

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	RECEIVED WCBOE		c. ID Number
COMMITTEE TO ELECT RAYMOND SMITH			
b. Mailing Address (Include City, State and Zip Code)	OCT 02 2023		d. Date Filed 09/29/2023
P.O.BOX 10772 GOLDSBORO, NC 27532			
		BY	e. Phone Number (919) 648-6149

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	08/30/2023	09/25/2023	SUSAN THOMPSON

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"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> 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	<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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report	0		

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SOUTHERN BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FUNDS, POLITICAL ACTIVITY FUNDS, & EXPENDITURES	4		d. Period Begin Balance
	\$		

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

SUSAN THOMPSON

Printed Name of Signer

Susan Thompson

Signature of Appointed Treasurer

09/29/2023

Date

FOR OFFICE USE ONLY

Date Received:	10/02/23	Employee:	AC	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<input type="checkbox"/> Signer has not received mandatory training

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

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

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH	2023 Pre-Primary		
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ 7,754.60 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00 \$ 1,286.75	
6) Contributions from Individuals	(CRO-1210)	\$ 450.00 \$ 20,685.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 300.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 300.00 \$ 300.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.00 \$ 200.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.01 \$ 50.01	
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)		\$ 900.01 \$ 22,821.76	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,592.86 \$ 15,673.98	
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)	\$ 139.99 \$ 900.27	
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 0.00 \$ 2,325.75	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,732.85 \$ 18,900.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,921.76 \$ 3,921.76	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 200.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00 \$ 0.00	
26) Forgiven Loans	(CRO-1440)	\$ 0.00 \$ 0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00 \$ 0.00	
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00 \$ 0.00	

Aggregated Contributions from Individuals Page 1 of 1 Yes No

Amendment

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT RAYMOND SMITH					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	4	Electric Funds Tran		09/04/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		09/13/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	Electric Funds Tran		09/07/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					
5. Total of ALL CRO-1205 Pages					
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

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																			
COMMITTEE TO ELECT RAYMOND SMITH																					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (Include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>NOT WORKING</td> <td rowspan="2"></td> </tr> <tr> <td rowspan="2">COMATHA JOHNSON 709 ROBINSON PLACE GOLDSBORO, NC 27530</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td>\$ 350.00</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments	NOT WORKING		COMATHA JOHNSON 709 ROBINSON PLACE GOLDSBORO, NC 27530	c. Employer's Name/Specific Field		e. Election Sum to Date		\$ 350.00							
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments																			
	NOT WORKING																				
COMATHA JOHNSON 709 ROBINSON PLACE GOLDSBORO, NC 27530	c. Employer's Name/Specific Field																				
		e. Election Sum to Date																			
	\$ 350.00																				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																
<input type="checkbox"/>	4	Check		09/20/2023	\$ 100.00																
<input type="checkbox"/>					\$																
<input type="checkbox"/>					\$																
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (Include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>CUSTOMER SERVICE REP</td> <td rowspan="2"></td> </tr> <tr> <td rowspan="2">ROBERT PINDER 302 SOUTH DRIVE GOLDSBORO, NC 27534 (919) 344-2250</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>THE LOGISTICS COMPANY</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td>\$ 100.00</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments	CUSTOMER SERVICE REP		ROBERT PINDER 302 SOUTH DRIVE GOLDSBORO, NC 27534 (919) 344-2250	c. Employer's Name/Specific Field	THE LOGISTICS COMPANY	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
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	THE LOGISTICS COMPANY	e. Election Sum to Date																			
	\$ 100.00																				
<input type="checkbox"/>	4	Electric Funds Tran		08/30/2023	\$ 100.00																
<input type="checkbox"/>					\$																
<input type="checkbox"/>					\$																
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (Include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>PROPERTY MANAGER</td> <td rowspan="2"></td> </tr> <tr> <td rowspan="2">LESLIE WEIL 106 E WALNUT STREET GOLDSBORO, NC 27530 (919) 734-1111 ext.228</td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>WEIL ENTERPRISES</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td>\$ 250.00</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments	PROPERTY MANAGER		LESLIE WEIL 106 E WALNUT STREET GOLDSBORO, NC 27530 (919) 734-1111 ext.228	c. Employer's Name/Specific Field	WEIL ENTERPRISES	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
a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments																			
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LESLIE WEIL 106 E WALNUT STREET GOLDSBORO, NC 27530 (919) 734-1111 ext.228	c. Employer's Name/Specific Field																				
	WEIL ENTERPRISES	e. Election Sum to Date																			
	\$ 250.00																				
<input type="checkbox"/>	4	Electric Funds Tran		09/15/2023	\$ 250.00																
<input type="checkbox"/>					\$																
<input type="checkbox"/>					\$																
4. Total only this Page					\$ 450.00																
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 450.00																

Amendment
 Yes No

Contributions from Other Political Committees Pg 1 of 1

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number								
3. Contributor Information <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) MAJEED CAMPAIGN P.O. BOX 42828 CHARLOTTE, NC 28215 </td> <td style="width: 50%; vertical-align: top;"> b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum </td> <td style="width: 50%; vertical-align: top;"> d. Comments </td> </tr> <tr> <td colspan="2"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td rowspan="2" style="vertical-align: middle;"> e. Election Sum to Date \$ 300.00 </td> </tr> <tr> <td colspan="2"></td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip) MAJEED CAMPAIGN P.O. BOX 42828 CHARLOTTE, NC 28215	b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 300.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip) MAJEED CAMPAIGN P.O. BOX 42828 CHARLOTTE, NC 28215	b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	d. Comments								
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 300.00								
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount						
4	Check		09/20/2023	\$ 300.00						
				\$						
				\$						
4. Total only this Page				\$ 300.00						
5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i>				\$ 300.00						

CRO-1230

NC State Board of Elections

April 2007

Refunds/Reimbursements To the Committee

Pg 1 of 1 Yes No

Amendment

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		
COMMITTEE TO ELECT RAYMOND SMITH				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) DICK'S SPORTING GOODS BERKELEY MALL RING ROAD GOLDSBORO, NC 27534 (919) 221-6331		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments DICK'S SPORTING GOOD CAMPAIGN TENT PURCHASED	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Expenditure Date 08/17/2023	
			i. Original Expenditure Amt \$ 157.97	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date	
		CAMPAIGN TENT DAMAGED DURING TS OPHELIA-CREDIT	\$ 157.96	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
4	Debit Card		09/24/2023	\$ 0.01
4. Total only this Page				\$ 0.01
5. Total of ALL CRO-1240 Pages <i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>				\$ 0.01

CRO-1240

NC State Board of Elections

December 2007

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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number																																					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																																							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees																																					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td rowspan="3">AAFES SEYMORE JOHNSON EXPRESS 1090 CANNON AVENUE GOLDSBORO, NC 27531 (919) 734-7235</td> <td rowspan="3">c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2">\$ 165.55</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>4</td> <td>Debit Card</td> <td>O</td> <td>09/25/2023</td> <td>\$ 64.46</td> <td>TRAVEL-GAS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments		AAFES SEYMORE JOHNSON EXPRESS 1090 CANNON AVENUE GOLDSBORO, NC 27531 (919) 734-7235	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		\$ 165.55				f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	4	Debit Card	O	09/25/2023	\$ 64.46	TRAVEL-GAS					\$							
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				\$	BORDERS																																		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td rowspan="3">CORINTHUS DELANO 1206 OLD MOUNT OLIVE HIGHWAY DUDLEY, NC 28333 (984) 294-4308</td> <td rowspan="3">c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2">\$ 350.00</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>08/30/2023</td> <td>\$ 60.00</td> <td>DOOR-TO-DOOR</td> </tr> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>09/07/2023</td> <td>\$ 110.00</td> <td>DOOR-TO-DOOR</td> </tr> <tr> <td colspan="6" style="text-align: right;">CANVASSER</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments		CORINTHUS DELANO 1206 OLD MOUNT OLIVE HIGHWAY DUDLEY, NC 28333 (984) 294-4308	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		\$ 350.00				f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	4	Check	O	08/30/2023	\$ 60.00	DOOR-TO-DOOR	4	Check	O	09/07/2023	\$ 110.00	DOOR-TO-DOOR	CANVASSER					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																																					
CORINTHUS DELANO 1206 OLD MOUNT OLIVE HIGHWAY DUDLEY, NC 28333 (984) 294-4308	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																																					
		\$ 350.00																																					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																																		
4	Check	O	08/30/2023	\$ 60.00	DOOR-TO-DOOR																																		
4	Check	O	09/07/2023	\$ 110.00	DOOR-TO-DOOR																																		
CANVASSER																																							
5. Total only this Page \$ 467.70																																							
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> \$ 4,592.86																																							
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

Amendment

Pg 2 of 9 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			
COMMITTEE TO ELECT RAYMOND SMITH					
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)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
CORINTHUS DELANO 1206 OLD MOUNT OLIVE HIGHWAY DUDLEY, NC 28333 (984) 294-4308		 e. Election Sum to Date \$ 350.00			
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
4	Check	O	09/14/2023	\$ 120.00	DOOR-TO-DOOR CANVASSER
				\$	
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 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 \$ 420.00	
GLORIA EXUM 3816 SABRE LANE WILSON, NC 27896 (252) 315-6935					
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
4	Check	O	08/30/2023	\$ 60.00	DOOR-TO-DOOR
4	Check	O	09/07/2023	\$ 180.00	CANVASSER DOOR-TO-DOOR CANVASSER
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 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 \$ 420.00	
GLORIA EXUM 3816 SABRE LANE WILSON, NC 27896 (252) 315-6935					
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
4	Check	O	09/14/2023	\$ 180.00	DOOR TO DOOR
				\$	CANVASSER
5. Total only this Page \$ 540.00					
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> \$ 4,592.86 <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

Amendment

Pg 3 of 9 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			
COMMITTEE TO ELECT RAYMOND SMITH					
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)		b. Coordinated Committee Name		d. Comments	
SHERLA EXUM 600 LOCKHAVEN COURT APT - 215 GOLDSBORO, NC 27534 (919) 222-3334		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:		\$ 715.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	08/30/2023	\$ 60.00	DOOR-TO-DOOR
4	Check	O	09/07/2023	\$ 180.00	CANVASSER DOOR-TO-DOOR
CANVASSER					
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	
SHERLA EXUM 600 LOCKHAVEN COURT APT - 215 GOLDSBORO, NC 27534 (919) 222-3334		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:		\$ 715.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	09/14/2023	\$ 180.00	DOOR-TO-DOOR
				\$	CANVASSER
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	
FIRST FLIGHT STORAGE 185 NC HWY 581 SOUTH GOLDSBORO, NC 27530 (919) 734-1755		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:		\$ 506.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Draft	FO	09/01/2023	\$ 61.00	STORAGE RENTAL FOR
				\$	SIGNS
5. Total only this Page					\$ 481.00
6. Total of ALL CRO-1310 Pages					\$ 4,592.86
<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

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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number																																					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																																							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees																																					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> GOLDSBORO NEON SIGN CO 712 N. GEORGE STREET GOLDSBORO, NC 27530 (919) 735-2035</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Federal <input type="checkbox"/> County:</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$ 528.80</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> </tr> <tr> <td>4</td> <td>Debit Card</td> <td>O</td> <td>09/13/2023</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> GOLDSBORO NEON SIGN CO 712 N. GEORGE STREET GOLDSBORO, NC 27530 (919) 735-2035	b. Coordinated Committee Name	d. Comments		c. Level Registered (Specify)				<input type="checkbox"/> Federal <input type="checkbox"/> County:				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date				\$ 528.80		f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	4	Debit Card	O	09/13/2023								
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> GOLDSBORO NEON SIGN CO 712 N. GEORGE STREET GOLDSBORO, NC 27530 (919) 735-2035	b. Coordinated Committee Name	d. Comments																																					
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<input type="checkbox"/> Federal <input type="checkbox"/> County:																																							
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		\$ 528.80																																					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)																																				
4	Debit Card	O	09/13/2023																																				
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ROLENZA HATCHER 898 PECAN ROAD DUDLEY, NC 28333 (919) 738-5106</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Federal <input type="checkbox"/> County:</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$ 250.00</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> </tr> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>09/22/2023</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ROLENZA HATCHER 898 PECAN ROAD DUDLEY, NC 28333 (919) 738-5106	b. Coordinated Committee Name	d. Comments		c. Level Registered (Specify)				<input type="checkbox"/> Federal <input type="checkbox"/> County:				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date				\$ 250.00		f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	4	Check	O	09/22/2023								
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> ROLENZA HATCHER 898 PECAN ROAD DUDLEY, NC 28333 (919) 738-5106	b. Coordinated Committee Name	d. Comments																																					
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		\$ 250.00																																					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)																																				
4	Check	O	09/22/2023																																				
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> TONY LEE 501 E CHESTNUT GOLDSBORO, NC 27530</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Federal <input type="checkbox"/> County:</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$ 60.00</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> </tr> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>08/30/2023</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> TONY LEE 501 E CHESTNUT GOLDSBORO, NC 27530	b. Coordinated Committee Name	d. Comments		c. Level Registered (Specify)				<input type="checkbox"/> Federal <input type="checkbox"/> County:				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date				\$ 60.00		f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	4	Check	O	08/30/2023								
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> TONY LEE 501 E CHESTNUT GOLDSBORO, NC 27530	b. Coordinated Committee Name	d. Comments																																					
c. Level Registered (Specify)																																							
<input type="checkbox"/> Federal <input type="checkbox"/> County:																																							
<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date																																					
		\$ 60.00																																					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)																																				
4	Check	O	08/30/2023																																				
5. Total only this Page \$ 838.80																																							
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> \$ 4,592.86																																							
7. Purpose Codes (List detailed expenditure code in (h.) above)																																							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																																				
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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			
COMMITTEE TO ELECT RAYMOND SMITH					
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)		b. Coordinated Committee Name		d. Comments	
TONY LEE 501 E CHESTNUT STREET GOLDSBORO, NC 27530 (984) 294-1128					
		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 \$ 120.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
4	Check	O	09/14/2023	\$ 60.00	DOOR-TO-DOOR
				\$	CANVASSER
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	
TIMOTHY LEWIS 908 B AUDUBON STREET GOLDSBORO, NC 27530 (984) 298-1993					
		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 \$ 300.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
4	Check	O	09/07/2023	\$ 120.00	DOOR-TO-DOOR
4	Check	O	09/14/2023	\$ 180.00	CANVASSER DOOR-TO-DOOR CANVASSER
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 CENTER, LLC 1202 N BERKELEY BLVD GOLDSBORO, NC 27534 (919) 778-9969					
		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 \$ 252.27	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
4	Debit Card	FQ	09/15/2023	\$ 57.39	STAKES FOR SECURING
4	Debit Card	FO	09/19/2023	\$ 53.16	CAMPAGN TENT STAKES FOR SECURING CAMPAGN SIGNS
5. Total only this Page \$ 470.55					
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> \$ 4,592.86					
7. Purpose 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	
* 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 Fund if applicable) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number																											
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																													
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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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																											
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747		d. Comments e. Election Sum to Date \$ 670.00																											
<table border="1"> <thead> <tr> <th>f. Account Code</th> <th>g. Form of Payment</th> <th>h. Purpose Code</th> <th>i. Date (mm/dd/yyyy)</th> <th>j. Amount</th> <th>k. Required Remarks</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>08/30/2023</td> <td>\$ 60.00</td> <td>DOOR-TO-DOOR</td> </tr> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>09/06/2023</td> <td>\$ 120.00</td> <td>CANVASSER DOOR-TO-DOOR</td> </tr> <tr> <td colspan="6" style="text-align: right;">CANVASSER</td> </tr> </tbody> </table>						f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	4	Check	O	08/30/2023	\$ 60.00	DOOR-TO-DOOR	4	Check	O	09/06/2023	\$ 120.00	CANVASSER DOOR-TO-DOOR	CANVASSER					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																								
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WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747		d. Comments e. Election Sum to Date \$ 670.00																											
<table border="1"> <thead> <tr> <th>f. Account Code</th> <th>g. Form of Payment</th> <th>h. Purpose Code</th> <th>i. Date (mm/dd/yyyy)</th> <th>j. Amount</th> <th>k. Required Remarks</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>09/07/2023</td> <td>\$ 60.00</td> <td>DOOR-TO-DOOR</td> </tr> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>09/14/2023</td> <td>\$ 180.00</td> <td>CANVASSER DOOR-TO-DOOR</td> </tr> <tr> <td colspan="6" style="text-align: right;">CANVASSER</td> </tr> </tbody> </table>						f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	4	Check	O	09/07/2023	\$ 60.00	DOOR-TO-DOOR	4	Check	O	09/14/2023	\$ 180.00	CANVASSER DOOR-TO-DOOR	CANVASSER					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																								
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																											
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747		d. Comments e. Election Sum to Date \$ 670.00																											
<table border="1"> <thead> <tr> <th>f. Account Code</th> <th>g. Form of Payment</th> <th>h. Purpose Code</th> <th>i. Date (mm/dd/yyyy)</th> <th>j. Amount</th> <th>k. Required Remarks</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>Check</td> <td>O</td> <td>09/22/2023</td> <td>\$ 125.00</td> <td>POLL-WORKER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table>						f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	4	Check	O	09/22/2023	\$ 125.00	POLL-WORKER					\$							
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																								
4	Check	O	09/22/2023	\$ 125.00	POLL-WORKER																								
				\$																									
5. Total only this Page \$ 545.00																													
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <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> \$ 4,592.86																													
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

Amendment

Pg 7 of 9 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) COMMITTEE TO ELECT RAYMOND SMITH						2. ID Number
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) ELEANOR RISUENO 304 W. LOCKHAVEN DRIVE APT. A-11 GOLDSBORO, NC 27534 (919) 221-2707						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 \$ 1,225.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Check	O	08/30/2023	\$ 85.00	DOOR-TO-DOOR	
4	Check	O	09/07/2023	\$ 255.00	CANVASSER DOOR-TO-DOOR	
						CANVASSER
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELEANOR RISUENO 304 W. LOCKHAVEN DRIVE APT. A-11 GOLDSBORO, NC 27534 (919) 221-2707						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 \$ 1,225.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Check	O	09/14/2023	\$ 225.00	DOOR-TO-DOOR	
4	Check	O	09/22/2023	\$ 300.00	CANVASSER POLL-WORKER	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAM'S CLUB 2811 NORTH PARK DRIVE GOLDSBORO, NC 27534						b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: d. Comments e. Election Sum to Date \$ 229.57
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Debit Card	O	09/03/2023	\$ 61.71	TRAVEL-GAS	
4	Debit Card	O	09/06/2023	\$ 83.41	TRAVEL-GAS	
5. Total only this Page						\$ 1,010.12
6. Total of ALL CRO-1310 Pages						\$ 4,592.86
<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

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) COMMITTEE TO ELECT RAYMOND SMITH				2. ID Number		
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHELL GAS STATION 600 N. SPENCE AVENUE GOLDSBORO, NC 27534			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Debit Card	O	09/13/2023	\$ 100.00	TRAVEL-GAS	
				\$		
4. Payee Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 1101 B N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1588			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 \$ 359.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Debit Card	BO	09/13/2023	\$ 64.01	CAMPAIGN/BROCHURE	
				\$	PARAPHERNALIA	
4. Payee Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) WALMART 1002 N SPENCE AVENUE GOLDSBORO, NC 27534 (919) 778-3324			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 \$ 146.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
4	Debit Card	FO	09/18/2023	\$ 50.83	TARP, STAKES FOR CAMPAIGN TENT	
				\$		
5. Total only this Page						\$ 214.84
6. Total of ALL CRO-1310 Pages						\$ 4,592.86
<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

Amendment

Pg 9 of 9 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) COMMITTEE TO ELECT RAYMOND SMITH		2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) WIX.COM 2601 MISSION STREET SAN FRANCISCO, CA 94110		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 \$ 24.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4	Draft	AO	09/19/2023
			\$
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 E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties C* - Fundraising G - Political Party K* - Office Expenses D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)			

Aggregated Non-Media Expenditures

Amendment
Page 1 of 1
 Yes No

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

COMMITTEE TO ELECT RAYMOND SMITH						
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 <input type="checkbox"/> Remove	4	Debit Card	O	09/25/2023	\$ 1.00	TRAVEL-GAS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Draft	O	09/05/2023	\$ 2.25	CREDIT CARD PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Check	O	09/24/2023	\$ 50.00	DONATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	O	09/15/2023	\$ 6.38	RIVET TOOL FOR TWIST TIES FOR
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Debit Card	FO	09/17/2023	\$ 32.62	STAKES FOR SECURING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Draft	O	09/05/2023	\$ 29.99	VOLUNTEER POLLWORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Draft	O	09/11/2023	\$ 17.75	CREDIT CARD PROCESSING FEE
4. Total only this Page						
5. Total of ALL CRO-1315 Pages						
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
E - Salaries		B* - Printing		D - To Another Candidate		
G - Political Party		J - Penalties		Q* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

Outstanding Loans

Pg 1 of 1 Yes No

Amendment

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH			
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
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		NOT WORKING	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			03/01/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
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	d. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149		NOT WORKING	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			03/20/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page \$ 200.00			
5. Total of ALL CRO-1430 Pages \$ 200.00 <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			