# 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 |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |
| **b. Mailing Address (include City, State and Zip Code)** | **d. Date Filed** |
| P O BOX 986<br>GOLDSBORO, NC 27533 | 10/18/2023 |
| | **e. Phone Number** |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2023 | 07/01/2023 | 09/26/2023 | ROBERT CHRISTOPHER BOYETTE |

**6. Type of Committee (Check One)**

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

**7. Type of Fund** *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

**8. Number of Fundraisers this Report**

0

**9. Type of Report** *(check only one type of report from one category)*

| Municipal | State/County | Referendum |
|---|---|---|
| ☐ Organizational | ☐ Organizational | ☐ Organizational |
| ☒ Thirty-five day | Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☐ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | Semi-annual | |
| ☐ Year End | ☐ Mid Year | **10. Special Report Name** |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**3. Account Information**

| a. Financial Institution Full Name | |
|---|---|
| FIRST BANK | |
| **b. Purpose** | **c. Account Code** |
| GENERAL CAMPAIGN ACCOUNT | 001 |
| | **d. Period Begin Balance** |
| | $ |

**3. Account Information**

| a. Financial Institution Full Name | |
|---|---|
| RECEIVED WCBOE OCT 18 2023 BY | |
| **b. Purpose** | **c. Account Code** |
| | |
| | **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

| John Walston | John Walston | 10/18/2023 |
|---|---|---|
| Printed Name of Signer | Signature of Appointed Treasurer | Date |

**FOR OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Date Received: | 10/18/23 | Employee: | AC |
| Date Postmarked: | | Employee: | |
| Date Scanned: | | Employee: | |
| Date Data Entered: | | Employee: | |

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed

☐ 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 |
|---|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | 2023 Thirty-five-day | |

| Start of Election Cycle: January 1, 2020 | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 4) Cash on Hand at Start | | $ 416.98 | $ 0.00 |
| **RECEIPTS** | | | |
| 5) Aggregated Contributions from Individuals | *(CRO-1205)* | $ 300.00 | $ 300.00 |
| 6) Contributions from Individuals | *(CRO-1210)* | $ 12,020.00 | $ 12,020.00 |
| 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 | $ 500.00 |
| 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) | | $ 12,320.00 | $ 12,820.00 |
| **EXPENDITURES** | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | *(CRO-1310)* | $ 7,066.00 | $ 7,066.00 |
| 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)* | $ 30.25 | $ 113.27 |
| 15) Loan Repayments | *(CRO-1420)* | $ 0.00 | $ 0.00 |
| 16) Refunds/Reimbursements from the Committee | *(CRO-1320)* | $ 290.01 | $ 290.01 |
| 17) In-Kind Contributions | *(CRO-1510)* | $ 0.00 | $ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | $ 7,386.26 | $ 7,469.28 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | $ 5,350.72 | $ 5,350.72 |
| **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 | $ 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)* | $ 290.01 | $ 290.01 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information**

| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
|---|---|---|---|---|---|
| ☐ Add ☐ Remove | 001 | Check | | 08/24/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 001 | Check | | 08/17/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 001 | Check | | 08/14/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 001 | Check | | 08/13/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 001 | Check | | 08/14/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 001 | Check | | 08/14/2023 | $ 50.00 |

| | | |
|---|---|---|
| **4. Total only this Page** | $ | $300.00 |
| **5. Total of ALL CRO-1205 Pages** *(This line must be on line 5 of Detailed Summary Page CRO-1100)* | $ | $300.00 |

# Contributions from Individuals

Pg 1 of 20 | Amendment ☐ Yes ☒ No

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

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| PHILLIP BADDOUR<br>208 S. WILLIAM ST<br>GOLDSBORO, NC 27530 | ATTORNEY | BADDOUR, PARKER, HINE AND HALE | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/21/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KAY BALLANCE<br>114 HILLDALE LANE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/29/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DONALD BARNES<br>619 PARK AVE<br>GOLDSBORO, NC 27530 | EXECUTIVE | ALTA FOODS | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/12/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 850.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| THOMAS BELL<br>408 TYRON DRIVE<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/15/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ANNA BEST<br>1504 E MULBERRY ST<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/10/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| HORACE BEST<br>1721 NEW HOPE ROAD<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/12/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 450.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MUNROE BEST JR<br>809 MILL ROAD<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/18/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ELLEN BLAND<br>602 BROOKWOOD LANE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 120.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/24/2023 | $ 120.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| LEE BORDEN<br>119 PINERIDGE LANE<br>GOLDSBORO, NC 27534 | REAL ESTATE ADVISOR | REAL ESTATE ADVISORS, INC. | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/28/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 870.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| WILLIAM BROADAWAY<br>1903 E WALNUT ST.<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/16/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| L. RAY BROWN<br>212 WALNUT CREEK DRIVE<br>GOLDSBORO, NC 27534 | FINANCIAL EXECUTIVE | BROWN & COMPANY | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/14/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| CHERYL CASEY<br>P O BOX 10218<br>GOLDSBO, NC 27532 | RESTAURANT OWNER | WESTERN SIZZLIN | | $ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/07/2023 | $ 200.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 400.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ROGER C CASEY<br>600 HANDLEY ACRES DRIVE<br>GOLDSBORO, NC 27534 | PLUMBER | KEEN PLUMBING | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 07/26/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| GORDON COMBS<br>P O BOX 233<br>GOLDSBORO, NC 27533 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/22/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KAYE COOKE<br>205 CASHWELL DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/28/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 700.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| CHRISTOPHER COX<br>104 TWIN OAKS PLACE<br>GOLDSBORO, NC 27530 | REALTOR | COX PROPERTIES | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/11/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| SHARON CRAWFORD<br>126 FAIRMAX RD.<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/16/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KATHY DANIELS<br>104 FAIRWAY DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/12/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 300.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| THOMAS C DANIELS<br>608 N. TAYLOR ST.<br>GOLDSBORO, NC 27530 | FINANCIAL ADVISOR | AMERIPRISE FINANCIAL SERVICES, LLC | | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 07/24/2023 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JOE DAUGHTRY<br>125 OXFORD DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 07/24/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JIMMIE EDMUNDSON<br>109 DUVAL DRIVE<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/26/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

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|---|---|
| **4. Total only this Page** | $ 500.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| THOMAS FRANKLIN<br>705 BEECH STREET<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/15/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| GILBERT GARCIA<br>212 RIDGEWOOD DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/29/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| BRADFORD GURLEY<br>105 N. CLAIBORNE ST.<br>GOLDSBORO, NC 27530 | REALTOR | SELF-EMPLOYED | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/29/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

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|---|---|
| **4. Total only this Page** | $ 1,000.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| TIMOTHY HAITHCOCK<br>113 FAIRMAX DRIVE<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/19/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JOHN HINE<br>P O BOX 916<br>GOLDSBORO, NC 27533 | ATTORNEY | BADDOUR, PARKER, HINE AND HALE | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/16/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| NEIL HINE<br>1702 E. WALNUT ST.<br>GOLDSBORO, NC 27530 | EXECUTIVE | HINE SITEWORK, INC | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/12/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

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|---|---|
| **4. Total only this Page** | $ 850.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| SAMUEL HUNTER<br>700 LAKE WACKENA ROAD<br>GOLDSBORO, NC 27530 | EXECUTIVE | T A LOVING COMPANY | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/09/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ROBERT IVEY<br>2666 LENNOXVILLE ROAD<br>BEAUFORT, NC 28516 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/17/2023 | $ 200.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ROBERT JEFFREYS<br>3102 CASHWELL DRIVE<br>UNIT 52<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/29/2023 | $ 250.00 |
| ☐ | | | | | $ |
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| **4. Total only this Page** | $ 550.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JOYCE KELLER<br>710 PARK AVE<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/01/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| WALTER KRENTZ JR<br>111 LEAFWOOD DRIVE<br>GOLDSBORO, NC 27534 | BANKER | FIRST BANK | | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/11/2023 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| STEPHEN LIES<br>1703 WALNUT ST.<br>GOLDSBORO, NC 27530 | DOCTOR | WAYNE WOMEN'S CLINIC | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/30/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

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| **4. Total only this Page** | $ 500.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ROBERT LOGAN<br>2213 GRANVILLE DRIVE<br>GOLDSBORO, NC 27530 | REALTOR | WAYNE REALTY | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/02/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| PATRICK H. MCARTHUR<br>1706 MULBERRY ST<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/26/2023 | $ 200.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MICHAEL MCDONALD<br>1704 E. WALNUT ST.<br>GOLDSBORO, NC 27530 | CAR DEALER | LEE, INC. | | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/23/2023 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

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|---|---|
| **4. Total only this Page** | $ 600.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JUDITH MCMILLEN<br>201 N. GEORGE ST<br>GOLDSBORO, NC 27530 | REALTOR | BERKSHIRE HATHAWAY HOME SERVICES | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/15/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MYRA MOORE<br>808 SUMMIT ROAD<br>GOLDSBORO, NC 27534 | BEAUTICIAN | SELF EMPLOYED | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Money Order | | 09/11/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| SIDNEY MYERS<br>110 W, WASHINGTON ST.<br>LA GRANGE, NC 28551 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/14/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

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| **4. Total only this Page** | $ 700.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| NANCY NORWOOD<br>216 RIDGEWOOD DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Cash | | 07/24/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| SHELBY OSTENDORF<br>238 S, HILLCREST DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Electric Funds Tran | | 08/24/2023 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| BARBARA PARKER<br>1701 EVERGREEN AVE.<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/14/2023 | $ 200.00 |
| ☐ | | | | | $ |
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| **4. Total only this Page** | $ 600.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| EB BORDEN PARKER<br>1709 EVERGREEN AVE<br>GOLDSBORO, NC 27530 | ATTORNEY | BADDOUR, PARKER, HINE AND HALE | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/30/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| TROY PATE<br>1601 EVERGREEN AVE<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/14/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DAVID PERRY<br>1906 E. WALNUT ST.<br>GOLDSBORO, NC 27530 | EXECUTIVE | GOLDSBORO BUILDERS SUPPLY | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/05/2023 | $ 500.00 |
| ☐ | | | | | $ |
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| **4. Total only this Page** | $ 700.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DEBORAH RICHTER<br>611 BEECH ST.<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/15/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| HANNAH ROUSE<br>228 RIDGEWOOD DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/13/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| BENJAMIN KYLE SAYLORS<br>109 OVERBROOK DRIVE<br>GOLDSBORO, NC 27534 | REAL ESTATE APPRAISER | SAYLORS REAL ESTATE AND APPRAISALS, LLC | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Draft | | 08/15/2023 | $ 100.00 |
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| **4. Total only this Page** | $ 700.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| BEN SEEGARS<br>30 RIDGEWOOD DR.<br>GOLDSBORO, NC 27534 | EXECUTIVE | SEEGARS FENCE COMPANY | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/14/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MARSHALL SMITH<br>406 BIRCH DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/14/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| GARY SMITHWICK<br>1818 EAST WALNUT ST.<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/14/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 300.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JOHN C. STRICKLAND SR<br>618 LAKESHORE DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 07/04/2023 | $ 200.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| EDWARD SWINDELL<br>1705 EVERGREEN AVE.<br>GOLDSBORO, NC 27530 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/11/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DAVID TAYLOE<br>1406 MULBERRY ST<br>GOLDSBORO, NC 27530 | DOCTOR | GOLDSBORO PEDIATRICS | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/22/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 400.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DANIEL WISE<br>114 FAIRWAY DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/21/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| JAMES WOMBLE<br>207 CASHWELL DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/07/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| CHARLES BRIAN WOODARD<br>1701 E. MULBERRY STREET<br>GOLDSBORO, NC 27530 | EXECUTIVE | WOODARD COMPANY | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 09/18/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 450.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# 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) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KATHY WOODARD<br>111 FAIRWAY DRIVE<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Money Order | | 09/13/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| DILLON WOOTEN<br>504 A. SPENCE AVE.<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/08/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MARVIN WOOTEN<br>2503 PINENEEDLES ROAD<br>GOLDSBORO, NC 27534 | NO JOB TITLE OR PROFESSION | NOT WORKING | | $ 250.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 001 | Check | | 08/28/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 600.00 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 12,020.00 |

# Disbursements

 Amendment ☐ 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 |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Type of Disbursement** ***(Please use separate CRO-1310 forms for each type of Disbursement.)***

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name / c. Level Registered (Specify) | d. Comments / e. Election Sum to Date |
|---|---|---|
| ACCU-COPY<br>322 N. JOHN ST.<br>GOLDSBORO, NC 27530 | ☐ Federal ☐ County: ☐ State ☐ Municipality: | $ 1,404.71 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Check | B | 09/13/2023 | $ 1,404.71 | FLYERS |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name / c. Level Registered (Specify) | d. Comments / e. Election Sum to Date |
|---|---|---|
| CLIFTON BROADHURST<br>101 ROSEMARY COURT<br>DUDLEY, NC 28333 | ☐ Federal ☐ County: ☐ State ☐ Municipality: | $ 1,500.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Check | O | 09/13/2023 | $ 1,500.00 | GOTV |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name / c. Level Registered (Specify) | d. Comments / e. Election Sum to Date |
|---|---|---|
| GRAPHIX UNLIMITED<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ☐ Federal ☐ County: ☐ State ☐ Municipality: | $ 473.49 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Check | O | 07/24/2023 | $ 102.00 | MAGNETS |
| 001 | Check | B | 08/15/2023 | $ 371.49 | SIGNS |

| | |
|---|---|
| **5. Total only this Page** | $ 3,378.20 |
| **6. Total of ALL CRO-1310 Pages**<br>***(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)***<br>***(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)***<br>***(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*** | $ 7,066.00 |

**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 ☐ 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 |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Type of Disbursement** ***(Please use separate CRO-1310 forms for each type of Disbursement.)***

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| NEW OLD NORTH MEDIA, LLC<br>1403 E. MULBERRY ST.<br>GOLDSBORO, NC 27530 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 2,520.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Check | A | 08/21/2023 | $ 1,260.00 | NEWSPAPER AD |
| 001 | Check | B | 09/04/2023 | $ 1,260.00 | NEWSPAPER AD |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| SIGNS FROM THE FARM, INC.<br>373 VANN SMITH ROAD<br>SEVEN SPRINGS, NC 28578 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 597.80 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Check | B | 08/17/2023 | $ 280.00 | SIGNS |
| 001 | Check | B | 09/04/2023 | $ 317.80 | SIGNS |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| THE BUZZ<br>122 S. BERKELEY BLVD.<br>GOLDSBORO, NC 27534 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 150.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Check | A | 08/23/2023 | $ 150.00 | NEWSPAPER AD |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 3,267.80 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 7,066.00 |

**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 ☐ 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 |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Type of Disbursement** ***(Please use separate CRO-1310 forms for each type of Disbursement.)***

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| US POSTMASTER<br>200 N. WILLIAM ST.<br>GOLDSBORO, NC 27530 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 330.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Check | I | 07/27/2023 | $ 66.00 | |
| 001 | Check | I | 08/09/2023 | $ 66.00 | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| US POSTMASTER<br>200 N. WILLIAM ST.<br>GOLDSBORO, NC 27530 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 330.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Check | I | 08/16/2023 | $ 66.00 | |
| 001 | Debit Card | I | 09/21/2023 | $ 132.00 | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| WAYNE COUNTY BOE<br>309 E CHESTNUT ST<br>GOLDSBORO, NC 27530 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 90.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 001 | Cash | H | 07/10/2023 | $ 90.00 | FILING FEE |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 420.00 |
| **6. Total of ALL CRO-1310 Pages**<br>***(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)***<br>***(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)***<br>***(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*** | $ 7,066.00 |

**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)**

# Aggregated Non-Media Expenditures



Amendment ☐ Yes ☒ No

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

| BOYETTE FOR COUNCIL CAMPAIGN | |
|---|---|

**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 |
|---|---|---|---|---|---|---|
| ☐ Add ☐ Remove | 001 | Draft | O | 07/31/2023 | $ 10.00 | BANK FEE |
| ☐ Add ☐ Remove | 001 | Check | K | 08/10/2023 | $ 20.25 | ENVELOPES |

| | |
|---|---|
| **4. Total only this Page** | $ 30.25 |
| **5. Total of ALL CRO-1315 Pages** *(This line must be on line 14 of Detailed Summary Page CRO-1100)* | $ 30.25 |

| | | | |
|---|---|---|---|
| | **B* - Printing** | | D - To Another Candidate |
| E - Salaries | | G - Political Party | |
| | J - Penalties | | **Q* - Donations to Legal Expense Fund** |
| **O* - Other** | | | |

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

# Refunds/Reimbursements From the Committee

Pg 1 of 2 | Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | g. Comments |
|---|---|---|
| ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | |
| | e. Level Registered (Specify) | h. Original Receipt Date |
| | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | 08/03/2023 |
| | | i. Original Receipt Amount |
| | | $ 103.51 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code | j. Election Sum to Date |
|---|---|---|---|
| RETAIL BUSINESS OWNER | AUDIO ELECTRONICS | P | $ 0.00 |

| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|---|
| 001 | Check | REIMBURSE LOWE'S EXPENSE | 08/03/2023 | $ 103.51 |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | g. Comments |
|---|---|---|
| ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | |
| | e. Level Registered (Specify) | h. Original Receipt Date |
| | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | 08/15/2023 |
| | | i. Original Receipt Amount |
| | | $ 25.09 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code | j. Election Sum to Date |
|---|---|---|---|
| RETAIL BUSINESS OWNER | AUDIO ELECTRONICS | P | $ 0.00 |

| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|---|
| 001 | Check | STAPLES - OFFICE EXPENSE | 08/15/2023 | $ 25.09 |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | g. Comments |
|---|---|---|
| ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | |
| | e. Level Registered (Specify) | h. Original Receipt Date |
| | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | 08/16/2023 |
| | | i. Original Receipt Amount |
| | | $ 33.95 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code | j. Election Sum to Date |
|---|---|---|---|
| RETAIL BUSINESS OWNER | AUDIO ELECTRONICS | P | $ 0.00 |

| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|---|
| 001 | Check | LOWE'S LUMBER COST | 08/16/2023 | $ 33.95 |

| | |
|---|---|
| **4. Total only this Page** | $ 162.55 |
| **5. Total of ALL CRO-1320 Pages** *(This line must be on line 15 of Detailed Summary Page CRO-1100)* | $ 290.01 |

**6. Purpose Codes (List detailed disbursement code in (f) above)**

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit
**P* - Reimbursement of In-Kin O* Other**
*** Codes require detailed explanation in required remarks field (m)**

# Refunds/Reimbursements From the Committee

Pg 2 of 2 | Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | g. Comments |
|---|---|---|
| ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | |
| | e. Level Registered (Specify) | h. Original Receipt Date |
| | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | 07/27/2023 |
| | | i. Original Receipt Amount |
| | | $ 127.46 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose Code | j. Election Sum to Date |
|---|---|---|---|
| RETAIL BUSINESS OWNER | AUDIO ELECTRONICS | P | $ 0.00 |

| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|---|
| 001 | Check | LOWE'S LUMBER | 07/27/2023 | $ 127.46 |

| | |
|---|---|
| **4. Total only this Page** | $ 127.46 |
| **5. Total of ALL CRO-1320 Pages** *(This line must be on line 15 of Detailed Summary Page CRO-1100)* | $ 290.01 |

**6. Purpose Codes** (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

**P* - Reimbursement of In-Kin O* Other**

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

# Contributions to be Reimbursed

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report Contributions under $1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

| 1. Committee Full Name | 2. ID Number |
|---|---|
| BOYETTE FOR COUNCIL CAMPAIGN | |

**3. Contributor Information** ☐ Add ☐ Remove

| Full Name & Mailing Address of the Payee (the original vendor) | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) |
|---|---|
| ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 |

| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
|---|---|---|---|
| LOWE'S - LUMBER FOR SIGNS | 07/27/2023 | N | $ 127.46 |

**3. Contributor Information** ☐ Add ☐ Remove

| Full Name & Mailing Address of the Payee (the original vendor) | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) |
|---|---|
| ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 |

| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
|---|---|---|---|
| LOWE'S - LUMBER | 08/03/2023 | N | $ 103.51 |

**3. Contributor Information** ☐ Add ☐ Remove

| Full Name & Mailing Address of the Payee (the original vendor) | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) |
|---|---|
| ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 |

| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
|---|---|---|---|
| STAPLES - OFFICE SUPPLIES | 08/15/2023 | N | $ 25.09 |

**3. Contributor Information** ☐ Add ☐ Remove

| Full Name & Mailing Address of the Payee (the original vendor) | Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) |
|---|---|
| ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 | ROBERT CHRISTOPHER BOYETTE<br>P O BOX 986<br>GOLDSBORO, NC 27533 |

| a. Contribution Description | b. Date (mm/dd/yyyy) | c. Credit Card Y/N | d. Amount |
|---|---|---|---|
| LOWE'S - LUMBER FOR SIGNS | 08/16/2023 | N | $ 33.95 |

| | |
|---|---|
| **4. Total only this Page** | $ 290.01 |
| **5. Total of ALL CRO-1215a Pages** *(This line goes in line 28 of Detailed Summary Page CRO-1100)* | $ 290.01 |