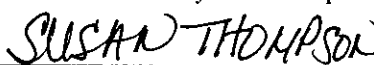



Disclosure Report Cover

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 COMMITTEE TO ELECT RAYMOND SMITH		RECEIVED WCBOE	
b. Mailing Address (Include City, State and Zip Code) P.O. BOX 10772 GOLDSBORO, NC 27532		c. ID Number	
		d. Date Filed OCT 02 2023 09/29/2023	
		e. Phone Number (919) 648-6149	
BY _____			
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 08/30/2023	4. Period End Date (mm/dd/yy) 09/25/2023	5. Treasurer Full Name 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"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-referendum <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Final <input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Special <input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual <input type="checkbox"/> Year End <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> <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 SOUTHERN BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS, POLITICAL ACTIVITY FUNDS, & EXPENDITURES		b. Purpose	
c. Account Code 4		c. Account Code	
d. Period Begin Balance \$		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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		09/29/2023 Date	
FOR OFFICE USE ONLY			
Date Received: 10/02/23	Employee: AC	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
Date Postmarked: _____	Employee: _____		
Date Scanned: _____	Employee: _____		
Date Data Entered: _____	Employee: _____		
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT RAYMOND SMITH		2023 Pre-Primary			
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
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 IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

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 <input type="checkbox"/> Remove	4	Electric Funds Tran		09/04/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		09/13/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	4	Electric Funds Tran		09/07/2023	\$ 50.00	
4. Total only this Page					\$ \$150.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ \$150.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
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)			b. Job Title/Profession		d. Comments	
COMATHA JOHNSON 709 ROBINSON PLACE GOLDSBORO, NC 27530			NOT WORKING			
			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						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT PINDER 302 SOUTH DRIVE GOLDSBORO, NC 27534 (919) 344-2250			CUSTOMER SERVICE REP			
			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	
<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						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
LESLIE WEIL 106 E WALNUT STREET GOLDSBORO, NC 27530 (919) 734-1111 ext.228			PROPERTY MANAGER			
			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	
<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 (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 450.00	

Contributions from Other Political Committees Pg 1 of 1 Amendment ☐ Yes ☒ No

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

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)			b. Type of Committee		d. Comments
MAJEED CAMPAIGN P.O. BOX 42828 CHARLOTTE, NC 28215			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			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 (This line must be on line 8 of Detailed Summary Page CRO-1100)					\$ 300.00

CRO-1230

NC State Board of Elections

April 2007

Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
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)			d. Type of Committee		g. Comments
DICK'S SPORTING GOODS BERKELEY MALL RING ROAD GOLDSBORO, NC 27534 (919) 221-6331			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		DICK'S SPORTING GOOD
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		CAMPAIGN TENT PURCHASED
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		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 (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 0.01	

CRO-1240

NC State Board of Elections

December 2007

Disbursements

Amendment
Pg 1 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	
AAFES SEYMOUR 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		
				\$			
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	
BAKER PIPE & PARTS P.O. BOX 1824 GOLDSBORO, NC 27533 (919) 736-2727							
				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	
						\$ 233.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Debit Card	FO	09/15/2023	\$ 233.24	CAMPAIGN SIGN		
				\$	BORDERS		
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	
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	CANVASSER DOOR-TO-DOOR		

5. Total only this Page \$ 467.70

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)
 \$ 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) CORINTHUS DELANO 1206 OLD MOUNT OLIVE HIGHWAY DUDLEY, NC 28333 (984) 294-4308				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 \$ 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) GLORIA EXUM 3816 SABRE LANE WILSON, NC 27896 (252) 315-6935				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	
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	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) GLORIA EXUM 3816 SABRE LANE WILSON, NC 27896 (252) 315-6935				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	
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> <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 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)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 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		

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)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 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)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 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							
(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)						\$ 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 4 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	
GOLDSBORO NEON SIGN CO 712 N. GEORGE STREET GOLDSBORO, NC 27530 (919) 735-2035				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:			
						\$ 528.80	
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	\$ 528.80	COVER LABEL TAPE FOR		
				\$	SIGNS		
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	
ROLENZA HATCHER 898 PECAN ROAD DUDLEY, NC 28333 (919) 738-5106				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:			
						\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Check	O	09/22/2023	\$ 250.00	POLL-WORKER		
				\$			
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 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:			
						\$ 60.00	
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		
				\$	CANVASSER		
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	
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 5 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
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	CAMPAIGN TENT STAKES FOR SECURING CAMPAIGN SIGNS

5. Total only this Page	\$ 470.55
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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 6 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	
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747							
				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	
						\$ 670.00	
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	09/06/2023	\$ 120.00	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	
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747							
				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	
						\$ 670.00	
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	\$ 60.00	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	
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747							
				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	
						\$ 670.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
4	Check	O	09/22/2023	\$ 125.00	POLL-WORKER		
				\$			

5. Total only this Page \$ 545.00

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)
 \$ 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)						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) 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		

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							
(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)					\$ 4,592.86		

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)			

Disbursements

Amendment

Pg 8 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	
SHELL GAS STATION 600 N. SPENCE AVENUE GOLDSBORO, NC 27534							
				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	
						\$ 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)				b. Coordinated Committee Name		d. Comments	
STAPLES 1101 B N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1588							
				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	
						\$ 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)				b. Coordinated Committee Name		d. Comments	
WALMART 1002 N SPENCE AVENUE GOLDSBORO, NC 27534 (919) 778-3324							
				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	
						\$ 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							
(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)						\$ 4,592.86	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
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)				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
WIX.COM 2601 MISSION STREET SAN FRANCISCO, CA 94110			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
					\$ 24.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Draft	AO	09/19/2023	\$ 24.85	CAMPAIGN WEB-SITE
				\$	
5. Total only this Page					\$ 24.85
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)					\$ 4,592.86
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

CRO-1310

NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
☐ 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					\$	139.99									
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	139.99									
<table border="1"> <tr> <td>E - Salaries</td> <td>B* - Printing</td> <td>D - To Another Candidate</td> </tr> <tr> <td></td> <td>J - Penalties</td> <td>G - Political Party</td> </tr> <tr> <td>O* - Other</td> <td></td> <td>Q* - Donations to Legal Expense Fund</td> </tr> </table>							E - Salaries	B* - Printing	D - To Another Candidate		J - Penalties	G - Political Party	O* - Other		Q* - Donations to Legal Expense Fund
E - Salaries	B* - Printing	D - To Another Candidate													
	J - Penalties	G - Political Party													
O* - Other		Q* - Donations to Legal Expense Fund													
* Codes require detailed explanation in required remarks field (g)															

CRO-1315

NC State Board of Elections

December 2009

Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
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 (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 200.00