

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

Amendment

Yes

No

1. Committee Information

a. Full Name	RECEIVED WCBOE	c. ID Number
Weeks for Goldsboro Committee		
b. Mailing Address (include City, State and Zip Code)	SEP 11 2023	d. Date Filed
PO Box 407 Goldsboro, NC 27533		9-5-23
	BY _____	e. Phone Number
		919-920-5189

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	06/10/23	06/30/23	Forrest Charles Phillips III

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"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" 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"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
First Citizens Bank	First Citizens Bankf
b. Purpose	c. Account Code
	888
	d. Period Begin Balance
	\$ 0.00
	888
	d. Period Begin Balance
	\$ 0.00

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Forrest C Phillips

Printed Name of Signer

Forrest C Phillips

Signature of Appointed Treasurer

9/11/23

Date

FOR OFFICE USE ONLY			
Date Received:	9/11/2023	Employee:	AC
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			

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

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

Detailed Summary

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
Weeks for Goldsboro Committe	Committee MYSA	
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0.00	\$ 0.00
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 97.00	\$ 97.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 97.00	\$ 97.00
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$ 97.00	\$ 97.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 97.00	\$ 97.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

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			
Weeks for Goldsboro Committee					
3. Contributor Information <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Beverly Weeks 313 Pineland Drive Goldsboro, NC 27534			b. Job Title/Profession	d. Comments	
			Executive Director		
			c. Employer's Name/Specific Field		
			Cry Freedom Missions		
e. Election Sum to Date \$ 97.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	888	Check	Campaign PO Box	061623	\$ 97.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <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	d. Comments	
			c. Employer's Name/Specific Field		
e. Election Sum to Date \$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <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	d. Comments	
			c. Employer's Name/Specific Field		
e. Election Sum to Date \$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 97.00					
5. Total of ALL CRO-1210 Pages \$ 97.00					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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													
Weeks for Goldsboro Committee															
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove															
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <table border="1"> <tr><td><input type="checkbox"/></td><td>Individual</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Candidate</td></tr> <tr><td><input type="checkbox"/></td><td>Party</td></tr> <tr><td><input type="checkbox"/></td><td>PAC</td></tr> <tr><td><input type="checkbox"/></td><td>Referendum</td></tr> <tr><td><input type="checkbox"/></td><td>Other Receipt Source</td></tr> </table> c. Comments		<input type="checkbox"/>	Individual	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Party	<input type="checkbox"/>	PAC	<input type="checkbox"/>	Referendum	<input type="checkbox"/>	Other Receipt Source
<input type="checkbox"/>	Individual														
<input checked="" type="checkbox"/>	Candidate														
<input type="checkbox"/>	Party														
<input type="checkbox"/>	PAC														
<input type="checkbox"/>	Referendum														
<input type="checkbox"/>	Other Receipt Source														
Beverly Weeks 313 Pineland Drive Goldsboro, NC 27534		d. Election Sum to Date \$ 97.00													
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount												
Beverly contributed a \$97.00, in-kind contribution to open a PO Box for her campaign.			\$ 97.00												
			\$												
			\$												
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 <table border="1"> <tr><td><input type="checkbox"/></td><td>Individual</td></tr> <tr><td><input type="checkbox"/></td><td>Candidate</td></tr> <tr><td><input type="checkbox"/></td><td>Party</td></tr> <tr><td><input type="checkbox"/></td><td>PAC</td></tr> <tr><td><input type="checkbox"/></td><td>Referendum</td></tr> <tr><td><input type="checkbox"/></td><td>Other Receipt Source</td></tr> </table> c. Comments		<input 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
<input 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 \$													
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount												
			\$												
			\$												
			\$												
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 <table border="1"> <tr><td><input type="checkbox"/></td><td>Individual</td></tr> <tr><td><input type="checkbox"/></td><td>Candidate</td></tr> <tr><td><input type="checkbox"/></td><td>Party</td></tr> <tr><td><input type="checkbox"/></td><td>PAC</td></tr> <tr><td><input type="checkbox"/></td><td>Referendum</td></tr> <tr><td><input type="checkbox"/></td><td>Other Receipt Source</td></tr> </table> c. Comments		<input 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
<input 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 \$													
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount												
			\$												
			\$												
			\$												
4. Total only this Page		\$ 97.00													
5. Total of ALL CRO-1510 Pages		\$ 97.00													
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>															