

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.

a. Full Name		c. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE		RECEIVED WCBOE	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
702 PARK AVENUE GOLDSBORO, NC 27530		OCT 02 2023 BY _____	
e. Phone Number		10/01/2023 (919) 273-3084	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Signature Date (mm/dd/yy)
2023	08/30/2023	09/25/2023	CHARLES PARSON GAYLOR IV
6. Type of Committee (Check One)		7. 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 <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Type of Fund (if applicable, check one)		9. Type of Report (check only one type of report from one category)	
<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:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Pre-primary <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	
10. Signature Report Name			
0			
11. ACCOUNT INFORMATION			
a. Financial Institution Full Name		a. Financial Institution Full Name	
NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	001		
	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			
<u>Charles Gaylor, IV</u> Printed Name of Signer		<u>10/01/2023</u> Signature of Appointed Treasurer Date	
FOR OFFICE USE ONLY			
Date Received:	10/02/23	Employee:	AC
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed	
		<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	
THE GAYLOR FOR GOLDSBORO COMMITTEE	2023 Pre-Primary		
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ 8,592.10 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 251.00 \$ 1,102.00	
6) Contributions from Individuals	(CRO-1210)	\$ 7,400.00 \$ 37,192.50	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00 \$ 0.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.00 \$ 2,000.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00 \$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00 \$ 0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00 \$ 0.00	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00 \$ 0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00 \$ 0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00 \$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 7,651.00 \$ 40,294.50	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 6,271.77 \$ 29,853.48	
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)	\$ 32.02 \$ 304.21	
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 \$ 197.50	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,303.79 \$ 30,355.19	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 9,939.31 \$ 9,939.31	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2,000.00	
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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Contribution 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	001	Credit Card		09/21/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Credit Card		08/30/2023	\$ 1.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		08/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		08/30/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Cash		09/17/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Cash		09/17/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$ 251.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 251.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 6 Yes No

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

1. Contributor's Full Name (and Fund if applicable)		2. ID Number			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			DEVELOPER		
MUNROE BEST JR 809 MILL ROAD GOLDSBORO, NC 27534			c. Employer's Name/Specific Field		
			M BEST AND SONS, LLC	e. Election Sum to Date	
				\$ 1,250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		09/13/2023	\$ 750.00
<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	
			PRESIDENT		
JAMES BRYAN 1808 SALEM CHURCH ROAD GOLDSBORO, NC 27530			c. Employer's Name/Specific Field		
			SW PROMOTIONS	e. Election Sum to Date	
				\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		09/25/2023	\$ 300.00
<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	
			PRESIDENT		
DAVID BYRD 506 ABINGTON PLACE GOLDSBORO, NC 27534			c. Employer's Name/Specific Field		
			SCOUT LIMITED, INC.	e. Election Sum to Date	
				\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Credit Card		09/20/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,550.00
5. Total of ALL CRO-1210 Pages					\$ 7,400.00
<small>This information is on line 6 of Detailed Summary Page CRO-1200</small>					

Contributions from Individuals

Pg 2 of 6 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															
THE GAYLOR FOR GOLDSBORO COMMITTEE																	
3. Contributor 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. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>THOMAS FRANKLIN JR 705 E. BEECH STREET GOLDSBORO, NC 27530-2918</td> <td>NO JOB TITLE OR PROFESSION</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>NOT EMPLOYED</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 2,000.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	THOMAS FRANKLIN JR 705 E. BEECH STREET GOLDSBORO, NC 27530-2918	NO JOB TITLE OR PROFESSION			NOT EMPLOYED			e. Election Sum to Date			\$ 2,000.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments															
THOMAS FRANKLIN JR 705 E. BEECH STREET GOLDSBORO, NC 27530-2918	NO JOB TITLE OR PROFESSION																
	NOT EMPLOYED																
		e. Election Sum to Date															
		\$ 2,000.00															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount												
<input type="checkbox"/>	001	Check		09/21/2023	\$ 1,000.00												
<input type="checkbox"/>					\$												
<input type="checkbox"/>					\$												
3. Contributor 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. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>ANDREW JERNIGAN 1204 PARK AVENUE B GOLDSBORO, NC 27530</td> <td>PRESIDENT</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>JERNIGAN FURNITURE</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 100.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ANDREW JERNIGAN 1204 PARK AVENUE B GOLDSBORO, NC 27530	PRESIDENT			JERNIGAN FURNITURE			e. Election Sum to Date			\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments															
ANDREW JERNIGAN 1204 PARK AVENUE B GOLDSBORO, NC 27530	PRESIDENT																
	JERNIGAN FURNITURE																
		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"/>	001	Credit Card		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>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>DAVID LAMBETH 2501 DAWN CIRCLE GOLDSBORO, NC 27534</td> <td>ATTORNEY</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>UNC CHAPEL HILL</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 150.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	DAVID LAMBETH 2501 DAWN CIRCLE GOLDSBORO, NC 27534	ATTORNEY			UNC CHAPEL HILL			e. Election Sum to Date			\$ 150.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments															
DAVID LAMBETH 2501 DAWN CIRCLE GOLDSBORO, NC 27534	ATTORNEY																
	UNC CHAPEL HILL																
		e. Election Sum to Date															
		\$ 150.00															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount												
<input type="checkbox"/>	001	Credit Card		09/19/2023	\$ 150.00												
<input type="checkbox"/>					\$												
<input type="checkbox"/>					\$												
4. Total only this Page					\$ 1,250.00												
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>					\$ 7,400.00												

Contributions from Individuals

Pg 3 of 6 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																
THE GAYLOR FOR GOLDSBORO COMMITTEE																		
3. Contributor 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. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td rowspan="2">ERNEST MANSOUR JR 1810 EVERGREEN AVENUE GOLDSBORO, NC 27530</td> <td>OWNER</td> <td rowspan="2"></td> </tr> <tr> <td>MANSOUR DEVELOPERS</td> </tr> <tr> <td colspan="3">e. Election Sum to Date</td> </tr> <tr> <td colspan="3">\$ 300.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ERNEST MANSOUR JR 1810 EVERGREEN AVENUE GOLDSBORO, NC 27530	OWNER		MANSOUR DEVELOPERS	e. Election Sum to Date			\$ 300.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																
ERNEST MANSOUR JR 1810 EVERGREEN AVENUE GOLDSBORO, NC 27530	OWNER																	
	MANSOUR DEVELOPERS																	
e. Election Sum to Date																		
\$ 300.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount													
<input type="checkbox"/>	001	Check		09/19/2023	\$ 300.00													
<input type="checkbox"/>					\$													
<input type="checkbox"/>					\$													
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																
FREDERIC MCCALL III 120 DOBBS PLACE GOLDSBORO, NC 27534	EMERGENCY MEDICAL SCIENCES COORDINATOR																	
	WAYNE COMMUNITY COLLEGE																	
e. Election Sum to Date																		
\$ 500.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount													
<input type="checkbox"/>	001	Check		09/20/2023	\$ 500.00													
<input type="checkbox"/>					\$													
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																
DAWN MCDONALD 1704 E WALNUT STREET GOLDSBORO, NC 27530	TEACHER																	
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e. Election Sum to Date																		
\$ 150.00																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount													
<input type="checkbox"/>	001	Check		09/19/2023	\$ 150.00													
<input type="checkbox"/>					\$													
<input type="checkbox"/>					\$													
4. Total only this Page \$ 950.00																		
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1200)</small> \$ 7,400.00																		

Contributions from Individuals

Pg 4 of 6 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															
THE GAYLOR FOR GOLDSBORO COMMITTEE																	
3. Contributor 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. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>ADRIENNE NORTHINGTON 2506 PINENEEDLES ROAD GOLDSBORO, NC 27534</td> <td>NO JOB TITLE OR PROFESSION</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>NOT WORKING</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 200.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ADRIENNE NORTHINGTON 2506 PINENEEDLES ROAD GOLDSBORO, NC 27534	NO JOB TITLE OR PROFESSION			NOT WORKING			e. Election Sum to Date			\$ 200.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments															
ADRIENNE NORTHINGTON 2506 PINENEEDLES ROAD GOLDSBORO, NC 27534	NO JOB TITLE OR PROFESSION																
	NOT WORKING																
		e. Election Sum to Date															
		\$ 200.00															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount												
<input type="checkbox"/>	001	Check		09/13/2023	\$ 100.00												
<input type="checkbox"/>					\$												
<input type="checkbox"/>					\$												
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>DAVID PERRY 1906 E. WALNUT STREET GOLDSBORO, NC 27530</td> <td>PRESIDENT</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>GOLDSBORO BUILDERS SUPPLY</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 2,500.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	DAVID PERRY 1906 E. WALNUT STREET GOLDSBORO, NC 27530	PRESIDENT			GOLDSBORO BUILDERS SUPPLY			e. Election Sum to Date			\$ 2,500.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments															
DAVID PERRY 1906 E. WALNUT STREET GOLDSBORO, NC 27530	PRESIDENT																
	GOLDSBORO BUILDERS SUPPLY																
		e. Election Sum to Date															
		\$ 2,500.00															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount												
<input type="checkbox"/>	001	Check		09/13/2023	\$ 2,500.00												
<input type="checkbox"/>					\$												
<input type="checkbox"/>					\$												
3. Contributor 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. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td>ALLISON PLATT 203 N SLOCUMB STREET GOLDSBORO, NC 27530</td> <td>LANDSCAPE ARCHITECT</td> <td rowspan="2"></td> </tr> <tr> <td></td> <td>REGENERATION BY DESIGN</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td>\$ 100.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ALLISON PLATT 203 N SLOCUMB STREET GOLDSBORO, NC 27530	LANDSCAPE ARCHITECT			REGENERATION BY DESIGN			e. Election Sum to Date			\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments															
ALLISON PLATT 203 N SLOCUMB STREET GOLDSBORO, NC 27530	LANDSCAPE ARCHITECT																
	REGENERATION BY DESIGN																
		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"/>	001	Credit Card		09/03/2023	\$ 100.00												
<input type="checkbox"/>					\$												
<input type="checkbox"/>					\$												
4. Total only this Page				\$ 2,700.00													
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 7,400.00													

Contributions from Individuals

Pg 5 of 6 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 Mailing Address if applicable)		2. Date Entered																												
THE GAYLOR FOR GOLDSBORO COMMITTEE																														
3. Contributor 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. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="2">RANDALL SAULS 103 SOUTH GEORGE STREET GOLDSBORO, NC 27530</td> <td>ATTORNEY</td> <td colspan="4" rowspan="2"></td> </tr> <tr> <td>SAULS TITLE</td> </tr> <tr> <td colspan="4"></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>\$</td> <td>100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				RANDALL SAULS 103 SOUTH GEORGE STREET GOLDSBORO, NC 27530	ATTORNEY					SAULS TITLE					e. Election Sum to Date						\$	100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																												
RANDALL SAULS 103 SOUTH GEORGE STREET GOLDSBORO, NC 27530	ATTORNEY																													
	SAULS TITLE																													
				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"/>	001	Check		08/31/2023	\$ 100.00																									
<input type="checkbox"/>					\$																									
<input type="checkbox"/>					\$																									
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="2">WES SEEGARS 743 LAKE WACKENA ROAD GOLDSBORO, NC 27534</td> <td>NO JOB TITLE OR PROFESSION</td> <td colspan="4" rowspan="2"></td> </tr> <tr> <td>NOT EMPLOYED</td> </tr> <tr> <td colspan="4"></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>\$</td> <td>500.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				WES SEEGARS 743 LAKE WACKENA ROAD GOLDSBORO, NC 27534	NO JOB TITLE OR PROFESSION					NOT EMPLOYED					e. Election Sum to Date						\$	500.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																												
WES SEEGARS 743 LAKE WACKENA ROAD GOLDSBORO, NC 27534	NO JOB TITLE OR PROFESSION																													
	NOT EMPLOYED																													
				e. Election Sum to Date																										
				\$	500.00																									
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																									
<input type="checkbox"/>	001	Check		09/21/2023	\$ 500.00																									
<input type="checkbox"/>					\$																									
<input type="checkbox"/>					\$																									
3. Contributor 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. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td rowspan="2">JAMES STACKHOUSE 710 PARK AVENUE GOLDSBORO, NC 27530-3835</td> <td>NO JOB TITLE OR PROFESSION</td> <td colspan="4" rowspan="2"></td> </tr> <tr> <td>NOT EMPLOYED</td> </tr> <tr> <td colspan="4"></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>\$</td> <td>200.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				JAMES STACKHOUSE 710 PARK AVENUE GOLDSBORO, NC 27530-3835	NO JOB TITLE OR PROFESSION					NOT EMPLOYED					e. Election Sum to Date						\$	200.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																												
JAMES STACKHOUSE 710 PARK AVENUE GOLDSBORO, NC 27530-3835	NO JOB TITLE OR PROFESSION																													
	NOT EMPLOYED																													
				e. Election Sum to Date																										
				\$	200.00																									
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																									
<input type="checkbox"/>	001	Check		09/25/2023	\$ 100.00																									
<input type="checkbox"/>					\$																									
<input type="checkbox"/>					\$																									
4. Total only this Page <input type="checkbox"/> \$ 700.00																														
5. Total of ALL CRO-1210 Pages <input type="checkbox"/> <i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i> <input type="checkbox"/> \$ 7,400.00																														

Contributions from Individuals

Pg 6 of 6 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) THE GAYLOR FOR GOLDSBORO COMMITTEE		2. ID Number									
3. Contributing Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS SUDDARTH 424 VILLAGE DRIVE GOLDSBORO, NC 27534</td> <td>b. Job Title/Profession SENIOR VICE PRESIDENT</td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field STATE EMPLOYEES CREDIT UNION</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date \$ 250.00</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS SUDDARTH 424 VILLAGE DRIVE GOLDSBORO, NC 27534	b. Job Title/Profession SENIOR VICE PRESIDENT	d. Comments	c. Employer's Name/Specific Field STATE EMPLOYEES CREDIT UNION			e. Election Sum to Date \$ 250.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS SUDDARTH 424 VILLAGE DRIVE GOLDSBORO, NC 27534	b. Job Title/Profession SENIOR VICE PRESIDENT	d. Comments									
	c. Employer's Name/Specific Field STATE EMPLOYEES CREDIT UNION										
	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"/>	001	Credit Card		09/14/2023	\$ 250.00						
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
4. Total only this Page				\$ 250.00							
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 7,400.00							

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 4 Yes No

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

1. Committee Full Name (and 3 and 4 and 5 applicable)		2. ID# Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
3. Type of Disbursement (Please use separate CRO-1310 for each type of Disbursement)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Player Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) ACCUCOPY 322 N JOHN STREET GOLDSBORO, NC 27530			
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 \$ 2,451.85			
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove g. Form of Payment <input type="checkbox"/> Add <input type="checkbox"/> Remove h. Purpose Code <input type="checkbox"/> Add <input type="checkbox"/> Remove i. Date (mm/dd/yyyy) <input type="checkbox"/> Add <input type="checkbox"/> Remove j. Amount <input type="checkbox"/> Add <input type="checkbox"/> Remove k. Required Remarks <input type="checkbox"/> Add <input type="checkbox"/> Remove 001 Check B 09/07/2023 \$ 282.89 15. Print Media \$			
4. Player Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) BIG BLUE COUCH MEDIA LLC 219 N JOHN STREET GOLDSBORO, NC 27530			
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 \$ 320.25			
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove g. Form of Payment <input type="checkbox"/> Add <input type="checkbox"/> Remove h. Purpose Code <input type="checkbox"/> Add <input type="checkbox"/> Remove i. Date (mm/dd/yyyy) <input type="checkbox"/> Add <input type="checkbox"/> Remove j. Amount <input type="checkbox"/> Add <input type="checkbox"/> Remove k. Required Remarks <input type="checkbox"/> Add <input type="checkbox"/> Remove 001 Check A 09/05/2023 \$ 320.25 34. Consultant Media \$			
4. Player Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) JODY BRITT 545 EDWARDS STORE ROAD MT OLIVE, NC 28365			
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 \$ 900.00			
f. Account Code <input type="checkbox"/> Add <input type="checkbox"/> Remove g. Form of Payment <input type="checkbox"/> Add <input type="checkbox"/> Remove h. Purpose Code <input type="checkbox"/> Add <input type="checkbox"/> Remove i. Date (mm/dd/yyyy) <input type="checkbox"/> Add <input type="checkbox"/> Remove j. Amount <input type="checkbox"/> Add <input type="checkbox"/> Remove k. Required Remarks <input type="checkbox"/> Add <input type="checkbox"/> Remove 001 Check A 09/11/2023 \$ 900.00 15. Print Media \$			
5. Total only in Page <input type="checkbox"/> Add <input type="checkbox"/> Remove \$ 1,503.14			
6. Total of All CRO-1310 Pages <input type="checkbox"/> Add <input type="checkbox"/> Remove (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) \$ 6,271.77			
7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		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 2 of 4 Yes No

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

1. Committee Name (and form if applicable)		2. ID# (number)	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333		d. Comments e. Election Sum to Date \$ 3,150.00	
f. Account Code		g. Form of Payment	
001		Check	
h. Purpose Code		i. Date (mm/dd/yyyy)	
A		09/11/2023	
j. Amount		k. Required Remarks	
\$ 150.00		15. Print Media	
f. Account Code		g. Form of Payment	
001		Debit Card	
h. Purpose Code		i. Date (mm/dd/yyyy)	
I		09/25/2023	
j. Amount		k. Required Remarks	
\$ 13.20			
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:	
CARLIE C'S IGA 1805 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27530		d. Comments e. Election Sum to Date \$ 13.20	
f. Account Code		g. Form of Payment	
001		Debit Card	
h. Purpose Code		i. Date (mm/dd/yyyy)	
I		09/25/2023	
j. Amount		k. Required Remarks	
\$ 13.20			
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:	
IAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860		d. Comments e. Election Sum to Date \$ 310.00	
f. Account Code		g. Form of Payment	
001		Debit Card	
h. Purpose Code		i. Date (mm/dd/yyyy)	
A		09/04/2023	
j. Amount		k. Required Remarks	
\$ 165.00		34. Consultant Media	
5. Total only this Page			
\$ 328.20			
6. Total of All CRO-1310 Pages			
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)			
\$ 6,271.77			
7. Purpose Codes (List detailed expenditure code in (h) above)			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		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 3 of 4 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
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. Player 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:			
NADINE MCEACHERN 206 GERALD LANE GOLDSBORO, NC 27530		d. Comments e. Election Sum to Date \$ 550.00			
f. Account Code		g. Form of Payment			
001		Check			
h. Purpose Code		i. Date (mm/dd/yyyy)			
O		09/25/2023			
j. Amount		k. Required Remarks			
\$ 300.00		22. GOTV - Poll Workers			
		\$			
4. Player 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:			
AILEEN ROWE 913 E. ELM STREET GOLDSBORO, NC 27530		d. Comments e. Election Sum to Date \$ 2,750.00			
f. Account Code		g. Form of Payment			
001		Check			
h. Purpose Code		i. Date (mm/dd/yyyy)			
O		09/25/2023			
j. Amount		k. Required Remarks			
\$ 2,500.00		22. GOTV - Poll Workers			
		\$			
4. Player 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:			
SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530		d. Comments e. Election Sum to Date \$ 4,015.85			
f. Account Code		g. Form of Payment			
001		Check			
h. Purpose Code		i. Date (mm/dd/yyyy)			
B		09/07/2023			
j. Amount		k. Required Remarks			
\$ 1,515.85		15. Print Media			
		\$			
5. Total only this Page				\$ 4,315.85	
6. Total of All CRO-1310 Pages				\$ 6,271.77	
(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)					
7. EXPENSE 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

Amendment

Pg 4 of 4 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number				
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Amend/Do/Not Amend (Please use separate CRO-1310 for each Add/Not Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WIX.COM LTD 100 GANSEVOORT ST. NEW YORK, NY 10014	b. Coordinated Committee Name	d. Comments			
	c. Level Registered (Specify)				
	<input type="checkbox"/> Federal <input type="checkbox"/> County:	e. Election Sum to Date			
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
		\$ 124.58			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Draft	C	09/23/2023	\$ 124.58	27. Payment Processing Fee
				\$	
5. Totals only this page				\$	124.58
6. Total of ALL CRO-1310 Pages				\$	6,271.77
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)				

CRO-1310

NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Amendment
Page 1 of 1 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE																				
1. Add or Remove Expenditure Form (21 lines, up to \$50 each, Date (mm/dd/yyyy))																				
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check	B	08/30/2023																
2. Total of this Page																				
3. Total of ALL CRO-1315 Pages <small>(Add all lines on the 1315 Detailed Summary Page CRO-1310)</small>																				
4. Use this page to list the following: <table border="1"><tr><td></td><td>B* - Printing</td><td></td><td>D - To Another Candidate</td></tr><tr><td>E - Salaries</td><td></td><td>G - Political Party</td><td></td></tr><tr><td></td><td>J - Penalties</td><td></td><td></td></tr><tr><td>O* - Other</td><td></td><td></td><td>Q* - Donations to Legal Expense Fund</td></tr></table>						B* - Printing		D - To Another Candidate	E - Salaries		G - Political Party			J - Penalties			O* - Other			Q* - Donations to Legal Expense Fund
	B* - Printing		D - To Another Candidate																	
E - Salaries		G - Political Party																		
	J - Penalties																			
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 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	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/10/2023
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 500.00	\$ 500.00
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
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/20/2023
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,500.00	\$ 1,500.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 2,000.00	
5. Total of ALL CRO-1430 Pages <i>(This information is on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 2,000.00	