

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		
Phyllis Merritt-James for District 5 City Council	YK12B0		
b. Mailing Address (include City, State and Zip Code)	RECEIVED WCBOE		
503 Cardinal Drive Goldsboro, NC 27534	d. Date Filed SEP 26 2023 09/22/2023		
	e. Phone Number 919-584-5814		
BY			

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	08/31/2023	Phyllis Merritt-James

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	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)				10. Special Report Name
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
2				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
NCCFCU		NCCFCU	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
For All Campaign Expenses	PMJ4D5C	NCCFCU membership	PMJ4D5S
	d. Period Begin Balance		d. Period Begin Balance
	\$ 753.63		\$ 1.00

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.

Phyllis Merritt-Jame

Printed Name of Signer

Signature of Appointed Treasurer

09/22/2023

Date

FOR OFFICE USE ONLY

Date Received:	7/26/23	Employee:	AC	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input checked="" 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

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	
Phyllis Merritt-James for District 5 City Council	35 Day Report	YK12B0	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 753.63	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 90.00
6) Contributions from Individuals	(CRO-1210)	\$ 5647.43	\$ 6673.43
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 1000.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 576.64	\$ 576.64
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 6224.07	\$ 8340.07
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3851.98	\$ 5199.33
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 67.60	\$ 82.62
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 2252.43	\$ 2252.43
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6172.01	\$ 7534.38
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 805.69	\$ 805.69
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1000.00	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0

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	
Phyllis Merritt-James for District 5 City Council				YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Phyllis Merritt-James 503 Cardinal Drive Goldsboro, NC 27534			b. Job Title/Profession Nurse Practitioner		d. Comments
			c. Employer's Name/Specific Field North Carolina Nephrology		
			e. Election Sum to Date \$ 51.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	in kind	campaign pens	07/05/2023	\$ 268.29
<input type="checkbox"/>	PMJ4D5C	in kind	campaign poster	07/19/2023	\$ 149.45
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Phyllis Merritt-James 503 Cardinal Drive Goldsboro. NC 27534			b. Job Title/Profession same as above		d. Comments
			c. Employer's Name/Specific Field same as above		
			e. Election Sum to Date \$ 51.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	in kind	rental for FR	07/16/2023	\$ 400.00
<input type="checkbox"/>	PMJ4D5C	in kind	food for FR	07/16/2023	\$ 100.00
<input type="checkbox"/>	PMJ4D5C	in kind	food/dri for FR	07/24/2023	\$ 259.42
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Phyllis Merritt-James 503 Cardinal Drive Goldsboro, NC 27534			b. Job Title/Profession same as above		d. Comments
			c. Employer's Name/Specific Field same as above		
			e. Election Sum to Date \$ 51.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	in kind	rental for FR	08/14/2023	\$ 280.00
<input type="checkbox"/>	PMJ4D5C	electronic		08/25/2023	\$ 25.00
<input type="checkbox"/>	PMJ\$D5C	in kind	food/dri for FR	08/29/2023	\$ 250.83
4. Total only this Page					\$ 1732.99
5. Total of ALL CRO-1210 Pages					\$ 5647.43
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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	
Phyllis Merritt-James for District 5 City Council				YK12B0	
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Phyllis Merritt-James 503 Cardinal Drive Goldsboro, NC 27534			b. Job Title/Profession Nurse Practitioner		d. Comments e. Election Sum to Date \$ 51.00
			c. Employer's Name/Specific Field North Carolina Nephrology		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	in kind	supplies for FR	07/11/2023	\$ 65.04
<input type="checkbox"/>	PMJ4D5C	in kind	supplies for FR	07/24/2024	\$ 250.53
<input type="checkbox"/>	PMJ4D5C	in kind	Back2School EV	08/07/2023	\$ 228.87
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Michelle Garrou 203 Cross Place Goldsboro. NC 27530			b. Job Title/Profession RN		d. Comments e. Election Sum to Date \$ 0
			c. Employer's Name/Specific Field Fresenius Kidney Care		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		07/24/2023	\$ 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) Larry James 503 Cardinal Drive Goldsboro, NC 27534			b. Job Title/Profession not employed		d. Comments e. Election Sum to Date \$ 0
			c. Employer's Name/Specific Field none		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		07/25/2023	\$ 100.00
<input type="checkbox"/>	PMJ4D5C	electronic		08/25/2023	\$ 100.00
<input type="checkbox"/>					\$
4. Total only this Page					
5. Total of ALL CRO-1210 Pages					
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

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			
Phyllis Merritt-James for District 5 City Council					YK12B0			
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sharona Johnson 113 Planters Place Goldsboro, NC 27530			b. Job Title/Profession Administrator FNP		d. Comments			
			c. Employer's Name/Specific Field ECU Health					
			e. Election Sum to Date \$ 0					
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
			<input type="checkbox"/>	PMJ4D5C	check		07/24/2023	\$ 200.00
<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) Hattie Lofton 13 Cedar Drivet Smiothfield, NC 27577			b. Job Title/Profession not employed		d. Comments			
			c. Employer's Name/Specific Field none					
			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"/>	PMJ4D5C	check		07/24/2023	\$ 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) Roger Edwards 107 Heathwick Drive. Knightdale, NC 27545			b. Job Title/Profession Sr. Technical Content Develop		d. Comments			
			c. Employer's Name/Specific Field Dell Technologies					
			e. Election Sum to Date \$ 0					
			f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
			<input type="checkbox"/>	PMJ4D5C	check		07/25/2023	\$ 300.00
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
4. Total only this Page					\$ 600.00			
5. Total of ALL CRO-1210 Pages					\$ 5647.43			
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>								

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	
Phyllis Merritt-James for District 5 City Council					YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Linda McLamb Owens 1333 Stapleton Drive Garner, NC 27529			b. Job Title/Profession not employed		d. Comments	
			c. Employer's Name/Specific Field none			
					e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	check		07/29/2023	\$ 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) Linda O. Williams 1406 S. Slocumb St Goldsboro, NC 27530			b. Job Title/Profession not employed		d. Comments	
			c. Employer's Name/Specific Field none			
					e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	check		07/30/2023	\$ 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) Lindwood Parker P.O. Box 878 Four Oaks, NC 27524			b. Job Title/Profession Accountant		d. Comments	
			c. Employer's Name/Specific Field White Swan			
					e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	check		07/25/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 300.00
5. Total of ALL CRO-1210 Pages						\$ 5647.43
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

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	
Phyllis Merritt-James for District 5 City Council					YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Charles A. Williams 12 Bradford Street Smithfield, NC 27577			b. Job Title/Profession		d. Comments	
			Assistant Fire Marshall			
			c. Employer's Name/Specific Field			
			City of Raleigh			
			e. Election Sum to Date		\$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	electronic		08/13/2023	\$ 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) Dennis Williams 2847 Albares Grand Prairie, TX 75054			b. Job Title/Profession		d. Comments	
			not employed			
			c. Employer's Name/Specific Field			
			none			
			e. Election Sum to Date		\$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	electronic		08/15/2023	\$ 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) Kenneth Merritt 11320 Celandine Ct. Charlotte, NC 28213			b. Job Title/Profession		d. Comments	
			Healthcare Tech			
			c. Employer's Name/Specific Field			
			Atrium Health			
			e. Election Sum to Date		\$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	electronic		08/25/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page \$ 450.00						
5. Total of ALL CRO-1210 Pages \$ 5647.43						
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

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	
Phyllis Merritt-James for District 5 City Council					YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sandra S. Meachem 3524 Sheridan Dr Durham, NC 27707			b. Job Title/Profession Funeral Director		d. Comments	
			c. Employer's Name/Specific Field Walt Sanders Funeral Home Owner			
			e. Election Sum to Date \$ 0			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	check		08/21/2023	\$ 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) Phillip Timmons 9494 Gabe Ct Raleigh, NC 27613			b. Job Title/Profession Nephrologist		d. Comments	
			c. Employer's Name/Specific Field North Carolina Nephrology			
			e. Election Sum to Date \$ 0			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	check		08/22/2023	\$ 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) Roberta Merritt 503 E. 11 th Street. Goldsboro, NC 27534			b. Job Title/Profession not employed		d. Comments	
			c. Employer's Name/Specific Field none			
			e. Election Sum to Date \$ 0			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	check		08/29/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page \$ 450.00						
5. Total of ALL CRO-1210 Pages \$ 5647.43						
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 7 of 13 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	
Phyllis Merritt-James for District 5 City Council				YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dusty Speedy 101 Eagle Place Goldsboro, NC 27530			b. Job Title/Profession Business Owner		d. Comments e. Election Sum to Date \$ 0
			c. Employer's Name/Specific Field Speedy Solutions		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		08/29/2023	\$ 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) Jeffrey Hoggard 507 Guilford Circle Raleigh, NC 27608			b. Job Title/Profession Nephrologist		d. Comments e. Election Sum to Date \$ 0
			c. Employer's Name/Specific Field North Carolina Nephrology		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		08/30/2023	\$ 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) Paula Ivey 149 Ivey Rd. Mt Olive, NC 28365			b. Job Title/Profession FNP-BC		d. Comments e. Election Sum to Date \$ 0
			c. Employer's Name/Specific Field Goshen Medical Center		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	check		08/29/2023	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 650.00					
5. Total of ALL CRO-1210 Pages \$ 5647.43					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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	
Phyllis Merritt-James for District 5 City Council				YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alicia B. Pierce 11041 Poundberry Camp Pl Waldorf, MD 20603			b. Job Title/Profession	d. Comments	
			Educator		
			c. Employer's Name/Specific Field		
			CCPS		
e. Election Sum to Date \$ 0					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		07/12/2023	\$ 50.00
<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) Valerie Williams P.O. Box 612 Willow Springs, NC 27592			b. Job Title/Profession	d. Comments	
			not employed		
			c. Employer's Name/Specific Field		
			none		
e. Election Sum to Date \$ 0					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		07/19/2023	\$ 50.00
<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) Ingrid Nurse 3967 Alleghany Street NW Concord, NC 28027			b. Job Title/Profession	d. Comments	
			Instructor		
			c. Employer's Name/Specific Field		
			RCCC		
e. Election Sum to Date \$ 0					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		07/23/2023	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 125.00					
5. Total of ALL CRO-1210 Pages \$ 5647.43					
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

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	
Phyllis Merritt-James for District 5 City Council				YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sadie Johnson Carter 56 Bragg Ct Clayton, NC 27527			b. Job Title/Profession Not employed	d. Comments	
			c. Employer's Name/Specific Field none		
e. Election Sum to Date \$ 0					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	check		08/29/2023	\$ 50.00
<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) Tracy Lewis 107 Harding Place Goldsboro, NC 27534			b. Job Title/Profession Licensed Clinical SW	d. Comments	
			c. Employer's Name/Specific Field VA		
e. Election Sum to Date \$ 0					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		07/24/2023	\$ 50.00
<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) Radford Avery 4468 Devils Racetrack Rd. Four Oaks, NC 27524			b. Job Title/Profession Lawncare Self Employed	d. Comments	
			c. Employer's Name/Specific Field Avery Grounds Self employed		
e. Election Sum to Date \$ 0					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		07/24/2023	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 150.00
5. Total of ALL CRO-1210 Pages					\$ 5647.43
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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	
Phyllis Merritt-James for District 5 City Council				YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Shirvon Holland 102 Whitney Place Goldsboro, NC 27530			b. Job Title/Profession	d. Comments	
			RN		
			c. Employer's Name/Specific Field		
			DOD AF		
e. Election Sum to Date	\$ 0				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		08/10/2023	\$ 25.00
<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) Georgia Edwards 1500 S. Slocumb St Goldsboro, NC 27530			b. Job Title/Profession	d. Comments	
			unemployed		
			c. Employer's Name/Specific Field		
			none		
e. Election Sum to Date	\$ 0				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	check		08/10/2023	\$ 20.00
<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) Sharon Council 700 Pine Bluff Ct. Chesapeake, VA 23320			b. Job Title/Profession	d. Comments	
			School Counselor		
			c. Employer's Name/Specific Field		
			Chesapeake Public Schools		
e. Election Sum to Date	\$ 0				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		08/14/2023	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 70.00					
5. Total of ALL CRO-1210 Pages \$ 5647.43					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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	
Phyllis Merritt-James for District 5 City Council					YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Adrienne Silvey 1030 Rogers Lane, Suite 121 Box 1145 Raleigh, NC 27610			b. Job Title/Profession Sales and Consulting		d. Comments	
			c. Employer's Name/Specific Field Green Gene's Horticulture Inc			
					e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	electronic		08/16/2023	\$ 25.00	
<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) Hilda Lofton 74 Chelsea St Stratford, CT 06615			b. Job Title/Profession not employed		d. Comments	
			c. Employer's Name/Specific Field none			
					e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	electronic		08/18/2023	\$ 25.00	
<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) Betty Jean Lee 23 Lorease Drive Dudley, NC 28333			b. Job Title/Profession Not employed		d. Comments	
			c. Employer's Name/Specific Field None			
					e. Election Sum to Date \$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	check		08/22/2023	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page \$ 75.00						
5. Total of ALL CRO-1210 Pages \$ 5647.43						
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

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	
Phyllis Merritt-James for District 5 City Council				YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tony Nixon 302 S. Brightleaf Blvd Smithfield, NC 27577			b. Job Title/Profession not employed		d. Comments
			c. Employer's Name/Specific Field None		
			e. Election Sum to Date \$ 0		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		08/22/2023	\$ 25.00
<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) Annie Harris 339 Norwood Dr Clayton, NC 27527			b. Job Title/Profession RN		d. Comments
			c. Employer's Name/Specific Field Fresenius Kidney Care		
			e. Election Sum to Date \$ 0		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		08/22/2023	\$ 25.00
<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) Sherry Hunter 2701 Casper Creek Lane Raleigh, NC 27616			b. Job Title/Profession Criminal Justice		d. Comments
			c. Employer's Name/Specific Field NCDPS		
			e. Election Sum to Date \$ 0		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	PMJ4D5C	electronic		08/23/2023	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5647.43

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	
Phyllis Merritt-James for District 5 City Council					YK12B0	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Shannon Clark 10142 Mizner Lane Raleigh, NC 27617			b. Job Title/Profession		d. Comments	
			FNP			
			c. Employer's Name/Specific Field			
			North Carolina Nephrology			
			e. Election Sum to Date			
\$ 0						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	electronic		08/30/2023	\$ 50.00	
<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) Allyson Staton 4424 Pike Rd Raleigh, NC 27613			b. Job Title/Profession		d. Comments	
			FNP			
			c. Employer's Name/Specific Field			
			North Carolina Nephrology			
			e. Election Sum to Date			
\$ 0						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	PMJ4D5C	electronic		08/30/2023	\$ 50.00	
<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	
			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					\$ 100.00	
5. Total of ALL CRO-1210 Pages					\$ 5647.43	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Refunds/Reimbursements To the Committee

Pg 1 of 2

Amendment

Yes

No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)		2. ID Number		
Phyllis Merritt-James for District 5 City Council		YK12B0		
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		g. Comments poor quality machine malfunc
Staples Inc Berkeley Blvd Goldsboro, NC		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date 07/26/2023
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
				i. Original Expenditure Amt \$ 62.44
b. Job Title/Profession		c. Employer's Name/Specific Field		j. Election Sum to Date
n/a		n/a		\$ 0
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
PMJ4D5C	electronic		07/27/2023	\$ 62.44
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		g. Comments erroneous chg double billed
Staples Inc Berkeley Blvd Goldsboro, NC		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date 07/26/2023
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
				i. Original Expenditure Amt \$ 62.44
b. Job Title/Profession		c. Employer's Name/Specific Field		j. Election Sum to Date
n/a		n/a		\$ 0
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
PMJ4D5C	electronic		07/28/2023	\$ 62.44
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		g. Comments erroneous chg
NameCheap.com Support@namecheap.com		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date 08/13/2023
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
				i. Original Expenditure Amt \$ 41.88
b. Job Title/Profession		c. Employer's Name/Specific Field		j. Election Sum to Date
n/a		n/a		\$ 0
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
PMJ4D5C	electronic		08/17/2023	\$ 41.88
4. Total only this Page \$ 166.76				
5. Total of ALL CRO-1240 Pages \$ 576.64				
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				

Refunds/Reimbursements To the Committee

Pg 2 of 2

Amendment

Yes

No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)		2. ID Number				
Phyllis Merritt-James for District 5 City Council		YK12B0				
3. Contributor Information		<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee			g. Comments	
VistaPrint VistaPrint.com		<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	PAC	
		<input type="checkbox"/>	Referendum	<input type="checkbox"/>	Party	
		e. Level Registered (Specify)			h. Original Expenditure Date	
		<input type="checkbox"/>	Federal	<input type="checkbox"/>	County:	
		<input type="checkbox"/>	State	<input checked="" type="checkbox"/>	Municipality:	
					i. Original Expenditure Amt	
					\$ 697.45	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose		
n/a		n/a		Partial refund given. Awaiting		
k. Account Code		l. Form of Payment		m. In-Kind Description		
PMJ4D5C		electronic		n. Date (mm/dd/yyyy)		
				08/22/2023		
				\$ 409.88		
3. Contributor Information		<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee			g. Comments	
		<input type="checkbox"/>	Candidate	<input type="checkbox"/>	PAC	
		<input type="checkbox"/>	Referendum	<input type="checkbox"/>	Party	
		e. Level Registered (Specify)			h. Original Expenditure Date	
		<input type="checkbox"/>	Federal	<input type="checkbox"/>	County:	
		<input type="checkbox"/>	State	<input type="checkbox"/>	Municipality:	
					i. Original Expenditure Amt	
					\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose		
k. Account Code		l. Form of Payment		m. In-Kind Description		
				n. Date (mm/dd/yyyy)		
				\$		
3. Contributor Information		<input type="checkbox"/>	Add	<input type="checkbox"/>	Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee			g. Comments	
		<input type="checkbox"/>	Candidate	<input type="checkbox"/>	PAC	
		<input type="checkbox"/>	Referendum	<input type="checkbox"/>	Party	
		e. Level Registered (Specify)			h. Original Expenditure Date	
		<input type="checkbox"/>	Federal	<input type="checkbox"/>	County:	
		<input type="checkbox"/>	State	<input type="checkbox"/>	Municipality:	
					i. Original Expenditure Amt	
					\$	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose		
k. Account Code		l. Form of Payment		m. In-Kind Description		
				n. Date (mm/dd/yyyy)		
				\$		
4. Total only this Page						\$ 409.88
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)						\$ 576.64

Disbursements

Amendment

Pg 1 of 4

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		
Phyllis Merritt-James for District 5 City Council		YK12B0		
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> Carol Anne Marketing 1-800-262 3246 1601 Atlantic Drive Ste 129 West Chicago IL 60185		b. Coordinated Committee Name		d. Comments
				Print Postcards
		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	\$ 0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
/PMJ4D5C	Debit	B	07/18/2023	\$46.69
				\$
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Signage of Clayton Inc Clayton NC		b. Coordinated Committee Name		d. Comments
		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	\$ 82.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
PMJ4D5C	Debit	A	07/20/2023	\$165.73
				\$
4. Payee Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Walmart Spence Ave Goldsboro, NC		b. Coordinated Committee Name		d. Comments
		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	\$ 0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount
PMJ4D5C	Debit	C	07/23/2023	\$36.66
				\$
5. Total only this Page		\$ 249.08		
6. Total of ALL CRO-1310 Pages		\$ 3851.98		
<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	D - To Another Candidate	
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses	
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	
O* - Other				
* Codes require detailed explanation in required remarks field (k)				

Disbursements

Amendment

Pg 2 of 4

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) Phyllis Merritt-James for District 5 City Council					2. ID Number YK12B0
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) Staples Berkeley Blvd Goldsboro, NC			b. Coordinated Committee Name		d. Comments Print Postcards
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:	<input type="checkbox"/> Municipality:	e. Election Sum to Date
			<input type="checkbox"/> State <input checked="" type="checkbox"/>		\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
/PMJ4D5C	Debit	B	07/26/2023	\$62.44	Printed Postcar
PMJ4D5C	Debit	O	07/26/2023	\$62.44	erroneous chg
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Karena Atkinson 353 Weaver Rd Goldsboro, NC 27530			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:	<input type="checkbox"/> Municipality:	e. Election Sum to Date
			<input type="checkbox"/> State <input checked="" type="checkbox"/>		\$ 975.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Check	A	08/06/2023	\$450	Social Media
				\$	
4. Payee Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Namecheap.com support@namecheap.com			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:	<input type="checkbox"/> Municipality:	e. Election Sum to Date
			<input type="checkbox"/> State <input checked="" type="checkbox"/>		\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Debit	A	08/13/2023	\$41.88	Webpage erroneus chg
PMJD5C	Debit	A	08/17/2023	\$7.88	Webpage
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 (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

Pg 3 of 4 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
Phyllis Merritt-James for District 5 City Council					YK12B0
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> Robbie Jones Productions 1509 Noble Creek Lane Raleigh, NC 27610			b. Coordinated Committee Name		d. Comments
					Print Postcards
			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
					\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
/PMJ4D5C	Checkt	A	07/02/2023	\$250	Videography
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Wayne County Board of Election			b. Coordinated Committee Name		d. Comments
			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
					\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Check	O	07/07/2023	\$90.00	Filing Fee
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Joyful Sax Sounds Tracey Woodley 3 Cape Dorey Drive Hampton, VA 23666			b. Coordinated Committee Name		d. Comments
			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
					\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Check	C	07/24/2023	\$150.00	Entertainment for Fundraiser
				\$	
5. Total only this Page					\$ 490.00
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 3851.98
<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

Pg 4 of 4 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			
Phyllis Merritt-James for District 5 City Council		YK12B0			
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> VistaPrint Vistaprint.com		b. Coordinated Committee Name		d. Comments	
				production err *refunded	
		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	
		\$ 0			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	
/PMJ4D5C	Debit	A	08/13/2023	\$697.45	Yard signs
PMJ4D5C	Debit	F	08/13/2023	\$409.88	Stands for 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> Fast Tz.Com		b. Coordinated Committee Name		d. Comments	
		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	
		\$ 0			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Debit	A	08/25/2023	\$622.00	Door hangers
PMJ4D5C	Debit	A	8/25/2023	\$730.17	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> Namecheap.com		b. Coordinated Committee Name		d. Comments	
		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	
		\$ 0			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Debit	O	08/31/2023	\$9.88	Webpage Social Media
PMJ4D5C	Debit	A	08/31/23	\$18.88	Social Media
5. Total only this Page					\$ 2488.26
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					\$ 3851.98
<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	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		
* Codes require detailed explanation in required remarks field (k)					

Aggregated Non-Media Expenditures

1 2
Page _____ of _____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
Phyllis Merritt-James for District 5 City Council				YK12B0		
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	PMJ4D5C	electronic	O	07/12/2023	\$ 2.08	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	07/19/2023	\$ 2.08	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	07/23/2023	\$ 1.16	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	07/24/2023	\$ 3.93	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	07/24/2023	\$ 2.08	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	7/24/2023	\$ 2.08	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	07/25/2023	\$ 3.93	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/10/2023	\$ 1.16	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/13/2023	\$ 3.93	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/14/2023	\$ 1.16	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/14/2023	\$ 1.16	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/15/2023	\$ 5.78	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/18/2023	\$ 1.16	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/22/2023	\$ 1.16	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/22/2023	\$ 1.16	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/23/2023	\$ 2.49	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	8/24/2023	\$ 7.63	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	8/25/2023	\$ 3.93	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	8/29/2023	\$ 9.48	Actblue fees
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	electronic	O	08/30/2023	\$ 2.08	Actblue fees
<input type="checkbox"/> Remove						
4. Total only this Page				\$59.62		
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$67.60		
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

2 2
Page ____ of ____ **Amendment** Yes No

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

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
Phyllis Merritt-James for District 5 City Council		YK12B0
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Phyllis Merritt-James 503 Cardinal Drive Goldsboro, NC 27534		b. Type of Contributor <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
		c. Comments d. Election Sum to Date \$ 51.00
e. Description Campaign pens		f. Date (mm/dd/yyyy) 07/05/2023
		g. Fair Market Amount \$ 268.29
Car posters		07/19/2023 \$ 149.45
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Same as above		b. Type of Contributor <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
		c. Comments d. Election Sum to Date \$ Same as abov
e. Description Rental Space for Fundraiser		f. Date (mm/dd/yyyy) 07/18/2023
		g. Fair Market Amount \$ 400.00
Food for Fundraiser		07/18/2023 \$ 100.00
Food/drink for Fundraiser		07/24/2023 \$ 259.42
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Same as above		b. Type of Contributor <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
		c. Comments d. Election Sum to Date \$ Same as abov
e. Description Rental Space for Fundraiser		f. Date (mm/dd/yyyy) 08/14/2023
		g. Fair Market Amount \$ 280.00
Food/drink for Fundraiser		08/29/2023 \$ 250.83
		\$
4. Total only this Page \$ 1707.99		
5. Total of ALL CRO-1510 Pages \$ 2252.43		
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		

In-Kind Contributions

Pg 2 of 2 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
Phyllis Merritt-James for District 5 City Council		YK12B0
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Phyllis Merritt-James 503 Cardinal Drive Goldsboro, NC 27534	b. Type of Contributor <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	
	c. Comments	
	d. Election Sum to Date	
	\$ 51.00	
	e. Description	
	Supplies for Fundraiser	
	f. Date (mm/dd/yyyy) 07/11/2023 g. Fair Market Amount \$ 65.04	
Supplies for Fundraiser		
f. Date (mm/dd/yyyy) 07/24/2023 g. Fair Market Amount \$ 250.53		
Back to School Event		
f. Date (mm/dd/yyyy) 08/07/2023 g. Fair Market Amount \$ 228.87		
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 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	
	\$	
	e. Description	
	f. Date (mm/dd/yyyy) g. Fair Market Amount \$	
	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 <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	
	c. Comments	
	d. Election Sum to Date	
	\$	
	e. Description	
	f. Date (mm/dd/yyyy) g. Fair Market Amount \$	
	f. Date (mm/dd/yyyy) g. Fair Market Amount \$	
4. Total only this Page \$ 544.44		
5. Total of ALL CRO-1510 Pages \$ 2252.43		
<i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		

Outstanding Loans

Amendment

Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number
Phyllis Merritt-James for District 5 City Council			YK12B0
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession Family Nurse Practitioner	d. Comments
Phyllis Merritt-James 503 Cardinal Drive Goldsboro, NC 27534		c. Employer's Name/Specific Field North Carolina Nephrology	e. Start Date (mm/dd/yyyy) 02/24/2023
		f. End Date (mm/dd/yyyy) N/A	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$ 1000.00	\$ 1000.00
k. Full Name of Lending Institution			l. Loan Number
Self			N/A
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 1000.00
5. Total of ALL CRO-1430 Pages			\$ 1000.00
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			