

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 PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL		c. ID Number RECEIVED WCBOE YK12B6					
b. Mailing Address (include City, State and Zip Code) 503 CARDINAL DRIVE GOLDSBORO, NC 27534		d. Date Filed OCT 02 2023 10/01/2023					
		e. Phone Number (919) 584-5814					
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 09/01/2023	4. Period End Date (mm/dd/yy) 09/25/2023	5. Treasurer Full Name PHYLLIS MERRITT-JAMES				
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) Municipal <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		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <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:						10. Special Report Name _____	
8. Number of Fundraisers this Report 0							
3. Account Information				3. Account Information			
a. Financial Institution Full Name NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION		a. Financial Institution Full Name NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION		b. Purpose CREDIT UNION FEE TO JOIN SO CAN HAVE CHECKING ACCOUNT		c. Account Code PMJ4D5S	
b. Purpose CAMPAIGN EXPENSES		c. Account Code PMJ4D5C		d. Period Begin Balance \$ 805.69		d. Period Begin Balance \$ 1.00	
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board							
<u>Phyllis Merritt-James</u> Printed Name of Signer		<u>Phyllis Merritt-James</u> Signature of Appointed Treasurer		10/01/2023 Date			
FOR OFFICE USE ONLY							
Date Received: <u>10/01/23</u>		Employee: <u>AC</u>		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed			
Date Postmarked: _____		Employee: _____		<input type="checkbox"/> Signer has not received mandatory training			
Date Scanned: _____		Employee: _____					
Date Data Entered: _____		Employee: _____					
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.							
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL	2023 Pre-Primary	YK1ZB4	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ 805.69 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 235.00 \$ 325.00	
6) Contributions from Individuals	(CRO-1210)	\$ 1,995.14 \$ 8,668.57	
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 \$ 1,000.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 270.59 \$ 847.23	
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)		\$ 2,500.73 \$ 10,840.80	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,078.50 \$ 7,277.83	
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)	\$ 89.38 \$ 172.00	
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)	\$ 595.14 \$ 2,847.57	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,763.02 \$ 10,297.40	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 543.40 \$ 543.40	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,000.00	
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

Amendment

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	
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL				VK12 Bp	
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	PMJ4D5C	Check		09/01/2023	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Check		09/01/2023	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran		09/03/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran		09/01/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran		09/09/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Check		09/10/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran		09/12/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Check		09/03/2023	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran		09/25/2023	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$235.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$235.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 4 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number															
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL		YK12B4															
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">CYNTHIA DANIELS 521 MARY LEE CT WINTERVILLE, NC 28590</td> <td>HONOR BRIDGE LIASON</td> <td rowspan="2"></td> </tr> <tr> <td>c. Employer's Name/Specific Field HONOR BRIDGE</td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td>\$ 100.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	CYNTHIA DANIELS 521 MARY LEE CT WINTERVILLE, NC 28590	HONOR BRIDGE LIASON		c. Employer's Name/Specific Field HONOR BRIDGE			e. Election Sum to Date			\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments															
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		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)													
<input type="checkbox"/>	PMJ4D5C	Electric Funds Tran		09/07/2023													
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		e. Election Sum to Date															
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<input type="checkbox"/>	PMJ4D5C	Electric Funds Tran		09/01/2023													
<input type="checkbox"/>				\$													
<input type="checkbox"/>				\$													
4. Total only this Page \$ 500.00																	
5. Total of ALL CRO-1210 Pages \$ 1,995.14 (This line must be on line 6 of Detailed Summary Page CRO-1100)																	

Contributions from Individuals

Pg 2 of 4 Yes No

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1. Committee Full Name (and Fund if applicable)		2. ID Number																					
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<input type="checkbox"/>	PMJ4D5C	Check		09/05/2023	\$ 100.00																		
<input type="checkbox"/>					\$																		
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<input type="checkbox"/>	PMJ4D5C	Electric Funds Tran		09/07/2023	\$ 100.00																		
<input type="checkbox"/>	PMJ4D5C	Electric Funds Tran		09/21/2023	\$ 100.00																		
<input type="checkbox"/>					\$																		
4. Total only this Page					\$ 400.00																		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,995.14																		

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)			2. ID Number																
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL			YK12B4																
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																	
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<input type="checkbox"/>	PMJ4D5C	Check		09/07/2023	\$ 100.00														
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<input type="checkbox"/>		In-Kind	SNACKS FOR CAMPAIGN MEETING PANERA	09/05/2023	\$ 36.60														
<input type="checkbox"/>		In-Kind	LARGE CAMPAIGN SIGNS(BLACKLEYS)	09/12/2023	\$ 385.26														
<input type="checkbox"/>		In-Kind	PRINTER INK FOR LETTERS, WALKING LIST	09/13/2023	\$ 42.69														
4. Total only this Page					\$ 714.55														
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,995.14														

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) PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL				2. ID Number VK1ZB							
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) PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814</td> <td>b. Job Title/Profession FAMILY NURSE PRACTITIONER c. Employer's Name/Specific Field NORTH CAROLINA NEPHROLOGY</td> <td>d. Comments</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date \$ 3,923.57</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814	b. Job Title/Profession FAMILY NURSE PRACTITIONER c. Employer's Name/Specific Field NORTH CAROLINA NEPHROLOGY	d. Comments			e. Election Sum to Date \$ 3,923.57
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814	b. Job Title/Profession FAMILY NURSE PRACTITIONER c. Employer's Name/Specific Field NORTH CAROLINA NEPHROLOGY	d. Comments									
		e. Election Sum to Date \$ 3,923.57									
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount						
<input type="checkbox"/>		In-Kind	SNACKS/DRINKS FOR VOLUNTEERS	09/16/2023	\$ 27.51						
<input type="checkbox"/>		In-Kind	SNACKS/DRINKS FOR VOLUNTEERS	09/20/2023	\$ 82.61						
<input type="checkbox"/>		In-Kind	FOOD FOR VOLUNTEERS	09/21/2023	\$ 20.47						
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) STACI MOYE P.O. BOX 1704 GREENVILLE, NC 27834</td> <td>b. Job Title/Profession REALTOR c. Employer's Name/Specific Field SELF EMPLOYED</td> <td>d. Comments</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date \$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) STACI MOYE P.O. BOX 1704 GREENVILLE, NC 27834	b. Job Title/Profession REALTOR c. Employer's Name/Specific Field SELF EMPLOYED	d. Comments			e. Election Sum to Date \$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) STACI MOYE P.O. BOX 1704 GREENVILLE, NC 27834	b. Job Title/Profession REALTOR c. Employer's Name/Specific Field SELF EMPLOYED	d. Comments									
		e. Election Sum to Date \$ 100.00									
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount						
<input type="checkbox"/>	PMJ4D5C	Electric Funds Tran		09/07/2023	\$ 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) ALICIA STEDMAN 2901 AUTUMN SUNSET CT RALEIGH, NC 27617</td> <td>b. Job Title/Profession SALES c. Employer's Name/Specific Field SALES</td> <td>d. Comments</td> </tr> <tr> <td></td> <td></td> <td>e. Election Sum to Date \$ 150.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) ALICIA STEDMAN 2901 AUTUMN SUNSET CT RALEIGH, NC 27617	b. Job Title/Profession SALES c. Employer's Name/Specific Field SALES	d. Comments			e. Election Sum to Date \$ 150.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALICIA STEDMAN 2901 AUTUMN SUNSET CT RALEIGH, NC 27617	b. Job Title/Profession SALES c. Employer's Name/Specific Field SALES	d. Comments									
		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"/>	PMJ4D5C	Electric Funds Tran		09/08/2023	\$ 150.00						
<input type="checkbox"/>					\$						
<input type="checkbox"/>					\$						
4. Total only this Page					\$ 380.59						
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,995.14						

Refunds/Reimbursements To the CommitteePg 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		
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL		YL12B8		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments	
VISTAPRINT NC		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Expenditure Date i. Original Expenditure Amt \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date	
		REMAINDER OF REFUND OF YARD SIGNS PRINTED	\$ 426.86	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
PMJ4D5C	Electric Funds Tran		09/08/2023	\$ 270.59
4. Total only this Page				\$ 270.59
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 270.59

CRO-1240

NC State Board of Elections

December 2007

Disbursements

Amendment

Pg 1 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL				YK12B8	
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	
KARENA ATKINSON 353 WEAVER RD 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:		\$ 1,575.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
PMJ4D5C	Check	A	09/12/2023	\$ 150.00	SOCIAL MEDIA/ WEB
				\$	PAGE
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	
AWESOME RADIO UTURN SHOW P.O. BOX 4244 GREENVILLE, NC 27836		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:		\$ 150.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
PMJ4D5C	Check	A	09/11/2023	\$ 150.00	RADIO INTERVIEW, FB
				\$	AND YOUTUBE LIVE
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	
CAROL ANNE MARKETING 1601 ATLANTIC DRIVE STE 129 WEST CHICAGO, IL 60185 (800) 262-3246		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:		\$ 123.19	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
PMJ4D5C	Debit Card	B	09/19/2023	\$ 76.50	PRINTED POSTCARDS
				\$	
5. Total only this Page \$ 376.50					
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Amendment
Pg 2 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL		YK12B0			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
BRITT DURHAM NC					
		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:		\$ 162.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
PMJ4D5C	Check	C	09/01/2023	\$ 162.00	CAMPAIGN TSHIRTS
				\$	
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	
RILEY OUTDOOR UC P.O. BOX 1443 KINSTON, NC 28503					
		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:		\$ 1,000.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
PMJ4D5C	Check	A	09/07/2023	\$ 1,000.00	DIGITAL BILLBOARD 9/7-11/7/23
				\$	
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	
ROBBIE JONES PRODUCTIONS 1509 NOBLE CREEK LANE RALEIGH, NC 27610					
		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:		\$ 500.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
PMJ4D5C	Check	A	09/09/2023	\$ 250.00	VIDEOGRAPHY FOR CAMPAIGN
				\$	
5. Total only this Page \$ 1,412.00					
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) \$ 2,078.50					
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 3 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL		YK12B0			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
THE BUZZ AROUND WAYNE COUNTY BERKELEY BLVD GOLDSBORO, NC 27534 (919) 273-0488					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> County: <input type="checkbox"/> Municipality:	\$ 290.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Check	A	09/19/2023	\$ 290.00	POLITICAL AD
				\$	
5. Total only this Page					\$ 290.00
6. Total of ALL CRO-1310 Pages					\$ 2,078.50
(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. 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
 Yes No
 Page 1 of 1

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

PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL

YK1ZB0

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	PMJ4D5C	Electric Funds Tran	O	09/01/2023	\$ 1.16	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/01/2023	\$ 3.93	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/03/2023	\$ 1.16	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/04/2023	\$ 5.78	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/07/2023	\$ 3.93	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/07/2023	\$ 3.93	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/07/2023	\$ 3.93	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/08/2023	\$ 5.78	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/09/2023	\$ 1.16	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/12/2023	\$ 1.16	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/20/2023	\$ 11.33	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/21/2023	\$ 3.93	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/25/2023	\$ 1.16	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Electric Funds Tran	O	09/25/2023	\$ 3.93	ACTBLUE FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Draft	O	09/12/2023	\$ 0.23	MYQRCODE.COM INTNL SERVICE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Draft	O	09/12/2023	\$ 29.00	MYQRCODE.COM
<input type="checkbox"/> Add <input type="checkbox"/> Remove	PMJ4D5C	Debit Card	O	09/16/2023	\$ 7.88	WEBPAGE SOCIAL MEDIA

4. Total only this Page \$ 89.38

5. Total of ALL CRO-1315 Pages \$ 89.38
(This line must be on line 14 of Detailed Summary Page CRO-1100)

E - Salaries	B* - Printing	C* - Advertising	D - To Another Candidate
I - Postage	F* - Equipment	G - Political Party	H* - Printing, Paper, Office Expenses
J - Penalties	K* - Other Expenses	L	Q* - Donations to Legal Expense Fund
O* - Other			

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

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL		YK1ZBV	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 3,923.57
e. Description SNACKS FOR CAMPAIGN MEETING PANERA		f. Date (mm/dd/yyyy) 09/05/2023	g. Fair Market Amount \$ 36.60
LARGE CAMPAIGN SIGNS(BLACKLEYS PRINTING)		09/12/2023	\$ 385.26
PRINTER INK FOR LETTERS, WALKING LIST ETC(STAPLES)		09/13/2023	\$ 42.69
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 3,923.57
e. Description SNACKS/DRINKS FOR VOLUNTEERS		f. Date (mm/dd/yyyy) 09/16/2023	g. Fair Market Amount \$ 27.51
SNACKS/DRINKS FOR VOLUNTEERS		09/20/2023	\$ 82.61
FOOD FOR VOLUNTEERS		09/21/2023	\$ 20.47
4. Total only this Page		\$ 595.14	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 595.14	

Outstanding Loans

Amendment
Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable) PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL		2. ID Number YK1ZB0	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814		b. Job Title/Profession FAMILY NURSE PRACTITIONER	d. Comments
		c. Employer's Name/Specific Field NORTH CAROLINA NEPHROLOGY	e. Start Date (mm/dd/yyyy) 02/24/2023
g. Rate 0.00%	h. Security Pledged NONE	i. Original Loan Amount \$ 1,000.00	j. Remaining Loan Balance \$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 1,000.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 1,000.00	

CRO-1430

NC State Board of Elections

December 2007