

# Disclosure Report Cover

Amendment

Yes

No

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

Do not use this form to update information

## 1. Committee Information

a. Full Name	c. ID Number		
DUMOND FOR GOLDSBORO COMMITTEE			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
602 Gloucester Rd. Goldboro, NC 27534			09/26/2023
			e. Phone Number
			919-432-8837

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	08/30/2023	09/25/2023	Laurence D Frederick 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 Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day	<input type="checkbox"/> State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly	<input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input checked="" 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	<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	<input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report				10. Special Report Name

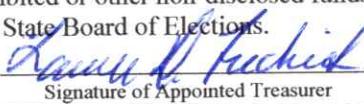
11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
First Citizens Bank	RECEIVED WCBOE
b. Purpose	b. Purpose
General Operating Account	SEP 26 2023
	c. Account Code
	d. Period Begin Balance
	\$ 42.67

## CERTIFICATION

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

Laurence D Frederick

Printed Name of Signer

  
Signature of Appointed Treasurer

09/26/2023

Date

## FOR OFFICE USE ONLY

Date Received:	9/26/23	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 <input type="checkbox"/> Signer has not received mandatory training
Date Scanned:		Employee:		
Date Data Entered:		Employee:		

**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.

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
DUMOND FOR GOLDSBORO COMMITTEE	PRE-PRIMARY REPORT	
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 42.67	\$
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 182	\$ 182
6) Contributions from Individuals (CRO-1210)	\$ 677	\$ 3832.83
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$ 550	\$ 3100
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)	\$ 1409	\$ 7114.83
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 942.78	\$ 6044.95
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 2.01	\$ 72.01
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$ 350	\$ 840.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1294.79	\$ 6957.95
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 156.88	\$ 156.88
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 3100	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0

## Aggregated Contributions from Individuals

Page 5

1 of 1

### **Amendment**

Yes

No

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

**Contributions from Individuals**

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
DUMOND FOR GOLDSBORO COMMITTEE					
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Jerlene Frederick 2707 Isaac Drive Goldsboro, NC 27530 919-223-1013			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
			Domestic		
			<b>c. Employer's Name/Specific Field</b>		
			Unemployed		
			<b>e. Election Sum to Date</b>		
			\$ 67.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	BUS	Credit		09/06/202	\$ 67.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Lisa Roberts Sorrells 107 Cashwell Drive Goldsboro, NC 27534 919-920-2525			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
			Interior Decorator		
			<b>c. Employer's Name/Specific Field</b>		
			Owner		
			<b>e. Election Sum to Date</b>		
			\$ 200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	BUS	Check		09/11/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Mallory Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-223-2013			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
			Travel Agent		
			<b>c. Employer's Name/Specific Field</b>		
			Travelmation		
			<b>e. Election Sum to Date</b>		
			\$ 60.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	BUS	Credit		09/06/2023	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 327.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 677.00

**Contributions from Individuals**

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
DUMOND FOR GOLDSBORO COMMITTEE					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Chretien Dumond 602 Gloucester Rd Goldsboro, NC 27534 919-432-8837			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			Owner/Operator		
			<b>c. Employer's Name/Specific Field</b>		
			YBR Marketing LLC		
<b>e. Election Sum to Date</b>  \$ 840.99					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	BUS	Credit	Internet Ad	08/31/202	\$ 350.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>		
<b>e. Election Sum to Date</b>  \$					
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"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>		
<b>e. Election Sum to Date</b>  \$					
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"/>					\$
<b>4. Total only this Page</b>					\$ 350.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 677.00

# 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.

<b>1. Committee Full Name (and Fund if applicable)</b> DUMOND FOR GOLDSBORO COMMITTEE					<b>2. ID Number</b>
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Meta Platforms Inc. 1601 Willow Rd. Menlo Park, CA 94025-1452 650-543-4800			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:				
					<b>e. Election Sum to Date</b>
					\$ 437.61
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BUS	Debit	A	08/30/2023	\$17.24	internet ad (16)
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Reese Sign company 516 S Leslie Street Goldsboro, NC 27530 919-736-7883			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:				
					<b>e. Election Sum to Date</b>
					\$ 13.45
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BUS	Debit	K	09/13/2023	\$13.45	Print Media (15)
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Ashford Boxing Club 516 Leslie St. Goldsboro, NC 27530 919-330-9506			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:				
					<b>e. Election Sum to Date</b>
					\$ 60.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BUS	Check	O	09/15/2023	\$60.00	Charitable Donation (56)
				\$	
<b>5. Total only this Page</b>					\$ 90.69
<b>6. Total of ALL CRO-1310 Pages</b>					
<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>					\$ 942.78
<b>7. Purpose Codes</b> (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					
<b>* Codes require detailed explanation in required remarks field (k)</b>					

# Disbursements

Amendment

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.

<b>1. Committee Full Name (and Fund if applicable)</b> DUMOND FOR GOLDSBORO COMMITTEE			<b>2. ID Number</b>		
<b>3. Type of Disbursement</b> <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					
<b>4. Payee Information</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div>					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>  Accucopy 322 N John Street Goldsboro, NC 27530 919-751-2400			<b>b. Coordinated Committee Name</b> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>d. Comments</b> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <b>e. Election Sum to Date</b> \$ 581.25
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BUS	Debit	B	09/15/2023	\$160.12	Print Media (15)
BUS	Debit	B	09/21/2023	\$344.27	Print Media (15)
<b>4. Payee Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>  Nadine Mceachern 206 Gerald Lane Goldsboro, NC 27530 919-344-9466			<b>b. Coordinated Committee Name</b> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>d. Comments</b> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <b>e. Election Sum to Date</b> \$ 80.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BUS	Cash	O	09/16/2023	\$80.00	Consultant GOTV (36)
				\$	
<b>4. Payee Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>  Southern Sign Co. Inc. 119 Carridge Rd. Goldsboro, NC 27534 919-736-1709			<b>b. Coordinated Committee Name</b> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		<b>d. Comments</b> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <b>e. Election Sum to Date</b> \$ 830.20
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
BUS	Debit	A	09/20/2023	\$42.70	Print Media (15)
				\$	
<b>5. Total only this Page</b>					\$ 627.09
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 942.78
<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>					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

## Disbursements

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

### **Amendment**

Page 3 of 3

Yes

No

1. Committee Full Name (and Fund if applicable) DUMOND FOR GOLDSBORO					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																																										
<b>4. Payee Information</b> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Add</span> <span><input type="checkbox"/> Remove</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address &amp; Phone <i>(include city, state, &amp; zip)</i></td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="3">           Jordan Portella Design            104 Kuwicki Road            Pikeville , NC 27863            252-315-8158         </td> <td colspan="2"></td> <td rowspan="3"></td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input checked="" type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$ 275.00</td> <td></td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>BUS</td> <td>Debit</td> <td>B</td> <td>09/21/2023</td> <td>\$225.00</td> <td>Print Media (15)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>					a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments		Jordan Portella Design 104 Kuwicki Road Pikeville , NC 27863 252-315-8158					c. Level Registered (Specify)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date				\$ 275.00			f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	BUS	Debit	B	09/21/2023	\$225.00	Print Media (15)					\$		
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments																																											
Jordan Portella Design 104 Kuwicki Road Pikeville , NC 27863 252-315-8158																																														
		c. Level Registered (Specify)																																												
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:																																											
<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date																																												
		\$ 275.00																																												
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																																									
BUS	Debit	B	09/21/2023	\$225.00	Print Media (15)																																									
				\$																																										
<b>4. Payee Information</b> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Add</span> <span><input type="checkbox"/> Remove</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address &amp; Phone <i>(include city, state, &amp; zip)</i></td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="3"></td> <td colspan="2"></td> <td rowspan="3"></td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$</td> <td></td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>					a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments							c. Level Registered (Specify)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date				\$			f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					\$						\$		
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments																																											
		c. Level Registered (Specify)																																												
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:																																											
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date																																												
		\$																																												
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																																									
				\$																																										
				\$																																										
<b>4. Payee Information</b> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Add</span> <span><input type="checkbox"/> Remove</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. Full Name, Mailing Address &amp; Phone <i>(include city, state, &amp; zip)</i></td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="3"></td> <td colspan="2"></td> <td rowspan="3"></td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$</td> <td></td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>					a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments							c. Level Registered (Specify)		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date				\$			f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					\$						\$		
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	d. Comments																																											
		c. Level Registered (Specify)																																												
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:																																											
<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date																																												
		\$																																												
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																																									
				\$																																										
				\$																																										
<b>5. Total only this Page</b>					\$ 225.00																																									
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 942.78																																									
<b>7. Purpose Codes</b> (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>																																														

## Aggregated Non-Media Expenditures

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

\* 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		
DUMOND FOR GOLDSBORO COMMITTEE				
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>       <b>d. Election Sum to Date</b>  \$ 840.99		
	<b>e. Description</b> Website Internet ads		<b>f. Date (mm/dd/yyyy)</b> 08/31/2023	<b>g. Fair Market Amount</b> \$ 350.00
				\$
				\$
				\$
				\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>      <b>d. Election Sum to Date</b>  \$		
	<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
				\$
				\$
				\$
				\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>      <b>d. Election Sum to Date</b>  \$		
	<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
				\$
				\$
				\$
				\$
<b>4. Total only this Page</b>			\$ 350.00	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 350.00	

**Outstanding Loans**

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

<b>1. Committee Full Name (and Fund if applicable)</b> DUMOND FOR GOLDSBORO COMMITTEE		<b>2. ID Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837		<b>b. Job Title/Profession</b> Owner/Operator  <b>c. Employer's Name/Specific Field</b> YBR Marketing LLC
		<b>d. Comments</b>  <b>e. Start Date (mm/dd/yyyy)</b> 02/15/2023
		<b>f. End Date (mm/dd/yyyy)</b>  
<b>g. Rate</b> 0 %	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b> \$ 500
		<b>j. Remaining Loan Balance</b> \$ 500
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837		<b>b. Job Title/Profession</b> Owner/Operator  <b>c. Employer's Name/Specific Field</b> YBR Marketing LLC
		<b>d. Comments</b>  <b>e. Start Date (mm/dd/yyyy)</b> 02/16/2023
		<b>f. End Date (mm/dd/yyyy)</b>  
<b>g. Rate</b> 0 %	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b> \$ 1200
		<b>j. Remaining Loan Balance</b> \$ 1200
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837		<b>b. Job Title/Profession</b> Owner/Operator  <b>c. Employer's Name/Specific Field</b> YBR Marketing LLC
		<b>d. Comments</b>  <b>e. Start Date (mm/dd/yyyy)</b> 07/25/2023
		<b>f. End Date (mm/dd/yyyy)</b>  
<b>g. Rate</b> 0 %	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b> \$ 850
		<b>j. Remaining Loan Balance</b> \$ 850
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>
<b>4. Total only this Page</b>		\$ 2550
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 3100

**Outstanding Loans**

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>
DUMOND FOR GOLDSBORO COMMITTEE				
<b>3. Lender Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 27534 919-432-8837		Owner/Operator		
				e. Start Date (mm/dd/yyyy)
				09/20/2023
				f. End Date (mm/dd/yyyy)
<b>g. Rate</b>	<b>h. Security Pledged</b>		<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
0 %			\$ 550.00	\$ 550.00
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>3. Lender Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
				e. Start Date (mm/dd/yyyy)
				f. End Date (mm/dd/yyyy)
<b>g. Rate</b>	<b>h. Security Pledged</b>		<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%			\$	\$
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>3. Lender Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
				e. Start Date (mm/dd/yyyy)
				f. End Date (mm/dd/yyyy)
<b>g. Rate</b>	<b>h. Security Pledged</b>		<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%			\$	\$
<b>k. Full Name of Lending Institution</b>				<b>l. Loan Number</b>
<b>4. Total only this Page</b>				\$ 550.00
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>				\$ 3100.00

## **Loan Proceeds**

Pg 1 of 1  Yes  No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b> DUMOND FOR GOLDSBORO COMMITTEE		<b>2. ID Number</b>	
<b>3. Lender Information</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Chretien Dumond 602 Gloucester Rd. Goldsboro, NC 919-432-8837		<b>b. Job Title/Profession</b> Owner/Operator	<b>d. Comments</b> <b>e. Start Date (mm/dd/yyyy)</b> 09/20/2023
		<b>c. Employer's Name/Specific Field</b> YBR Marketing LLC	<b>f. End Date (mm/dd/yyyy)</b> \$ 550.00
<b>g. Rate</b> 0 %	<b>h. Security Pledged</b>	<b>i. Account Code</b> BUS	<b>j. Form of Payment</b> Draft
			<b>k. Amount</b> \$ 550.00
<b>l. Full Name of Lending Institution</b>			<b>m. Loan Number</b>
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> <b>d. Percentage</b> %	<b>c. Employer's Name/Specific Field</b> <b>e. Amount</b> \$
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> <b>d. Percentage</b> %	<b>c. Employer's Name/Specific Field</b> <b>e. Amount</b> \$
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> <b>d. Percentage</b> %	<b>c. Employer's Name/Specific Field</b> <b>e. Amount</b> \$
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b> <b>d. Percentage</b> %	<b>c. Employer's Name/Specific Field</b> <b>e. Amount</b> \$
<b>5. Total of ALL CRO-1410 Pages</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			
			\$ 550.00



# NORTH CAROLINA

---

## STATE BOARD OF ELECTIONS

### Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

**This Statement is to be filed with the Election Board where the committee's reports are filed.**

- **Name of committee to receive loan:** Dumond for Goldsboro
- **Person or committee to make loan:** Chretien Dumond
- **Date of loan to committee:** 09/20/2023
- **Name of lending institution (source):**  
\_\_\_\_\_  
• **Amount of loan:** 550.00  
\_\_\_\_\_  
• **Description (if in-kind loan):** \_\_\_\_\_  
\_\_\_\_\_  
• **Names of all parties responsible for payment of loan (guarantors):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
• **Period of loan:** \_\_\_\_\_  
• **Rate of interest of loan:** \_\_\_\_\_  
• **Security pledged for loan:** \_\_\_\_\_

I, Chretien Dumond, acknowledge that all of the information  
(Person lending money to committee) provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Chretien Dumond  
Signature of Lender

09-26-2023  
Date Signed

Chretien Dumond  
Signature of Treasurer of Committee

09-26-2023  
Date Signed