on line 6 of Detailed Summary Form CRO-1160)					\$ 7,047.50

Contributions from Individuals

Amendment Pg 2 of 7 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used.

3. Contribution 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			
TOM BROWN 306 S. CLAIBORNE STREET GOLDSBORO, NC 27530			ATTORNEY				
			c. Employer's Name/Specific Field				
			NOT EMPLOYED				
						e. Election Sum to Date	
						\$ 750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		08/17/2023	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contribution 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			
MARTHA BRYAN 1808 SALEM CHURCH RD GOLDSBORO, NC 27530			NO JOB TITLE OR PROFESSION				
			c. Employer's Name/Specific Field				
			NOT WORKING				
						e. Election Sum to Date	
						\$ 60.78	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	In-Kind	FOOD FOR A MEET AND GREET EVENT IN	08/14/2023	\$ 60.78		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contribution 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			
MARY ANN DUDLEY 1302 EVERGREEN AVENUE GOLDSBORO, NC 27530			NO JOB TITLE OR PROFESSION				
			c. Employer's Name/Specific Field				
			NOT 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"/>	001	Check		07/10/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
Total Contribution Amount						\$ 660.78	
TOTAL ELECTION CREDIT - ALL CRO-1210 Pages						\$ 7,047.50	
This page must be attached to the 6 of Detailed Summary Page (CRO-1160)							

Contributions from Individuals

Pg 3 of 7 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

THE GAYLOR FOR GOLDSBORO COMMITTEE					
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession VICE PRESIDENT	d. Comments	
WILL FAIRCLOTH 1708 E. MULBERRY STREET GOLDSBORO, NC 27530			c. Employer's Name/Specific Field JHA, 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"/>	001	Check		08/01/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession TEACHER	d. Comments	
RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530			c. Employer's Name/Specific Field WAYNE COUNTRY DAY SCHOOL	e. Election Sum to Date \$ 1,136.72	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	In-Kind	SUPPLIES AND FOOD FOR MEET AND GREET	08/14/2023	\$ 136.72
<input type="checkbox"/>	001	Check		08/29/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments	
JUDY HARRISON 262 RICHARD SMITH ROAD FOUR OAKS, NC 27524			c. Employer's Name/Specific Field NOT WORKING	e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Credit Card		08/15/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total Individual Contribution Contribution Total CRO-110 Pages (See instructions on the back of this form for CRO-110)					\$ 1,886.72
					\$ 7,047.50

Contributions from Individuals

Amendment Pg 4 of 7 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used.

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

C. Contributions from Individuals		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession NO JOB TITLE OR PROFESSION			
LINDA JORDAN 1104 EAST MULBERRY STREET GOLDSBORO, NC 27530		c. Employer's Name/Specific Field NOT WORKING			
		e. Election Sum to Date \$ 1,000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Credit Card		07/30/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
C. Contributions from Individuals		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession PILOT			
STUART MCMILLAN 701 PARK AVENUE GOLDSBORO, NC 27530		c. Employer's Name/Specific Field AMERICAN AIRLINES			
		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"/>	001	Check		07/01/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
C. Contributions from Individuals		<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession NO JOB TITLE OR PROFESSION			
ADRIENNE NORTHINGTON 2506 PINENEEDLES ROAD GOLDSBORO, NC 27534		c. Employer's Name/Specific Field NOT WORKING			
		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"/>	001	Check		08/25/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Grand Total this Page					\$ 1,200.00
Grand Total CRO-1210 Pages Total of all pages of Detailed Summary Form CRO-1210					\$ 7,047.50

Contributions from Individuals

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

C. Contributors 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
NANCY NORWOOD 216 RIDGEWOOD DRIVE GOLDSBORO, NC 27534						NO JOB TITLE OR PROFESSION	
						c. Employer's Name/Specific Field	
						NOT WORKING	e. Election Sum to Date
							\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		07/26/2023	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
C. Contributors 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
RANDALL SAULS 103 SOUTH GEORGE STREET GOLDSBORO, NC 27530						ATTORNEY	
						c. Employer's Name/Specific Field	
						SAULS TITLE	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"/>	001	Check		08/31/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
C. Contributors 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
BENJAMIN KYLE SAYLORS 109 OVERBROOK ROAD GOLDSBORO, NC 27534						REAL ESTATE APPRAISER	
						c. Employer's Name/Specific Field	
						SAYLORS REAL ESTATE APPRAISALS, LLC	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"/>	001	Check		08/17/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
g. Total Individual Contribution						\$ 700.00	
h. Total Individual Contribution for All CRO-1210 Pages						\$ 7,047.50	

Contributions from IndividualsPg 7 of 7 Yes No**Amendment**

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

THE GAYLOR FOR GOLDSBORO COMMITTEE		2007			
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments c. Employer's Name/Specific Field NOT WORKING		
SUSAN STACKHOUSE 700 BEECH STREET GOLDSBORO, NC 27530		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"/>	001	Check		08/23/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total Individual Page 5. Total of All CRO-1210 Pages Total of all CRO-1210 Pages from CRO-1205					\$ 100.00
					\$ 7,047.50

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 3 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

THE GAYLOR FOR GOLDSBORO COMMITTEE					
Line of Disbursement <i>(Check one box for each line of Disbursement)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACCUCOPY 322 N JOHN STREET 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 \$ 2,168.96
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	07/27/2023	\$ 74.72	15. PRINT MEDIA
001	Check	B	07/27/2023	\$ 260.91	15. PRINT MEDIA
Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACCUCOPY 322 N JOHN STREET 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 \$ 2,168.96
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	07/27/2023	\$ 282.89	15. PRINT MEDIA
Add <input type="checkbox"/> Remove <input type="checkbox"/>					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHAUNCEY DOUGLAS 37 HILL SHORE LANE CLAYTON, NC 27527			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 \$ 179.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	08/24/2023	\$ 179.90	33. Volunteer Gift
Add <input type="checkbox"/> Remove <input type="checkbox"/>					
Subtotal of Line 13a \$ 798.42					
Subtotal of Line 13b \$ 10,772.27					
Subtotal of Line 13c \$ 10,772.27					
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 remarks section of line 13					

Disbursements

Pg 2 of 3 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Type of Disbursement					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
2. Party 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
CIENNA HOLLOWAY 506 KING DRIVE GOLDSBORO, NC 27530					
			c. Level Registered (Specify)		e. Election Sum to Date \$ 7,250.00
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
3. Party 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
IAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860					
			c. Level Registered (Specify)		e. Election Sum to Date \$ 145.00
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
4. Party 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
MEDIA PUBLISHING LLC 122 SOUTH BERKELEY BLVD SUITE 3 GOLDSBORO, NC 27534					
			c. Level Registered (Specify)		e. Election Sum to Date \$ 150.00
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks					
001	Check	O	07/24/2023	\$ 3,500.00	21. GOTV - DOOR TO DOOR
001	Check	O	08/03/2023	\$ 3,500.00	21. GOTV-Door-to-Door
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks					
001	Debit Card	A	08/10/2023	\$ 145.00	34. Consultant Media
				\$	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks					
001	Check	A	08/29/2023	\$ 150.00	15. Print Media
				\$	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks					
				\$	7,295.00
6. Total of All Disbursements					
(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)					
\$ 10,772.27					
7. Purpose Codes (List detailed expenditure code in the 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	
* Detailed explanation in Detailed Summary Page CRO-1100					

Disbursements

Amendment

Pg 3 of 3 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Type of Disbursement <i>(Please check one box 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					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SOUTHEASTERN CANCER CARE 203 COX 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 \$ 64.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Debit Card	O	08/23/2023	\$ 64.85	56. Charitable Donation
				\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) SW PROMOTIONS, LLC 601-A NORTH JAMES STREET 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 \$ 2,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	08/09/2023	\$ 2,500.00	15. PRINT MEDIA
				\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WAYNE COUNTY BOARD OF ELECTIONS 309 E CHESTNUT STREET 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 \$ 114.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	07/11/2023	\$ 114.00	25. Filing Fee
				\$	
4. Total of All Disbursements \$ 2,678.85					
5. Total of All Disbursements \$ 10,772.27					
6. Purpose Codes <i>(List detailed expenditure code in line 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	
7. Other (Please give detailed explanation in the blank space below)					

Aggregated Non-Media Expenditures

Amendment
Page 1 of 1 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE																																					
NON-MEDIA EXPENDITURE REPORT																																					
<input type="checkbox"/> Add	001	Check	B	08/30/2023	\$ 32.02	15. PRINT MEDIA																															
<input type="checkbox"/> Remove																																					
<input type="checkbox"/> Add	001	Check	O	08/11/2023	\$ 30.00	56. Charitable Donation																															
<input type="checkbox"/> Remove																																					
<input type="checkbox"/> Add	001	Debit Card	B	08/23/2023	\$ 41.44	15. PRINT MEDIA																															
<input type="checkbox"/> Remove																																					
					\$ 103.46																																
3. Total of All CRO-1315 Pages <small>(This line will be on the 14th of Detailed Summary Form CRO-1315)</small>					\$ 103.46																																
<table border="1"><tr><td colspan="2">B* - Printing</td><td colspan="3">D - To Another Candidate</td></tr><tr><td>E - Salaries</td><td></td><td>G - Political Party</td><td colspan="3"></td></tr><tr><td></td><td></td><td></td><td colspan="3">Q* - Donations to Legal Expense Fund</td></tr><tr><td colspan="2">J - Penalties</td><td colspan="5"></td></tr><tr><td colspan="2">O* - Other</td><td colspan="5"></td></tr></table>							B* - Printing		D - To Another Candidate			E - Salaries		G - Political Party							Q* - Donations to Legal Expense Fund			J - Penalties							O* - Other						
B* - Printing		D - To Another Candidate																																			
E - Salaries		G - Political Party																																			
			Q* - Donations to Legal Expense Fund																																		
J - Penalties																																					
O* - Other																																					
* Codes require detailed explanation in required remarks field (g)																																					

CRO-1315

NC State Board of Elections

December 2009

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.

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor		c. Comments	
MARTHA BRYAN 1808 SALEM CHURCH RD GOLDSBORO, NC 27530		<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 \$ 60.78	
e. Description		f. Date (mm/dd/yyyy)		g. Fair Market Amount	
FOOD FOR A MEET AND GREET EVENT IN DISTRICT 1		08/14/2023		\$ 60.78	
				\$	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor		c. Comments	
RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530		<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 \$ 1,136.72	
e. Description		f. Date (mm/dd/yyyy)		g. Fair Market Amount	
SUPPLIES AND FOOD FOR MEET AND GREET EVENT IN DISTRICT 1		08/14/2023		\$ 136.72	
				\$	
				\$	
e. Total only this Page				\$ 197.50	
f. Total of ALL CRO-1510 Pages <i>(This page is to be attached to an Item 1 of Disclosure Statement Form CRO-1510)</i>				\$ 197.50	

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.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
THE GAYLOR FOR GOLDSBORO COMMITTEE			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/10/2023
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 500.00	\$ 500.00
k. Full Name of Lending Institution			l. Loan Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/20/2023
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,500.00	\$ 1,500.00
k. Full Name of Lending Institution			l. Loan Number
4. Total Outstanding Loan			\$ 2,000.00
5. Total of ALL CRO-1430 Pages <i>(This form must be on the 31st of January, January 31, 2008)</i>			\$ 2,000.00