

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 JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE		c. ID Number					
b. Mailing Address (include City, State and Zip Code) P.O. BOX 72 GOLDSBORO, NC 27533		d. Date Filed 10/24/2023					
		e. Phone Number (919) 273-1908					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name				
2023	09/27/2023	10/23/2023	WILLIAM C PEARSON				
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (If applicable, check one)						10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report							
0							
11. Account Information				12. Account Information			
a. Financial Institution Full Name FIRST NATIONAL BANK		a. Financial Institution Full Name RECEIVED WCBOE		b. Purpose CAMPAIGN		b. Purpose OCT 24 2023	
c. Account Code 1				c. Account Code BY		d. Period Begin Balance \$ 1,423.97	
d. Period Begin Balance \$ 1,423.97							
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							
WILLIAM C. PEARSON Printed Name of Signer				Signature of Appointed Treasurer		10/24/2023 Date	
FOR OFFICE USE ONLY							
Date Received: <u>10/24/23</u>		Employee: <u>AC</u>		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed			
Date Postmarked: _____		Employee: _____		<input type="checkbox"/> Signer has not received mandatory training			
Date Scanned: _____		Employee: _____					
Date Data Entered: _____		Employee: _____					
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE	2023 Pre-Election	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 1,423.97 \$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00 \$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00 \$ 3,313.16
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 \$ 6,900.00
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)		\$ 0.00 \$ 10,213.16
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 698.05 \$ 9,024.08
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)	\$ 0.00 \$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 450.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00 \$ 13.16
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 698.05 \$ 9,487.24
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 725.92 \$ 725.92
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 6,900.00
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00
25) Administrative Support	(CRO-1710)	\$ 0.00 \$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00 \$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00 \$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00 \$ 0.00

Disbursements

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	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payer 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:	
ACCU COPY 322 JOHN ST GOLDSBORO, NC 27530-3602		d. Comments e. Election Sum to Date \$ 2,017.57	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Debit Card	B	10/02/2023
4. Payer 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:	
META PLATFORMS, INC. 1601 WILLOW RD MENLO PARK, CA 94025 (650) 543-4800		d. Comments e. Election Sum to Date \$ 99.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Debit Card	A	10/06/2023
4. Payer 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:	
MICHAELS 401 N BERKELEY BLVD GOLDSBORO, NC 27534 (919) 778-1958		d. Comments e. Election Sum to Date \$ 66.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Debit Card	B	10/05/2023
1	Debit Card	B	10/19/2023
S. Total only this Page			
\$ 215.08			
6. Total of ALL CRO-1310 Pages			
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			
\$ 698.05			
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>			
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

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			
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
AILEEN ROWE 913 E ELM STREET GOLDSBORO, NC 27530					
		c. Level Registered (Specify)	e. Election Sum to Date		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 445.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	10/19/2023	\$ 445.00	22. GOTV - Poll Workers
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
SHEETZ 1001 N SPENCE AVE GOLDSBORO, NC 27530 (919) 778-8515					
		c. Level Registered (Specify)	e. Election Sum to Date		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 37.97		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	10/10/2023	\$ 37.97	21. GOTV-Door-to-Door
				\$	
5. Total only this Page				\$ 482.97	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$ 698.05	
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)					

Outstanding Loans

Amendment
Pg 1 of 2 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE			
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		c. Employer's Name/Specific Field SELF EMPLOYED	
		d. Comments e. Start Date (mm/dd/yyyy) 07/06/2023	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 300.00	\$ 300.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		c. Employer's Name/Specific Field SELF EMPLOYED	
		d. Comments e. Start Date (mm/dd/yyyy) 07/24/2023	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 2,000.00	\$ 2,000.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		c. Employer's Name/Specific Field SELF EMPLOYED	
		d. Comments e. Start Date (mm/dd/yyyy) 07/25/2023	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 600.00	\$ 600.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 2,900.00	
5. Total of ALL CRO-1430 Pages		\$ 6,900.00	
<small>(This line must be on line 31 of Detailed Summary Page CRO-1180)</small>			

Outstanding Loans

Pg 2 of 2 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE			
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR	e. Start Date (mm/dd/yyyy)
		SELF EMPLOYED	07/26/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 2,000.00	\$ 2,000.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533		BAIL BONDSMAN / PRIVATE INVESTIGATOR	e. Start Date (mm/dd/yyyy)
		SELF EMPLOYED	04/28/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%		\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533		BAIL BONDSMAN / PRIVATE INVESTIGATOR	e. Start Date (mm/dd/yyyy)
		SELF EMPLOYED	06/12/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%		\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 4,000.00	
5. Total of ALL CRO-1430 Pages (This line will be on the 21 of Detailed Summary Page CRO-1100)		\$ 6,900.00	