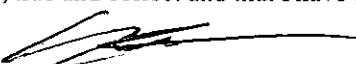


Disclosure Report Cover

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 JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE		c. ID Number <i>RECEIVED</i> <i>SEP 28 2023</i> <i>WCBOE</i>					
b. Mailing Address (include City, State and Zip Code) P.O. BOX 72 GOLDSBORO, NC 27533		d. Date Filed <i>09/27/2023</i> e. Phone Number <i>(919) 273-1908</i>					
2. Report Year <i>2023</i>	3. Period Start Date (mm/dd/yy) <i>07/01/2023</i>	4. Period End Date (mm/dd/yy) <i>09/26/2023</i>	5. Treasurer Full Name <i>WILLIAM C PEARSON</i>				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		7. Type of Report (Check only one type of report from one category) 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		8. Type of Report (Check only one type of report from one category) 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		9. Type of Report (Check only one type of report from one category) 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	
10. Special Report Name <i></i>							
11. Number of Fundraisers this Report <i>0</i>							
3. Account Information				5. Account Information			
a. Financial Institution Full Name <i>FIRST NATIONAL BANK</i>				a. Financial Institution Full Name			
b. Purpose <i>CAMPAIGN</i>	c. Account Code <i>1</i>	b. Purpose	c. Account Code				
				d. Period Begin Balance <i>\$ 265.53</i>			
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				 <i>WILLIAM C PEARSON</i> Printed Name of Signer			
				Signature of Appointed Treasurer <i>09/27/2023</i> Date			
FOR OFFICE USE ONLY							
Date Received: <i>9/28/23</i>	Employee: <i>8t</i>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed					
Date Postmarked: <i></i>	Employee: <i></i>	<input type="checkbox"/> Signer has not received mandatory training					
Date Scanned: <i></i>	Employee: <i></i>						
Date Data Entered: <i></i>	Employee: <i></i>						
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) JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE	2. Type of Report 2023 Thirty-five-day	3. ID Number	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ 265.53 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00 \$ 0.00	
6) Contributions from Individuals	(CRO-1210)	\$ 2,800.00 \$ 3,313.16	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00 \$ 0.00	
9) Loan Proceeds	(CRO-1410)	\$ 4,900.00 \$ 6,900.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00 \$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00 \$ 0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00 \$ 0.00	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00 \$ 0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00 \$ 0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00 \$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 7,700.00 \$ 10,213.16	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 6,541.56 \$ 8,326.03	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00 \$ 0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00 \$ 0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00 \$ 0.00	
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 450.00	
17) In-Kind Contributions	(CRO-1510)	\$ 0.00 \$ 13.16	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,541.56 \$ 8,789.19	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,423.97 \$ 1,423.97	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 6,900.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00 \$ 0.00	
26) Forgiven Loans	(CRO-1440)	\$ 0.00 \$ 0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00 \$ 0.00	
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00 \$ 0.00	

Contributions from Individuals

Pg 1 of 2 Yes No

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

Individual Contribution Information				2. ID Number	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
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	
DONALD BEST BARNES II 619 PARK AVENUE GOLDSBORO, NC 27530		FOOD MANUFACTURER			
		c. Employer's Name/Specific Field			
		ALTA FOODS			
e. Election Sum to Date \$ 1,000.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/15/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
MUNROE BEST JR 809 MILL ROAD GOLDSBORO, NC 27534		DEVELOPER			
		c. Employer's Name/Specific Field			
		M BEST & SONS, LCC			
e. Election Sum to Date \$ 500.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		09/01/2023	\$ 500.00
<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	
JUDITH MCMILLEN 201 N GEORGE ST GOLDSBORO, NC 27530		REALTOR			
		c. Employer's Name/Specific Field			
		BERKSHIRE HATHAWAY HOME SERVICES			
e. Election Sum to Date \$ 500.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		07/17/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total for this Page \$ 2,000.00					
5. Total of ALL CRO 1210 Pages \$ 2,800.00 <small>(This information on line 5 of Detailed Summary Page CRO 1200)</small>					

Contributions from Individuals

Pg 2 of 2 Yes No

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

a. Contributor Information			b. Job Title/Profession			d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession			d. Comments	
NANCY NORWOOD 216 RIDGEWOOD DRIVE GOLDSBORO, NC 27534			RETIRED				
			c. Employer's Name/Specific Field				
			N/A			e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		07/24/2023	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
a. Contributor Information			b. Job Title/Profession			d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession			d. Comments	
DAVID M. PERRY 1906 E. WALNUT STREET GOLDSBORO, NC 27530			OWNER				
			c. Employer's Name/Specific Field				
			GOLDSBORO BUILDERS SUPPLY			e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/06/2023	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
a. Contributor Information			b. Job Title/Profession			d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession			d. Comments	
ALBERT VAN KLEEK 318 S LESLIE STREET GOLDSBORO, NC 27530			RETIRED				
			c. Employer's Name/Specific Field				
			N/A			e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		07/05/2023	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
b. Notes only this Page						\$ 800.00	
c. Total of All CRO-1210 Pages						\$ 2,800.00	

Loan Proceeds

Pg 1 of 4 Amendment 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

1. Creditor's Full Name (and Fund if applicable)		2. ID Number		
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE				
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	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED	07/06/2023	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		1	Check	\$ 300.00
l. Full Name of Lending Institution			m. Loan Number	
4. Endorsers/Makers (The people who guarantee the loan)				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on the last page of Detailed Summary Page CRO-1100)</i>			\$ 4,900.00	
CRO-1410				
NC State Board of Elections				
April 2007				

Loan Proceeds

Pg 2 of 4 Yes No

Amendment

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

1. Committee/Full Name (and Fund if applicable)		2. ID Number		
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE				
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
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		SELF EMPLOYED		07/24/2023
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		1	Check	\$ 2,000.00
l. Full Name of Lending Institution				m. Loan Number
4. Endorsers/Makers (Any people who guaranteed the loan)				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field
		d. Percentage		e. Amount
		%		\$
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1410)</i>				\$ 4,900.00

CRO-1410

NC State Board of Elections

April 2007

Loan Proceeds

Pg 3 of4Amendment
 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

Lender Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	Loan Number	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED	07/25/2023	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		1	Check	\$ 600.00
l. Full Name of Lending Institution		m. Loan Number		
Endorser/Maker (The people who guaranteed the loan)				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
3. Total of ALL CRO-1410 Pages (This form is on line 1 of Detailed Committee Page CRO-1410)		\$ 4,900.00		
CRO-1410		NC State Board of Elections		

April 2007

Loan Proceeds

Pg 4 of 4 Yes No

Amendment

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

1. Committee/Party Name (or Fund/Individual)		2. ID Number		
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE				
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
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		SELF EMPLOYED		07/26/2023
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		1	Check	\$ 2,000.00
l. Full Name of Lending Institution			m. Loan Number	
4. Endorser/Maklers (The people who obtained the loan)				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
5. Total of ALL CRO-1410 Pages <i>(Use line numbers on back of Detailed Summary Form CRO-1410)</i>			\$ 4,900.00	

CRO-1410

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 5 Yes No

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

1. Disbursement Information						2. ID Number
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE						
3. Type of Disbursement: (Please indicate <u>CRO-1100</u> for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACCU COPY 322 JOHN ST GOLDSBORO, NC 27530-3602			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 1,878.79	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	B	07/26/2023	\$ 272.21	15. PRINT MEDIA	
1	Debit Card	B	07/26/2023	\$ 587.12	15. PRINT MEDIA	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ACCU COPY 322 JOHN ST GOLDSBORO, NC 27530-3602			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 1,878.79	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	B	07/31/2023	\$ 384.30	15. PRINT MEDIA	
				\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BAKER PIPE & PARTS P.O. BOX 1824 GOLDSBORO, NC 27533 (919) 736-2727			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 117.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	B	07/12/2023	\$ 46.51	15. PRINT MEDIA	
1	Debit Card	B	08/04/2023	\$ 71.10	15. PRINT MEDIA	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						\$ 1,361.24
4. Total only this Page: 5. Total of 4-11 CRO-1100 Page: (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 6,541.56
6. 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 7. 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

1. Committee Full Name (and Suffix if applicable)		2. ID Number			
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
3. Type of Disbursement <i>(Please see section 4C of this form for additional information)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Party Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
CLIFTON BROADHURST 101 ROSEMARY CT DUDLEY, NC 28333					
		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 \$ 2,000.00	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks					
1	Check	O	07/24/2023	\$ 2,000.00	36. CONSULTANT-GOTV
				\$	
5. Party Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
DOLLAR GENERAL 301 N GEORGE STREET GOLDSBORO, NC 27530 (984) 207-6260					
		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 \$ 7.47	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks					
1	Debit Card	B	07/31/2023	\$ 7.47	15. PRINT MEDIA
				\$	
6. Party Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
HARBOR FREIGHT 105 N BERKLEY BLVD GOLDSBORO, NC 27534 (919) 750-0300					
		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 \$ 8.91	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks					
1	Debit Card	B	07/31/2023	\$ 8.91	15. PRINT MEDIA
				\$	
7. Total only this page <input type="checkbox"/> \$ 2,016.38					
8. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) <input type="checkbox"/> \$ 6,541.56					
9. Purpose Codes (Use detailed expenditure code in line above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* 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

1. Committee Full Name (and Filing if applicable)		2. ID Number			
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
3. Type of Disbursement: (Please list separately CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
LOWE'S HOME CENTERS, LLC 1202 N BERKLEY BLVD GOLDSBORO, NC 27534 (919) 778-9969					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 99.55	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Debit Card	A	07/30/2023	\$ 56.94	15. PRINT MEDIA
1	Debit Card	B	09/25/2023	\$ 42.61	15. PRINT MEDIA
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
NADINE MCEACHERN 206 GERALD LN GOLDSBORO, NC 27530					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,000.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Check	O	07/26/2023	\$ 2,000.00	21. GOTV-DOOR-TO-DOOR
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
META PLATFORMS, INC. 1601 WILLOW RD MENLO PARK, CA 94025 (650) 543-4800					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 89.39	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Debit Card	A	07/10/2023	\$ 27.00	16. INTERNET ADS
1	Debit Card	A	07/12/2023	\$ 27.00	16. INTERNET ADS
5. Total only line 13a					
\$ 2,153.55					
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
\$ 6,541.56					
7. Purpose Codes (list detailed expenditure code in line above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Costs 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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
META PLATFORMS, INC. 1601 WILLOW RD MENLO PARK, CA 94025 (650) 543-4800					
		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		
			\$ 89.39		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	09/06/2023	\$ 5.01	16. INTERNET ADS
1	Debit Card	A	09/06/2023	\$ 9.70	16. INTERNET ADS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
META PLATFORMS, INC. 1601 WILLOW RD MENLO PARK, CA 94025 (650) 543-4800					
		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		
			\$ 89.39		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	09/07/2023	\$ 20.68	16. INTERNET ADS
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
SUPER CHEAP SIGNS 9200 WATERFORD CENTRE BLVD. SUITE 100 AUSTIN, TX 78758					
		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		
			\$ 1,383.31		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B	09/13/2023	\$ 696.00	15. PRINT MEDIA
				\$	
5. Total only this Page				\$	731.39
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)				\$	6,541.56
7. Expenditure Codes (List detailed expenditure code in (h) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Code requires detailed explanation in required remarks field (k)					

Disbursements

Amendment

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 Board/Filing Address)		2. ID Number			
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
3. Type of Disbursement <i>(Please see separate CRO-1100 form for additional types of Disbursements)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name			
UNITED STATES POST OFFICE 200 N WILLIAM STREET GOLDSBORO, NC 27530 (800) 275-8777		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
		d. Comments			
		e. Election Sum to Date			
		\$ 153.00			
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Debit Card	I	09/26/2023	\$ 51.00	
1	Debit Card	I	09/26/2023	\$ 102.00	
a. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
WAYNE COUNTY BOARD OF ELECTIONS 309 East Chestnut Street GOLDSBORO, NC 27530 (919) 731-1411		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	
				\$ 90.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Check	O	07/07/2023	\$ 90.00	25. FILING FEE
				\$	
a. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
WIX.COM LTD 40 NAMAL TEL AVIV		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	
				\$ 198.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
1	Debit Card	A	07/10/2023	\$ 36.00	17. WEBSITE EXPENSE
				\$	
b. Total only this Page				\$ 279.00	
c. Total of ALL CRO-1100 Pages				\$ 6,541.56	
<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>					
Payee Purpose Codes <i>(List detailed expenditure code in line k 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)					

✓ Primary Email (as detailed underneath code in (b) above)

A* Media B* - Printing C* - Fundraising

A* - Media B* - Printing C* - Fundraising D* - 100% Not
E* - Sales F* - Equipment G* - Political Party H* - Holding

E - Salaries F* - Equipment G - Political Party H* - Health

I - Posta

* Complete detailed explanation in required remarks field (k)

CBP-1310 NC State Board of Ed

Outstanding Loans

Pg 1 of 2 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/Unit Name (and Fund if applicable)		2. ID Number	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE			
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	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR	
c. Employer's Name/Specific Field		d. Comments	
SELF EMPLOYED			
e. Start Date (mm/dd/yyyy)		07/06/2023	
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 300.00	\$ 300.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR	
c. Employer's Name/Specific Field		d. Comments	
SELF EMPLOYED			
e. Start Date (mm/dd/yyyy)		07/24/2023	
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 2,000.00	\$ 2,000.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR	
c. Employer's Name/Specific Field		d. Comments	
SELF EMPLOYED			
e. Start Date (mm/dd/yyyy)		07/25/2023	
f. End Date (mm/dd/yyyy)			
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 600.00	\$ 600.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total Only this Page		\$ 2,900.00	
5. Total of All CRO-1430 Pages		\$ 6,900.00	
*The above amounts are in addition to the amount of Detailed Summary Page CRO-1100			

Outstanding Loans

Pg 2 of 2 Yes No

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

a. Lender Information		b. Job Title/Profession		d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED		07/26/2023	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance		
%		\$ 2,000.00	\$ 2,000.00		
k. Full Name of Lending Institution			l. Loan Number		
a. Lender Information		b. Job Title/Profession		d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533		BAIL BONDSMAN / PRIVATE INVESTIGATOR			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED		04/28/2023	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance		
0.00%		\$ 1,000.00	\$ 1,000.00		
k. Full Name of Lending Institution			l. Loan Number		
a. Lender Information		b. Job Title/Profession		d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533		BAIL BONDSMAN / PRIVATE INVESTIGATOR			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED		06/12/2023	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance		
0.00%		\$ 1,000.00	\$ 1,000.00		
k. Full Name of Lending Institution			l. Loan Number		
x. Total only this Page			\$ 4,000.00		
5. Total of All CRO-1430 Pages (This is the sum of line 21 of Detailed Summary Page CRO-1430)			\$ 6,900.00		



NORTH CAROLINA

STATE BOARD OF ELECTIONS

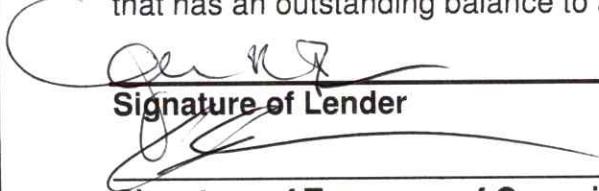
Loan Proceeds Statement

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:** JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE
- **Person or committee to make loan:** JAMIE TAYLOR
- **Date of loan to committee:** 07/06/2023
- **Name of lending institution (source):**
N/A
- **Amount of loan:** \$300.00
- **Description (if in-kind loan):** _____
- **Names of all parties responsible for payment of loan (guarantors):**
N/A
- **Period of loan:** N/A
- **Rate of interest of loan:** 0.0%
- **Security pledged for loan:** N/A

I, JAMIE TAYLOR, 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.

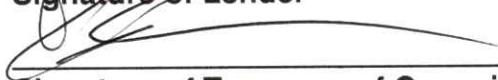

Signature of Lender

07/06/2023

Date Signed

07/06/2023

Date Signed


Signature of Treasurer of Committee

CRO-6100

Loan Proceeds Statement



NORTH CAROLINA

STATE BOARD OF ELECTIONS

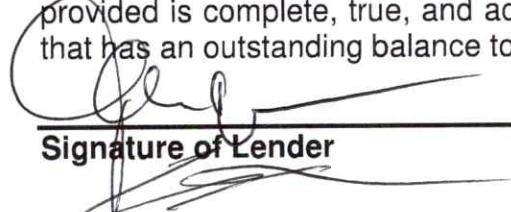
Loan Proceeds Statement

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:** JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE
- **Person or committee to make loan:** JAMIE TAYLOR
- **Date of loan to committee:** 07/24/2023
- **Name of lending institution (source):**
N/A
- **Amount of loan:** \$2000.00
- **Description (if in-kind loan):** N/A
- **Names of all parties responsible for payment of loan (guarantors):**
N/A
- **Period of loan:** N/A
- **Rate of interest of loan:** 0.0%
- **Security pledged for loan:** N/A

I, JAMIE TAYLOR, 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.



Signature of Lender

07/24/2023

Date Signed

07/24/2023

Date Signed

Signature of Treasurer of Committee

CRO-6100

Loan Proceeds Statement



NORTH CAROLINA

STATE BOARD OF ELECTIONS

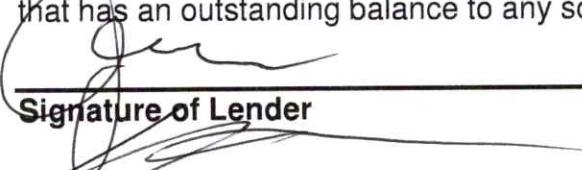
Loan Proceeds Statement

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:	JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE
• Person or committee to make loan:	JAMIE TAYLOR
• Date of loan to committee:	07/25/2023
• Name of lending institution (source):	N/A
• Amount of loan:	\$600.00
• Description (if in-kind loan):	N/A
• Names of all parties responsible for payment of loan (guarantors):	N/A
• Period of loan:	N/A
• Rate of interest of loan:	0.0%
• Security pledged for loan:	N/A

I, JAMIE TAYLOR, 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.


Signature of Lender

07/25/2023

Date Signed

07/25/2023

Date Signed

Signature of Treasurer of Committee

CRO-6100

Loan Proceeds Statement



NORTH CAROLINA

STATE BOARD OF ELECTIONS

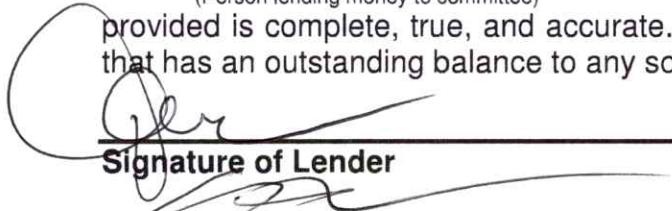
Loan Proceeds Statement

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:** JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE
- Person or committee to make loan:** JAMIE TAYLOR
- Date of loan to committee:** 07/26/2023
- Name of lending institution (source):**
N/A
- Amount of loan:** \$2000.00
- Description (if in-kind loan):** N/A
- Names of all parties responsible for payment of loan (guarantors):**
N/A
- Period of loan:** N/A
- Rate of interest of loan:** 0.0%
- Security pledged for loan:** N/A

I, JAMIE TAYLOR, 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.


07/26/2023

Date Signed

07/26/2023

Signature of Treasurer of Committee

Date Signed

CRO-6100

Loan Proceeds Statement