

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 | c. ID Number | | |
| WEEKS FOR GOLDSBORO COMMITTEE | | | |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed | | |
| PO BOX 407 GOLDSBORO, NC 27534 | 10/11/2023 | | |
| | e. Phone Number (919) 920-5189 | | |

| | | | |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2023 | 08/30/2023 | 09/25/2023 | FORREST C PHILLIPS III |

| | | | | | | | | |
|--|---|---|-----------|--------------|------------|--|---|--|
| 6. Type of Committee (Check One) | 7. Type of Fund (if applicable, 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 | <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: | <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <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 </td> <td> <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 </td> <td> <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 </td> </tr> </table> | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |
| Municipal | State/County | Referendum | | | | | | |
| <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | | | | | | |
| | | 10. Special Report Name | | | | | | |

| | | | |
|--------------------------------------|-------------------------|------------------------------------|-------------------------|
| 8. Number of Fundraisers this Report | 0 | 3. Account Information | 3. Account Information |
| a. Financial Institution Full Name | FIRST CITIZENS BANK | a. Financial Institution Full Name | RECEIVED WOB |
| b. Purpose | c. Account Code | b. Purpose | e. Account Code |
| FOR RECEIPTS AND EXPENSES | 888 | OCT 11 2023 | d. Period Begin Balance |
| | d. Period Begin Balance | | |
| | \$ | BY | \$ |

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

Forrest C Phillips III

Printed Name of Signer

Forrest C Phillips III

Signature of Appointed Treasurer

10/11/2023

Date

FOR OFFICE USE ONLY

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

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

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

Detailed Summary

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|---|-------------------|------------------------------------|
| WEEKS FOR GOLDSBORO COMMITTEE | 2023 Pre-Primary | |
| Start of Election Cycle: January 1, 2023 | | Total this Reporting Period |
| 4) Cash on Hand at Start | | \$ 4,100.00 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 100.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 1,930.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 2,030.00 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 4,871.16 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 0.00 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 230.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 5,101.16 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,028.84 |
| ADDITIONAL INFORMATION | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 0.00 |
| 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 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 |

Aggregated Contributions from Individuals Page 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) WEEKS FOR GOLDSBORO COMMITTEE | 2. ID Number | | | | |
|---|------------------------|---------------------------|-------------------------------|-----------------------------|------------------|
| 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 | 888 | Cash | | 09/05/2023 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 888 | Check | | 09/11/2023 | \$ 50.00 |
| 4. Total only this Page | | | | | \$ 100.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 100.00 |

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 3

Amendment

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) WEEKS FOR GOLDSBORO COMMITTEE | | | | | | 2. ID Number |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) LORI P. ALLEN 810 Park Ave. GOLDSBORO, NC 27530 (919) 580-6952 | | | b. Job Title/Profession RETIRED | d. Comments 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"/> | 888 | Check | | 09/14/2023 | \$ 250.00 | |
| <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) ANNA BEST 1504 E. Mulberry St. GOLDSBORO, NC 27530 (919) 920-5268 | | | b. Job Title/Profession RETIRED | 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"/> | 888 | Check | | 09/10/2023 | \$ 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) JAMES BRYAN 1808 Salem Church Rd. GOLDSBORO, NC 27530 (919) 738-5552 | | | b. Job Title/Profession RETIRED | d. Comments 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"/> | 888 | Check | | 09/12/2023 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 550.00 |
| 5. Total of ALL CRO J210 Pages | | | | | | \$ 1,930.00 |

Contributions from Individuals

Pg 2 of 3 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) WEEKS FOR GOLDSBORO COMMITTEE | 2. ID Number |
|---|---------------------|

| | | | | | |
|---|------------------------|--|-------------------------------|-----------------------------|------------------|
| 3. Contributor Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLAN B HARVIN 142 Wheeler Dr. GOLDSBORO, NC 27530 (919) 734-1930 | | b. Job Title/Profession RETIRED | | | |
| | | c. Employer's Name/Specific Field Hospitals | | | |
| | | d. Comments | | | |
| | | e. Election Sum to Date \$ 75.00 | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input checked="" type="checkbox"/> | 888 | Check | | 08/23/2023 | \$ 25.00 |
| <input type="checkbox"/> | 888 | Check | | 09/05/2023 | \$ 50.00 |
| <input type="checkbox"/> | | | | | \$ |

| | | | | | |
|--|------------------------|---|-------------------------------|-----------------------------|------------------|
| 3. Contributor Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID M PERRY 1906 E. Walnut Street GOLDSBORO, NC 27530 (919) 922-0073 | | b. Job Title/Profession PRESIDENT | | | |
| | | c. Employer's Name/Specific Field GOLDSBORO BUILDERS SUPPLY CO | | | |
| | | d. Comments | | | |
| | | 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"/> | 888 | Check | | 09/05/2023 | \$ 500.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | | | | | |
|--|------------------------|--|-------------------------------|-----------------------------|------------------|
| 3. Contributor Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES STACKHOUSE 710 Park Ave GOLDSBORO, NC 27530 | | b. Job Title/Profession RETIRED | | | |
| | | c. Employer's Name/Specific Field RETIRED | | | |
| | | 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"/> | 888 | Check | | 09/05/2023 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

| | |
|--------------------------------|-----------|
| 4. Total only this Page | \$ 650.00 |
|--------------------------------|-----------|

| | |
|---|-------------|
| 5. Total of ALL CRO-1210 Pages <i>(This is not the Line 6 of Detailed Summary, Page CRO 1100)</i> | \$ 1,930.00 |
|---|-------------|

Contributions from Individuals

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) WEEKS FOR GOLDSBORO COMMITTEE | 2. ID Number |
|---|---------------------|

| | | | |
|---|------------------------|---|--|
| 3. Contributor Information | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLOTTE M. WEAVER 300 Glen Oak Dr. GOLDSBORO, NC 27534 (919) 920-5759 | | b. Job Title/Profession RETIRED | d. Comments |
| | | c. Employer's Name/Specific Field RETIRED | e. Election Sum to Date \$ 500.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description |
| <input type="checkbox"/> | 888 | Check | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| j. Date (mm/dd/yyyy) | k. Amount | | |
| 09/14/2023 | \$ 500.00 | | |
| | \$ | | |
| | \$ | | |

| | | | |
|---|------------------------|---|--|
| 3. Contributor Information | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) BEVERLY WEEKS 313 PINELAND DRIVE GOLDSBORO, NC 27534 | | b. Job Title/Profession EXECUTIVE DIRECTOR | d. Comments |
| | | c. Employer's Name/Specific Field WPC CRY FREEDOM MISSIONS | e. Election Sum to Date \$ 545.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description |
| <input type="checkbox"/> | 888 | In-Kind | Wix WIX.Com -MONTHLY FEE |
| <input type="checkbox"/> | 888 | In-Kind | Google LLC Gsuite-Beverly 50-253 - MONTLY FEE |
| <input type="checkbox"/> | 888 | In-Kind | GOOGLE SUITE - GMAIL |
| j. Date (mm/dd/yyyy) | k. Amount | | |
| 08/30/2023 | \$ 28.00 | | |
| 09/01/2023 | \$ 12.00 | | |
| 09/05/2023 | \$ 12.00 | | |

| | | | |
|---|------------------------|---|--|
| 3. Contributor Information | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) BEVERLY WEEKS 313 PINELAND DRIVE GOLDSBORO, NC 27534 | | b. Job Title/Profession EXECUTIVE DIRECTOR | d. Comments |
| | | c. Employer's Name/Specific Field WPC CRY FREEDOM MISSIONS | e. Election Sum to Date \$ 545.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description |
| <input type="checkbox"/> | 888 | In-Kind | Wix WIX.Com |
| <input type="checkbox"/> | 888 | In-Kind | The Buzz Around Wayne County - ADVERTISEMENT |
| <input type="checkbox"/> | | | |

| | |
|---|------------------|
| 4. Total on this Page | k. Amount |
| 5. Total of ALL CRO 1210 Pages CRO-1210, Page 6 of Detailed Summary Page CRO-1100 | \$ 730.00 |
| | \$ 1,930.00 |

Disbursements

Amendment

Page 1 of 2 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 | | | |
| WEEKS FOR GOLDSBORO COMMITTEE | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 lines 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: | | | |
| Campaign Connections 3801 Lake Boone Trail Suite 255 RALEIGH, NC 27607 (919) 834-8994 | | d. Comments e. Election Sum to Date \$ 6,511.00 | | | |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | | | |
| 888 | Check | O | 09/13/2023 | \$ 1,511.00 | Consultant / Marketing |
| | | | | \$ | Consultant / Marketing |
| 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: | | | |
| New Old North Media LLC 1403 E Mulberry St GOLDSBORO, NC 27534 (919) 648-9905 | | d. Comments e. Election Sum to Date \$ 1,300.00 | | | |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | | | |
| 888 | Check | A | 09/19/2023 | \$ 300.00 | CAMPAIGN ADD |
| | | | | \$ | |
| 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: | | | |
| Ann Rowe 913 EAST ELM STREET GOLDSBORO, NC 27534 (919) 222-0580 | | d. Comments e. Election Sum to Date \$ 2,500.00 | | | |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | | | | |
| 888 | Check | O | 09/19/2023 | \$ 1,500.00 | CONSULTANT TO |
| | | | | \$ | CAMPIGN |
| 5. Total only this Page | | | | \$ | 3,311.00 |
| 6. Total 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 Commt) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | \$ | 4,871.16 |
| 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 | | | | | |
| * Call committee for detailed explanation in required remarks field (k) | | | | | |

Disbursements

Amendment

Pg 2 of 2 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 Filing ID if Available) WEEKS FOR GOLDSBORO COMMITTEE | | 2. ID Number | |
| 3. Type of Disbursement (Please check one or more CRO-1100 lines 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) SW PROMOTIONS 601-A N. JAMES ST. GOLDSBORO, NC 27530 (919) 731-7321 | | 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 \$ 1,560.16 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) |
| 888 | Check | B | 09/07/2023 |
| 888 | Check | B | 09/19/2023 |
| 4. Payee Information | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) SW PROMOTIONS 601-A N. JAMES ST. GOLDSBORO, NC 27530 (919) 731-7321 | | 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 \$ 1,560.16 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) |
| 888 | Check | O | 09/23/2023 |
| 5. Summary Total Disbursements | | \$ 1,560.16 | |
| 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) | | | |
| 7. Purpose Codes: (List detailed expenditure codes 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) | | |

In-Kind ContributionsAmendment
Pg 1 of 1 Yes No

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. Contributor Full Name (and Fund if applicable) | | 2. TIN Number |
| WEEKS FOR GOLDSBORO COMMITTEE | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) BEVERLY WEEKS 313 PINELAND DRIVE GOLDSBORO, NC 27534 | 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 \$ 545.00 |
| | | |
| e. Description Wix WIX.Com -MONTHLY FEE | f. Date (mm/dd/yyyy) 08/30/2023 | g. Fair Market Amount \$ 28.00 |
| Google LLC Gsuite-Beverly 50-253 - MONTLY FEE | 09/01/2023 | \$ 12.00 |
| GOOGLE SUITE - GMAIL | 09/05/2023 | \$ 12.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) BEVERLY WEEKS 313 PINELAND DRIVE GOLDSBORO, NC 27534 | 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 \$ 545.00 |
| | | |
| e. Description Wix WIX.Com | f. Date (mm/dd/yyyy) 09/05/2023 | g. Fair Market Amount \$ 28.00 |
| The Buzz Around Wayne County - ADVERTISMENT | 09/22/2023 | \$ 150.00 |
| | | \$ |
| 4. Total only this Page <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| 5. Total of ALL CRO-1510 Pages <i>(This Form is to be used in conjunction with Form CRO-1100)</i> | | g. Fair Market Amount \$ 230.00 |