

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		
THE GAYLOR FOR GOLDSBORO COMMITTEE			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
702 PARK AVENUE GOLDSBORO, NC 27530	10/30/2023		
	e. Phone Number (919) 273-3084		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	09/26/2023	10/23/2023	CHARLES PARSON GAYLOR IV

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
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special	<input type="checkbox"/> Final	
	<input type="checkbox"/> Special	

10. Special Report Name

3. Account Information

a. Financial Institution Full Name

NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION

b. Purpose

GENERAL OPERATING ACCOUNT

c. Account Code

001

3. Account Information

a. Financial Institution Full Name

RECEIVED
WCBOE

b. Purpose

OCT 30 2023

c. Account Code

6. Period Begin Balance

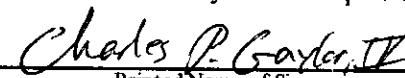
\$

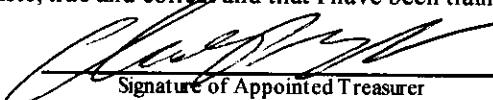
d. Period Begin Balance

\$

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


Printed Name of Signer


Signature of Appointed Treasurer

10/30/2023

Date

FOR OFFICE USE ONLY

Date Received:

10/30/23

Employee:

AC

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Signer has not received mandatory training

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

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

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE	2023 Pre-Election		
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ 9,939.31 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 75.00 \$ 1,177.00	
6) Contributions from Individuals	(CRO-1210)	\$ 3,835.03 \$ 41,027.53	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00 \$ 0.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00 \$ 0.00	
9) Loan Proceeds	(CRO-1410)	\$ 0.00 \$ 2,000.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00 \$ 0.00	
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00 \$ 0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00 \$ 0.00	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00 \$ 0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00 \$ 0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00 \$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 3,910.03 \$ 44,204.53	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 7,947.60 \$ 37,801.08	
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)	\$ 88.62 \$ 392.83	
15) Loan Repayments	(CRO-1420)	\$ 0.00 \$ 0.00	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00 \$ 0.00	
17) In-Kind Contributions	(CRO-1510)	\$ 1,135.03 \$ 1,332.53	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9,171.25 \$ 39,526.44	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,678.09 \$ 4,678.09	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2,000.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00 \$ 0.00	
26) Forgiven Loans	(CRO-1440)	\$ 0.00 \$ 0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00 \$ 0.00	
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00 \$ 0.00	

Aggregated Contributions from IndividualsPage 1 of 1Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. 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	001	Check		10/02/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		09/26/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 75.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 75.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Amendment
Pg 1 of 6 Yes No

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

1. Committee Full Name (and Fund if applicable) THE GAYLOR 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)			b. Job Title/Profession	d. Comments	
PAUL D BRIDGERS JR 306 CASHWELL DRIVE GOLDSBORO, NC 27534			NO PROFESSION OR JOB TITLE c. Employer's Name/Specific Field NOT WORKING	e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		
<input type="checkbox"/>	001	Check		09/26/2023	\$ 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)			b. Job Title/Profession	d. Comments	
JIMMIE EDUMUNDSON 109 DUVAL DRIVE GOLDSBORO, NC 27530			NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT EMPLOYED	e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		
<input type="checkbox"/>	001	Check		09/30/2023	\$ 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)			b. Job Title/Profession	d. Comments	
RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530			TEACHER c. Employer's Name/Specific Field WAYNE COUNTRY DAY SCHOOL	e. Election Sum to Date \$ 1,354.06	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		
<input type="checkbox"/>	001	In-Kind	PRIMARY ELECTION NIGHT GATHERING	10/10/2023	\$ 217.34
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 717.34
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,835.03

Contributions from Individuals

Pg 2 of 6 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession ATTORNEY	d. Comments	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084			c. Employer's Name/Specific Field COMMUNITY CARE OF NORTH CAROLINA, INC.	e. Election Sum to Date \$ 2,577.15	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	In-Kind	SPEEDWAY - POLL SNACKS	09/28/2023	\$ 12.42
<input type="checkbox"/>	001	In-Kind	JERSEY MIKE'S - POLL WORKER MEALS	09/28/2023	\$ 44.85
<input type="checkbox"/>	001	In-Kind	SMITHFIELD'S CHICKEN & BBQ - POLL WORKER	09/29/2023	\$ 46.37
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession ATTORNEY	d. Comments	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084			c. Employer's Name/Specific Field COMMUNITY CARE OF NORTH CAROLINA, INC.	e. Election Sum to Date \$ 2,577.15	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	In-Kind	CARLIE C'S - POLL SNACKS	10/02/2023	\$ 48.70
<input type="checkbox"/>	001	In-Kind	KFC - POLL WORKER MEALS	10/05/2023	\$ 33.59
<input type="checkbox"/>	001	In-Kind	STAPLES - OFFICE SUPPLIES - STICKERS	10/09/2023	\$ 24.54
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession ATTORNEY	d. Comments	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084			c. Employer's Name/Specific Field COMMUNITY CARE OF NORTH CAROLINA, INC.	e. Election Sum to Date \$ 2,577.15	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	In-Kind	GOTV - EZTEXTING.COM	10/10/2023	\$ 28.71
<input type="checkbox"/>	001	In-Kind	CHICK-FIL-A - POLL WORKER MEALS	10/10/2023	\$ 221.24
<input type="checkbox"/>	001	In-Kind	GOTV - EZTEXTING.COM	10/19/2023	\$ 90.38
4. Total only this Page					\$ 550.80
5. Total of ALL CRO-1210 Pages					\$ 3,835.03
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 3 of 6 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)					
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession ATTORNEY		d. Comments	
		c. Employer's Name/Specific Field COMMUNITY CARE OF NORTH CAROLINA, INC.		e. Election Sum to Date \$ 2,577.15	
		f. Prior <input type="checkbox"/> 001 <input type="checkbox"/> In-Kind <input type="checkbox"/> GOTV - EZTEXTING.COM <input type="checkbox"/> 10/21/2023 <input type="checkbox"/> \$ 26.35			
		<input type="checkbox"/> <input type="checkbox"/> <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)					
BRADFORD GURLEY 105 NORTH CLAIBORNE STREET GOLDSBORO, NC 27530					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession REALTOR		d. Comments	
		c. Employer's Name/Specific Field BRAD GURLEY REAL ESTATE		e. Election Sum to Date \$ 500.00	
		f. Prior <input type="checkbox"/> 001 <input type="checkbox"/> Check <input type="checkbox"/> 10/14/2023 <input type="checkbox"/> \$ 500.00			
		<input type="checkbox"/> <input type="checkbox"/> <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)					
REX W HARRIS PO BOX 328 GOLDSBORO, NC 27533					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession NO PROFESSION OR JOB TITLE		d. Comments	
		c. Employer's Name/Specific Field NOT WORKING		e. Election Sum to Date \$ 200.00	
		f. Prior <input type="checkbox"/> 001 <input type="checkbox"/> Check <input type="checkbox"/> 09/26/2023 <input type="checkbox"/> \$ 200.00			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
4. Total only this Page <input type="checkbox"/> \$ 726.35					
5. Total of ALL CRO-1210 Pages <input type="checkbox"/> \$ 3,835.03 <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

Pg 4 of 6 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession PRESIDENT	d. Comments		
JAMES MAXWELL III 238 RIDGEWOOD DRIVE GOLDSBORO, NC 27534		c. Employer's Name/Specific Field GOLDSBORO MILLING COMPANY	e. Election Sum to Date \$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		10/14/2023	\$ 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)		b. Job Title/Profession EMERGENCY MEDICAL SCIENCES COORDINATOR	d. Comments		
FREDERIC MCCALL III 120 DOBBS PLACE GOLDSBORO, NC 27534		c. Employer's Name/Specific Field WAYNE COMMUNITY COLLEGE	e. Election Sum to Date \$ 840.54		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	In-Kind	TENTS AND CHAIRS FOR POLLS	10/10/2023	\$ 340.54
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession TEACHER	d. Comments		
SEELY NIXON 205 RANDALL LANE APT 5 GOLDSBORO, NC 27534		c. Employer's Name/Specific Field WAYNE COUNTY PUBLIC SCHOOLS	e. Election Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Credit Card		10/01/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 690.54	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>				\$ 3,835.03	

Contributions from Individuals

Pg 5 of 6 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number																											
THE GAYLOR FOR GOLDSBORO COMMITTEE																													
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td>JOHN B PARKER 210 MALLOY STREET SUITE 1 GOLDSBORO, NC 27534</td> <td>CERTIFIED PUBLIC ACCOUNTANT c. Employer's Name/Specific Field PARKER AND PARKER, PA</td> <td colspan="4"></td> </tr> <tr> <td></td> <td></td> <td colspan="4">e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="4">\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				JOHN B PARKER 210 MALLOY STREET SUITE 1 GOLDSBORO, NC 27534	CERTIFIED PUBLIC ACCOUNTANT c. Employer's Name/Specific Field PARKER AND PARKER, PA							e. Election Sum to Date						\$ 100.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																											
JOHN B PARKER 210 MALLOY STREET SUITE 1 GOLDSBORO, NC 27534	CERTIFIED PUBLIC ACCOUNTANT c. Employer's Name/Specific Field PARKER AND PARKER, PA																												
		e. Election Sum to Date																											
		\$ 100.00																											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																								
<input type="checkbox"/>	001	Check		10/05/2023	\$ 100.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td>JAMES SCOTT 1901 EAST WALNUT STREET GOLDSBORO, NC 27530</td> <td>GENERAL CONTRACTOR c. Employer's Name/Specific Field SCOTT CONSTRUCTION</td> <td colspan="4"></td> </tr> <tr> <td></td> <td></td> <td colspan="4">e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="4">\$ 200.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				JAMES SCOTT 1901 EAST WALNUT STREET GOLDSBORO, NC 27530	GENERAL CONTRACTOR c. Employer's Name/Specific Field SCOTT CONSTRUCTION							e. Election Sum to Date						\$ 200.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																											
JAMES SCOTT 1901 EAST WALNUT STREET GOLDSBORO, NC 27530	GENERAL CONTRACTOR c. Employer's Name/Specific Field SCOTT CONSTRUCTION																												
		e. Election Sum to Date																											
		\$ 200.00																											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																								
<input type="checkbox"/>	001	Check		10/15/2023	\$ 200.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="4">d. Comments</td> </tr> <tr> <td>HENRY SMITH 126 PINERIDGE LANE GOLDSBORO, NC 27534</td> <td>ATTORNEY c. Employer's Name/Specific Field WARREN, KERR, WALSTON, TAYLOR & SMITH LLP</td> <td colspan="4"></td> </tr> <tr> <td></td> <td></td> <td colspan="4">e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="4">\$ 200.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments				HENRY SMITH 126 PINERIDGE LANE GOLDSBORO, NC 27534	ATTORNEY c. Employer's Name/Specific Field WARREN, KERR, WALSTON, TAYLOR & SMITH LLP							e. Election Sum to Date						\$ 200.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																											
HENRY SMITH 126 PINERIDGE LANE GOLDSBORO, NC 27534	ATTORNEY c. Employer's Name/Specific Field WARREN, KERR, WALSTON, TAYLOR & SMITH LLP																												
		e. Election Sum to Date																											
		\$ 200.00																											
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																								
<input type="checkbox"/>	001	Check		09/29/2023	\$ 200.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
4. Total only this Page \$ 500.00																													
5. Total of ALL CRO-1210 Pages \$ 3,835.03 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>																													

Contributions from Individuals

Pg 6 of 6 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number													
THE GAYLOR FOR GOLDSBORO COMMITTEE															
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove													
<table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td colspan="2">NO JOB TITLE OR PROFESSION</td> <td rowspan="3"></td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="2">NOT EMPLOYED</td> </tr> </table>		a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	NO JOB TITLE OR PROFESSION			c. Employer's Name/Specific Field		NOT EMPLOYED		<table border="1"> <tr> <td>e. Election Sum to Date</td> </tr> <tr> <td>\$ 2,550.00</td> </tr> </table>		e. Election Sum to Date	\$ 2,550.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
NO JOB TITLE OR PROFESSION															
c. Employer's Name/Specific Field															
NOT EMPLOYED															
e. Election Sum to Date															
\$ 2,550.00															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	001	Check		09/28/2023	\$ 150.00										
<input type="checkbox"/>	001	Check		10/16/2023	\$ 300.00										
<input type="checkbox"/>					\$										
3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove													
<table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td>d. Comments</td> </tr> <tr> <td colspan="2">NO JOB TITLE OR PROFESSION</td> <td rowspan="3"></td> </tr> <tr> <td colspan="2">c. Employer's Name/Specific Field</td> </tr> <tr> <td colspan="2">NOT WORKING</td> </tr> </table>		a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	NO JOB TITLE OR PROFESSION			c. Employer's Name/Specific Field		NOT WORKING		<table border="1"> <tr> <td>e. Election Sum to Date</td> </tr> <tr> <td>\$ 200.00</td> </tr> </table>		e. Election Sum to Date	\$ 200.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
NO JOB TITLE OR PROFESSION															
c. Employer's Name/Specific Field															
NOT WORKING															
e. Election Sum to Date															
\$ 200.00															
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>	001	Check		10/05/2023	\$ 200.00										
<input type="checkbox"/>					\$										
<input type="checkbox"/>					\$										
4. Total only this Page					\$ 650.00										
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,835.03										

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			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. 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	
ACCUCOPY 322 N JOHN STREET GOLDSBORO, NC 27530					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$ 4,584.66	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
001	Check	B	10/03/2023	\$ 2,132.81	15. Print Media
				\$	
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	
BEA APPLEWHITE 205 VINEWOOD AVENUE GOLDSBORO, NC 27530					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$ 150.00	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
001	Check	O	10/16/2023	\$ 150.00	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	
ANDREA BRASWELL 601 EAST SPRUCE STREET GOLDSBORO, NC 27530					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$ 150.00	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks					
001	Check	O	10/12/2023	\$ 150.00	22. GOTV - Poll Workers
				\$	
5. Total only this Page \$ 2,432.81					
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
<i>* Codes require detailed explanation in required remarks field (k)</i>					

Disbursements

Amendment

Pg 2 of 7 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number																									
THE GAYLOR FOR GOLDSBORO COMMITTEE																											
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																											
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees																									
		<input type="checkbox"/> Coordinated Party Expenditures																									
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333</td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="2">\$ 4,650.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments		CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333					c. Level Registered (Specify)				<input type="checkbox"/> Federal	<input type="checkbox"/> County:			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date			\$ 4,650.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																									
CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333																											
	c. Level Registered (Specify)																										
	<input type="checkbox"/> Federal	<input type="checkbox"/> County:																									
	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date																								
		\$ 4,650.00																									
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
001	Check	O	10/12/2023	\$ 1,500.00	36. Consultant-GOTV																						
				\$																							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>JAYLA COATES 506 KING DRIVE GOLDSBORO, NC 27530</td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="2">\$ 125.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments		JAYLA COATES 506 KING DRIVE GOLDSBORO, NC 27530					c. Level Registered (Specify)				<input type="checkbox"/> Federal	<input type="checkbox"/> County:			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date			\$ 125.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																									
JAYLA COATES 506 KING DRIVE GOLDSBORO, NC 27530																											
	c. Level Registered (Specify)																										
	<input type="checkbox"/> Federal	<input type="checkbox"/> County:																									
	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date																								
		\$ 125.00																									
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
001	Check	O	10/11/2023	\$ 125.00	22. GOTV - Poll Workers																						
				\$																							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>JAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860</td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td>c. Level Registered (Specify)</td> <td colspan="2"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td></td> <td></td> <td colspan="2">\$ 330.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments		JAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860					c. Level Registered (Specify)				<input type="checkbox"/> Federal	<input type="checkbox"/> County:			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date			\$ 330.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																									
JAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860																											
	c. Level Registered (Specify)																										
	<input type="checkbox"/> Federal	<input type="checkbox"/> County:																									
	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date																								
		\$ 330.00																									
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																						
001	Debit Card	A	10/17/2023	\$ 20.00	34. Consultant Media																						
				\$																							
5. Total only this Page				\$ 1,645.00																							
6. Total of ALL CRO-1310 Pages				<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>																							
7. Purpose Codes (List detailed expenditure code in (h.) above)																											
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																								
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses																								
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																								
O* Other																											
* Codes require detailed explanation in required remarks field (k)																											

Disbursements

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELIZABETH LEWIS 104 SOUTH ALABAMA AVENUE GOLDSBORO, NC 27530		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
001	Check	O	10/17/2023
			\$
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) NADINE MCEACHERN 206 GERALD LANE GOLDSBORO, NC 27530		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 1,250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
001	Check	O	10/02/2023
001	Check	O	10/12/2023
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MEDIA PUBLISHING LLC 122 SOUTH BERKELEY BLVD SUITE 3 GOLDSBORO, NC 27534		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 \$ 450.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
001	Check	A	09/27/2023
001	Check	A	10/23/2023
THE BUZZ			
5. Total only this Page \$ 1,150.00			
6. Total of ALL CRO-1310 Pages \$ 7,947.60			
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			
7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

Disbursements

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. 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		
KATURA MOORE 511 CARDINAL DRIVE GOLDSBORO, NC 27530					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
			\$ 150.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	10/12/2023	\$ 150.00	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		
DEMETRIUS MORGAN 116 WOODSIDE CIRCLE GOLDSBORO, NC 27530					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	10/11/2023	\$ 150.00	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		
TARESSA ROBERTS 100 CROSSCUT PLACE GOLDSBORO, NC 27534					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
				\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	10/16/2023	\$ 150.00	22. GOTV - Poll Workers
				\$	
5. Total only this Page					\$ 450.00
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 7,947.60
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 <i>* Codes require detailed explanation in required remarks field (k)</i>					

Disbursements

Amendment

Pg 5 of 7 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CYNTHIA ROBINSON 508 KING DRIVE GOLDSBORO, NC 27530		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 150.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
001	Check	O	10/13/2023		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	10/13/2023	\$ 150.00	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) SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 5,462.31		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	B	10/11/2023	\$ 1,446.46	15. Print Media - YARD
				\$	SIGNS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DISHANDA WEEKS 206 KELLER WAY DRIVE APT A-1 GOLDSBORO, NC 27530		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 150.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	O	10/16/2023	\$ 150.00	22. GOTV - Poll Workers
				\$	
5. Total only this Page				\$	1,746.46
6. Total of ALL CRO-1310 Pages				\$	7,947.60
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$	7,947.60
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Amendment

Pg 6 of 7 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE GAYLOR FOR GOLDSBORO COMMITTEE						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. 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	
WANDA WEEKS 1401 ST. JOHN STREET APT D GOLDSBORO, NC 27530			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	O	10/12/2023	\$ 150.00	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	
BRADRICK WILLIAMS 702 CLAIBORNE STREET GOLDSBORO, NC 27530			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	O	10/11/2023	\$ 150.00	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	
JUDY WOOTEN 202 VINWOOD AVENUE GOLDSBORO, NC 27530			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	O	10/12/2023	\$ 150.00	22. GOTV - Poll Workers	
				\$		
5. Total only this Page						\$ 450.00
6. Total of ALL CRO-1310 Pages						\$ 7,947.60
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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

1. Committee Full Name (and Fund if applicable)		2. ID Number				
THE GAYLOR FOR GOLDSBORO COMMITTEE						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. 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		
ZAZZLE INC. 1200 CHESTNUT STREET MENLO PARK, CA 94025						
c. Level Registered (Specify)						
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date				
						\$ 114.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Debit Card	B	10/17/2023	\$ 73.33	15. Print Media	
				\$		
5. Total only this Page						\$ 73.33
6. Total of ALL CRO-1310 Pages						\$ 7,947.60
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

CRO-1310

NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Page 1 of 1Amendment
 Yes No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	001	Debit Card	O	10/17/2023	\$ 20.62	56. Charitable Donation
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Check	O	10/13/2023	\$ 50.00	22. GOTV - Poll Workers
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Draft	C	10/03/2023	\$ 3.20	27. Payment Processing Fee
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Draft	C	10/13/2023	\$ 14.80	27. Payment Processing Fee
<input type="checkbox"/> Remove						

4. Total only this Page

\$ 88.62

5. Total of ALL CRO-1315 Pages

(This line must be on line 14 of Detailed Summary Page CRO-1100)

\$ 88.62

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)**

In-Kind Contributions

Amendment

Pg 1 of 2 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. Committee Full Name (and Fund if applicable)		2. ID Number
THE GAYLOR FOR GOLDSBORO COMMITTEE		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 1,354.06
e. Description PRIMARY ELECTION NIGHT GATHERING FOOD	f. Date (mm/dd/yyyy) 10/10/2023	g. Fair Market Amount \$ 217.34
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 2,577.15
e. Description SPEEDWAY - POLL SNACKS	f. Date (mm/dd/yyyy) 09/28/2023	g. Fair Market Amount \$ 12.42
JERSEY MIKE'S - POLL WORKER MEALS	09/28/2023	\$ 44.85
SMITHFIELD'S CHICKEN & BBQ - POLL WORKER MEALS	09/29/2023	\$ 46.37
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 2,577.15
e. Description CARLIE C'S - POLL SNACKS	f. Date (mm/dd/yyyy) 10/02/2023	g. Fair Market Amount \$ 48.70
KFC - POLL WORKER MEALS	10/05/2023	\$ 33.59
STAPLES - OFFICE SUPPLIES - STICKERS	10/09/2023	\$ 24.54
4. Total only this Page		\$ 427.81
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,135.03

In-Kind Contributions

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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. 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	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		c. Comments d. Election Sum to Date \$ 2,577.15	
e. Description GOTV - EZTEXTING.COM		f. Date (mm/dd/yyyy) 10/10/2023	
		g. Fair Market Amount \$ 28.71	
CHICK-FIL-A - POLL WORKER MEALS		10/10/2023	
		\$ 221.24	
GOTV - EZTEXTING.COM		10/19/2023	
		\$ 90.38	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		c. Comments d. Election Sum to Date \$ 2,577.15	
e. Description GOTV - EZTEXTING.COM		f. Date (mm/dd/yyyy) 10/21/2023	
		g. Fair Market Amount \$ 26.35	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
FREDERIC MCCALL III 120 DOBBS PLACE GOLDSBORO, NC 27534		c. Comments d. Election Sum to Date \$ 840.54	
e. Description TENTS AND CHAIRS FOR POLLS		f. Date (mm/dd/yyyy) 10/10/2023	
		g. Fair Market Amount \$ 340.54	
		\$	
		\$	
4. Total only this Page \$ 707.22			
5. Total of ALL CRO-1510 Pages \$ 1,135.03 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			

Outstanding Loans

Amendment
Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number																									
THE GAYLOR FOR GOLDSBORO COMMITTEE																											
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084</td> <td>ATTORNEY</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td colspan="2">e. Start Date (mm/dd/yyyy)</td> </tr> <tr> <td></td> <td>COMMUNITY CARE OF NORTH CAROLINA, INC.</td> <td colspan="2">01/10/2023</td> </tr> <tr> <td></td> <td></td> <td colspan="2">f. End Date (mm/dd/yyyy)</td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments		CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084	ATTORNEY				c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)			COMMUNITY CARE OF NORTH CAROLINA, INC.	01/10/2023				f. End Date (mm/dd/yyyy)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																									
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084	ATTORNEY																										
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	COMMUNITY CARE OF NORTH CAROLINA, INC.	01/10/2023																									
		f. End Date (mm/dd/yyyy)																									
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance																								
%		\$ 500.00	\$ 500.00																								
k. Full Name of Lending Institution		l. Loan Number																									
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084</td> <td>ATTORNEY</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td colspan="2">e. Start Date (mm/dd/yyyy)</td> </tr> <tr> <td></td> <td>COMMUNITY CARE OF NORTH CAROLINA, INC.</td> <td colspan="2">01/20/2023</td> </tr> <tr> <td></td> <td></td> <td colspan="2">f. End Date (mm/dd/yyyy)</td> </tr> <tr> <td></td> <td></td> <td colspan="2"></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments		CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084	ATTORNEY				c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)			COMMUNITY CARE OF NORTH CAROLINA, INC.	01/20/2023				f. End Date (mm/dd/yyyy)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																									
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084	ATTORNEY																										
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)																									
	COMMUNITY CARE OF NORTH CAROLINA, INC.	01/20/2023																									
		f. End Date (mm/dd/yyyy)																									
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance																								
%		\$ 1,500.00	\$ 1,500.00																								
k. Full Name of Lending Institution		l. Loan Number																									
4. Total only this Page \$ 2,000.00																											
5. Total of ALL CRO-1430 Pages \$ 2,000.00 <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>																											