# 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**

COMMITTEE TO ELECT RAYMOND SMITH

RECEIVED
WCBOE
OCT 3 0 2023
BY _____

**c. ID Number**

**b. Mailing Address (include City, State and Zip Code)**

P.O.BOX 10772
GOLDSBORO, NC 27532

**d. Date Filed**

10/28/2023

**e. Phone Number**

(919) 648-6149

| 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 | SUSAN THOMPSON |

### 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
2

### 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 | |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**10. Special Report Name**

## 3. Account Information

**a. Financial Institution Full Name**

SOUTHERN BANK

| b. Purpose | c. Account Code |
|---|---|
| CAMPAIGN FUNDS, POLITICAL ACTIVITY FUNDS, & EXPENDITURES | 4 |
| | **d. Period Begin Balance** $ |

## 3. Account Information

**a. Financial Institution Full Name**

| 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

SUSAN THOMPSON
Printed Name of Signer

_Susan Thompson_
Signature of Appointed Treasurer

10/28/2023
Date

## FOR OFFICE USE ONLY

Date Received: 10.30.23    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

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

Amendment
☐ Yes    ☒ No

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
|---|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | 2023 Pre-Election | |

| Start of Election Cycle: January 1, ___2023___ | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 4) Cash on Hand at Start | | $ 3,921.76 | $ 0.00 |

## RECEIPTS

| | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 5) Aggregated Contributions from Individuals | (CRO-1205) | $ 570.00 | $ 1,856.75 |
| 6) Contributions from Individuals | (CRO-1210) | $ 5.785.00 | $ 26,470.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | $ 0.00 | $ 300.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | $ 0.00 | $ 300.00 |
| 9) Loan Proceeds | (CRO-1410) | $ 0.00 | $ 200.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | $ 5.29 | $ 55.30 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | $ 0.00 | $ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | $ 2,200.00 | $ 2,200.00 |
| 11c) Outside Sources of Income | (CRO-1250) | $ 1,300.00 | $ 1,300.00 |
| 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) | | $ 9,860.29 | $ 32,682.05 |

## EXPENDITURES

| | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | $ 10,213.12 | $ 25,887.10 |
| 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) | $ 407.85 | $ 1,308.12 |
| 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) | $ 75.00 | $ 2,400.75 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | $ 10,695.97 | $ 29,595.97 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | $ 3,086.08 | $ 3,086.08 |

## ADDITIONAL INFORMATION

| | | | |
|---|---|---|---|
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | $ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | $ 200.00 | |
| 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 |

CRO-1100                    NC State Board of Elections                    August 2008

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 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 | 4 | Check | | 09/26/2023 | $ 25.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 4 | Check | | 10/18/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 4 | Check | | 10/18/2023 | $ 25.00 |
| ☐ Add ☐ Remove | 4 | Electric Funds Tran | | 10/01/2023 | $ 25.00 |
| ☐ Add ☐ Remove | 4 | Electric Funds Tran | | 10/08/2023 | $ 25.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 30.00 |
| ☐ Add ☐ Remove | 4 | Check | | 10/18/2023 | $ 40.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 25.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 50.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 25.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 25.00 |
| ☐ Add ☐ Remove | 4 | Check | | 09/26/2023 | $ 25.00 |

| 4. Total only this Page | $ $570.00 |
|---|---|
| **5. Total of ALL CRO-1205 Pages** *(This line must be on line 5 of Detailed Summary Page CRO-1100)* | $ $570.00 |

CRO-1205      NC State Board of Elections      April 2007

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 3. Contributor Information    ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| VERNETTA ALSTON 3433 DOVER ROAD DURHAM, NC 27707 | DEVELOPER | |
| | c. Employer's Name/Specific Field | |
| | SELF | |
| | | 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 |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 10/05/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information    ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| JAMES BARNES 200 CRICKET HOLLOW RUN CLAYTON, NC 27520 (919) 920-2159 | QUALITY MANAGER | |
| | c. Employer's Name/Specific Field | |
| | GRIFOLS | |
| | | e. Election Sum to Date |
| | | $ 1,000.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 10/07/2023 | $ 1,000.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information    ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| HELEN COGDELL 1307 HAMILTON DRIVE GOLDSBORO, NC 27530 (919) 735-9870 | UNEMPLOYED | |
| | c. Employer's Name/Specific Field | |
| | | |
| | | 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 |
|---|---|---|---|---|---|
| ☐ | 4 | Check | | 09/26/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| 4. Total only this Page | $ 1,200.00 |
|---|---|
| 5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 5,785.00 |

CRO-1210                NC State Board of Elections                April 2007

# Contributions from Individuals

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

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| JACKIE COLEY<br>1749 TOMMYS ROAD<br>GOLDSBORO, NC 27534<br>(919) 735-3932 | BEHAVIOR SPECIALIST | |
| | c. Employer's Name/Specific Field | |
| | NCDPS | |
| | | e. Election Sum to Date |
| | | $ 60.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 10/21/2023 | $ 60.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| RICHARD COLEY<br>1438 BURRELL AVENUYE NW<br>CONCORD`, NC 28027<br>(919) 272-4689 | NOT EMPLOYED | |
| | c. Employer's Name/Specific Field | |
| | | |
| | | 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 |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 10/17/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| NICHOLE DIXON<br>410 PLANTERS RIDGE DRIVE<br>PIKEVILLE, NC 27863 | EDUCATIONAL SERVICES | |
| | c. Employer's Name/Specific Field | |
| | LADGOV CORP | |
| | | e. Election Sum to Date |
| | | $ 275.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 10/03/2023 | $ 50.00 |
| ☐ | 4 | Electric Funds Tran | | 10/15/2023 | $ 50.00 |
| ☐ | 4 | In-Kind | DONATION (VFW) VETERANS FOREIGN | 10/22/2023 | $ 75.00 |

| 4. Total only this Page | $ 335.00 |
|---|---|
| **5. Total of ALL CRO-1210 Pages** <br> *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 5,785.00 |

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 3. Contributor Information   ☐ Add   ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| BERNARD FEATHERSON<br>215 EDGEBROOK DRIVE<br>PIKEVILLE, NC 27863 | RETIRED MILITARY | |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date<br>$ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Check | | 10/10/2023 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information   ☐ Add   ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| SHIRLEY FIELDS<br>1602 TOMMY'S ROAD<br>GOLDSBORO, NC 27534 | RETIRED EDUCATOR | |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date<br>$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Check | | 10/18/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information   ☐ Add   ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| JAMES GAILLIARD<br>9121 W. MOUNT DRIVE<br>ROCKY MOUNT, NC 27803<br>(252) 292-9592 | PASTOR | |
| | c. Employer's Name/Specific Field | |
| | WORD TABERNACLE CHURCH | e. Election Sum to Date<br>$ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 10/13/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| 4. Total only this Page | $ 650.00 |
|---|---|
| 5. Total of ALL CRO-1210 Pages<br>*(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 5,785.00 |

CRO-1210                    NC State Board of Elections                    April 2007

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 3. Contributor Information    ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| ZACK HAWKINS 130 ELMSFORD STREET DURHAM, NC 27703 | DEVELOPMENT OFFICER | |
| | c. Employer's Name/Specific Field | |
| | UNC-CH | 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 |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 10/21/2023 | $ 250.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information    ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| CURTIS INMAN 503 STADIUM DRIVE GOLDSBORO, NC 27530 | RETIRED | |
| | c. Employer's Name/Specific Field | |
| | U.S. ARMY | e. Election Sum to Date $ 2,000.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Check | | 10/16/2023 | $ 2,000.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information    ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| JOE JACKSON 102 MISTY LANE GOLDSBORO, NC 27530 (919) 736-3302 | PASTOR | |
| | c. Employer's Name/Specific Field | |
| | BEST GROVE M.B. CHURCH | e. Election Sum to Date $ 150.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☒ | 4 | Electric Funds Tran | | 07/05/2023 | $ 50.00 |
| ☐ | 4 | Electric Funds Tran | | 10/11/2023 | $ 100.00 |
| ☐ | | | | | $ |

| 4. Total only this Page | $ 2,350.00 |
|---|---|
| 5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 5,785.00 |

CRO-1210                    NC State Board of Elections                    April 2007

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| COMATHA JOHNSON 709 ROBINSON PLACE GOLDSBORO, NC 27530 | NOT WORKING | |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date $ 400.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Check | | 10/16/2023 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| TRACY LEWIS 107 HARDING PLACE GOLDSBORO, NC 27534 (919) 922-0053 | SOCIAL WORKER | |
| | c. Employer's Name/Specific Field VA | |
| | | e. Election Sum to Date $ 1,628.73 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Check | | 10/10/2023 | $ 150.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| ROY MASON 802 HARRIS STREET GOLDSBORO, NC 27530 | UNEMPLOYED | |
| | c. Employer's Name/Specific Field | |
| | | 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 |
|---|---|---|---|---|---|
| ☐ | 4 | Check | | 09/26/2023 | $ 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)* | $ 5,785.00 |

CRO-1210        NC State Board of Elections        April 2007

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 3. Contributor Information  ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| GARY PACKER<br>146 SOUTH MARION DRIVE<br>GOLDSBORO, NC 27534<br>(919) 221-4176 | NOT WORKING<br><br>c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date<br>$ 200.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 09/29/2023 | $ 50.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information  ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| CARLOS PRIVETTE<br>288 TALLOWWOOD DRIVE<br>GARNER, NC 27529<br>(919) 601-9876 | NOT EMPLOYED<br><br>c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date<br>$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 10/08/2023 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

### 3. Contributor Information  ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| CARL SAMPSON<br>825 SHERMAN AVENUE<br>HAMDEN, CT 06514 | UNEMPLOYED<br><br>c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date<br>$ 125.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Money Order | | 09/26/2023 | $ 125.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| 4. Total only this Page | $ 275.00 |
|---|---|
| **5. Total of ALL CRO-1210 Pages**<br>*(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 5,785.00 |

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

## 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| MELBA UZZELL<br>1848 TOMMYS ROAD<br>GOLDSBORO, NC 27534 | RETIRED EDUCATOR | |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date<br>$ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☒ | 4 | Check | | 06/24/2023 | $ 50.00 |
| ☐ | 4 | Check | | 10/18/2023 | $ 50.00 |
| ☐ | | | | | $ |

## 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| ROLAND WHITLEY<br>103 LEWEY STONE COURT<br>CARY, NC 27519<br>(973) 476-1595 | ARCHITECT/URBAN PLANNER | |
| | c. Employer's Name/Specific Field | |
| | COMMUNITY TECHNICAL ASSISTANCE | e. Election Sum to Date<br>$ 500.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Electric Funds Tran | | 09/28/2023 | $ 500.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

## 3. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| MAXWELL WILLIAMS<br>205 MCARTHUR STREET<br>GOLDSBORO, NC 27530 | UNEMPLOYED | |
| | c. Employer's Name/Specific Field | |
| | | e. Election Sum to Date<br>$ 125.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 4 | Check | | 09/26/2023 | $ 125.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| 4. Total only this Page | $ 675.00 |
|---|---|
| 5. Total of ALL CRO-1210 Pages<br>*(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 5,785.00 |

CRO-1210      NC State Board of Elections      April 2007

# Refunds/Reimbursements To the Committee

Pg _1_ of _1_

Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

| 3. Contributor Information | ☐ Add ☐ Remove |
|---|---|

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Type of Committee | g. Comments |
|---|---|---|
| STAPLES 1101 B N BERKELEY BOULEVARD GOLDSBORO, NC 27534 (919) 778-1588 | ☐ Candidate ☐ PAC<br>☐ Referendum ☐ Party | PRINTS NOT LEGIBLE, REFUNDED: |

| | e. Level Registered (Specify) | h. Original Expenditure Date |
|---|---|---|
| | ☐ Federal ☐ County:<br>☐ State ☐ Municipality: | 10/09/2023 |

| | | i. Original Expenditure Amt |
|---|---|---|
| | | $ 5.29 |

| b. Job Title/Profession | c. Employer's Name/Specific Field | f. Purpose | j. Election Sum to Date |
|---|---|---|---|
| | | PRINTS NOT LEGIBLE, REFUNDED: | $ 452.66 |

| k. Account Code | l. Form of Payment | m. In-Kind Description | n. Date (mm/dd/yyyy) | o. Amount |
|---|---|---|---|---|
| 4 | Debit Card | | 10/09/2023 | $ 5.29 |

| 4. Total only this Page | $ 5.29 |
|---|---|

| 5. Total of ALL CRO-1240 Pages<br>*(This line must be on line 10 of Detailed Summary Page CRO-1100)* | $ 5.29 |
|---|---|

CRO-1240                NC State Board of Elections                December 2007

# Other Receipt Sources

**Amendment**
☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**3. Type of Receipt Source** *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☐ Interest ☒ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income

### 4. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Not-for-Profit Federal ID # | d. Comments |
|---|---|---|
| DILLARD/GOLDSBORO ALUMNI & FRIENDS, INC. WASHINGTON, D.C. CHAPTER P.O. BOX 0421 UPPER MARLBORO, MD 20773-0421 | c. Outside Source Explanation | |
| | | e. Election Sum to Date $ 200.00 |

| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
|---|---|---|---|---|
| 4 | Check | | 10/02/2023 | $ 200.00 |
| | | | | $ |

### 4. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Not-for-Profit Federal ID # | d. Comments |
|---|---|---|
| OMEGA PSI PHI FRATERNITY P.O. BOX 220 MOUNT OLIVE, NC 28365 | c. Outside Source Explanation | |
| | | e. Election Sum to Date $ 2,000.00 |

| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
|---|---|---|---|---|
| 4 | Check | | 10/10/2023 | $ 2,000.00 |
| | | | | $ |

| 5. Total only this Page | $ 2,200.00 |
|---|---|

| 6. Total of ALL CRO-1250 Pages | |
|---|---|
| *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)* | $ 2,200.00 |

CRO-1250                    NC State Board of Elections                    December 2007

# Other Receipt Sources

**Amendment** ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**3. Type of Receipt Source** *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☐ Interest  ☐ Contributions from Not-for-Profit Organizations  ☒ Outside Sources of Income

## 4. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (Include city, state, & zip) | b. Not-for-Profit Federal ID # | d. Comments |
|---|---|---|
| ALEX-NIC OF NC, INC 102 MILL PLACE GOLDSBORO, NC 27534 | c. Outside Source Explanation | |
| | | e. Election Sum to Date $ 1,000.00 |

| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
|---|---|---|---|---|
| 4 | Check | | 10/18/2023 | $ 1,000.00 |
| | | | | $ |

## 4. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Not-for-Profit Federal ID # | d. Comments |
|---|---|---|
| J M FIELDS ENTERPRISES P.O. BOX 1181 GOLDSBORO, NC 27533 | c. Outside Source Explanation | |
| | | e. Election Sum to Date $ 100.00 |

| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
|---|---|---|---|---|
| 4 | Check | | 09/26/2023 | $ 100.00 |
| | | | | $ |

## 4. Contributor Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Not-for-Profit Federal ID # | d. Comments |
|---|---|---|
| MAX AUTO SRVICES, INC. 807 S. JOHN STREET GOLDSBORO, NC 27530 | c. Outside Source Explanation | |
| | | e. Election Sum to Date $ 200.00 |

| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
|---|---|---|---|---|
| 4 | Check | | 09/26/2023 | $ 200.00 |
| | | | | $ |

| **5. Total only this Page** | $ 1,300.00 |
|---|---|

| **6. Total of ALL CRO-1250 Pages** | |
|---|---|
| *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)* | $ 1,300.00 |

CRO-1250          NC State Board of Elections          December 2007

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| CORINTHUS DELANO 1206 OLD MOUNT OLIVE HIGHWAY DUDLEY, NC 28333 (984) 294-4308 | **c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality: | |
| | | **e. Election Sum to Date** $ 425.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 75.00 | POLL-WORKER |
| | | | | $ | |

### 4. Payee Information    ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| DOWNTOWN GOLDSBORO DEVELOPMENT CORPORATION 219 N. JOHN STREET GOLDSBORO, NC 27530 (919) 735-4959 | **c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality: | |
| | | **e. Election Sum to Date** $ 600.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/12/2023 | $ 600.00 | DOWNTOWN BANQUET |
| | | | | $ | |

### 4. Payee Information    ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| KEN DURHAM 257 MILLERS CHAPEL ROAD GOLDSBORO, NC 27530 (919) 223-7581 | **c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality: | |
| | | **e. Election Sum to Date** $ 130.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 130.00 | POLL-WORKER |
| | | | | $ | |

| 5. Total only this Page | $ 805.00 |
|---|---|

| 6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 10,213.12 |
|---|---|

### 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

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| CAROLYN ELLIS<br>243 GARRIS CHAPEL ROAD<br>LA GRANGE, NC 28551<br>(252) 286-7948 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | CHECK INCORRECTLY DATED 6/10/2023, OPPOSED TO 10/6/2023.<br><br>**e. Election Sum to Date**<br>$ 62.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/06/2023 | $ 62.50 | POLL-WORKER |
| | | | | $ | |

---

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

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| GLORIA EXUM<br>3816 SABRE LANE<br>WILSON, NC 27896<br>(252) 315-6935 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | **e. Election Sum to Date**<br>$ 570.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| | | | | $ | |

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

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| SHERLA EXUM<br>600 LOCKHAVEN COURT<br>APT - 215<br>GOLDSBORO, NC 27534<br>(919) 222-3334 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | **e. Election Sum to Date**<br>$ 1,319.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 09/29/2023 | $ 122.00 | POLL-WORKER |
| 4 | Check | O | 10/06/2023 | $ 82.50 | POLL-WORKER |

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| 5. Total only this Page | $ 417.00 |
|---|---|

| 6. Total of ALL CRO-1310 Pages<br><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)* | $ 10,213.12 |
|---|---|

**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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| SHERLA EXUM<br>600 LOCKHAVEN COURT<br>APT - 215<br>GOLDSBORO, NC 27534<br>(919) 222-3334 | **c. Level Registered (Specify)**<br>☐ Federal   ☐ County:<br>☐ State    ☐ Municipality: | **e. Election Sum to Date**<br>$ 1,319.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/07/2023 | $ 100.00 | POLL-WORKER |
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |

### 4. Payee Information    ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| SHERLA EXUM<br>600 LOCKHAVEN COURT<br>APT - 215<br>GOLDSBORO, NC 27534<br>(919) 222-3334 | **c. Level Registered (Specify)**<br>☐ Federal   ☐ County:<br>☐ State    ☐ Municipality: | **e. Election Sum to Date**<br>$ 1,319.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/20/2023 | $ 150.00 | POLL-WORKER |
| | | | | $ | |

### 4. Payee Information    ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| FIRST AFRICAN BAPTIST CHURCH<br>803 HARRIS STREET<br>GOLDSBORO, NC 27530 | **c. Level Registered (Specify)**<br>☐ Federal   ☐ County:<br>☐ State    ☐ Municipality: | **e. Election Sum to Date**<br>$ 60.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/13/2023 | $ 60.00 | DONATION-BREAST CANCER |
| | | | | $ | |

| 5. Total only this Page | $ 460.00 |
|---|---|

| 6. Total of ALL CRO-1310 Pages | |
|---|---|
| *(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)* | $ 10,213.12 |

### 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 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 |
|---|---|---|
| FIRST FLIGHT STORAGE<br>185 NC HWY 581 SOUTH<br>GOLDSBORO, NC 27530<br>(919) 734-1755 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 573.30 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Draft | FO | 10/01/2023 | $ 67.00 | STORAGE RENTAL FOR SIGNS |
| | | | | $ | |

### 4. Payee Information    ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| TYRONE GARDNER<br>338 SEYMOUR DRIVE<br>GOLDSBORO, NC 27530 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 62.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/23/2023 | $ 62.50 | POLL-WORKER |
| | | | | $ | |

### 4. Payee Information    ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| LARINE GRANT<br>1409 E ELM STREET<br>GOLDSBORO, NC 27530<br>(919) 305-6212 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 332.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 09/29/2023 | $ 62.50 | POLL-WORKER |
| 4 | Check | O | 10/06/2023 | $ 195.00 | POLL-WORKER |

| 5. Total only this Page | $ 387.00 |
|---|---|

| 6. Total of ALL CRO-1310 Pages | |
|---|---|
| *(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)* | $ 10,213.12 |

### 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

# Disbursements

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

Amendment
Pg __5__ of __14__  ☐ Yes  ☒ No

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| LARINE GRANT<br>1409 E ELM STREET<br>GOLDSBORO, NC 27530<br>(919) 305-6212 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | <br>**e. Election Sum to Date**<br><br>$ 332.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 75.00 | POLL-WORKER |
| | | | | $ | |

## 4. Payee Information   ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| NICHELLE GREEN<br>311 DENMARK STREET<br>GOLDSBORO, NC 27530<br>(919) 221-0302 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | CHECK INCORRECTLY DATED 6/10/2023, OPPOSED TO 10/6/2023.<br>**e. Election Sum to Date**<br>$ 395.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/06/2023 | $ 145.00 | POLL-WORKER |
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |

## 4. Payee Information   ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| ROLENZA HATCHER<br>898 PECAN ROAD<br>DUDLEY, NC 28333<br>(919) 738-5106 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | <br>**e. Election Sum to Date**<br>$ 400.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| | | | | $ | |

| 5. Total only this Page | $ 520.00 |
|---|---|

**6. Total of ALL CRO-1310 Pages**

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

$ 10,213.12

## 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

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| SHANIKA HOLDEN<br>P.O. BOX 817<br>FREMONT, NC 27830<br>(919) 920-2122 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | **e. Election Sum to Date**<br>$ 212.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 09/29/2023 | $ 62.50 | POLL-WORKER |
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |

### 4. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| ROSA INGRAM<br>511 N. QUEEN STREET APT C-5<br>KINSTON, NC 28501 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | **e. Election Sum to Date**<br>$ 337.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 09/29/2023 | $ 125.00 | POLL-WORKER |
| 4 | Check | O | 10/06/2023 | $ 62.50 | POLL-WORKER |

### 4. Payee Information ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| ROSA INGRAM<br>511 N. QUEEN STREET APT C-5<br>KINSTON, NC 28501 | **c. Level Registered (Specify)**<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | **e. Election Sum to Date**<br>$ 337.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| | | | | $ | |

| 5. Total only this Page | $ 550.00 |
|---|---|

| 6. Total of ALL CRO-1310 Pages | |
|---|---|
| *(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)* | $ 10,213.12 |

### 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

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| TONY LEE 501 E CHESTNUT STREET GOLDSBORO, NC 27530 (984) 294-1128 | c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality: | e. Election Sum to Date $ 570.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 09/29/2023 | $ 62.50 | POLL-WORKER |
| 4 | Check | O | 10/06/2023 | $ 62.50 | POLL-WORKER |

### 4. Payee Information  ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| TONY LEE 501 E CHESTNUT STREET GOLDSBORO, NC 27530 (984) 294-1128 | c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality: | e. Election Sum to Date $ 570.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| 4 | Check | O | 10/20/2023 | $ 125.00 | POLL-WORKER |

### 4. Payee Information  ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| TIMOTHY LEWIS 908 B AUDUBON STREET GOLDSBORO, NC 27530 (984) 298-1993 | c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality: | e. Election Sum to Date $ 550.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| | | | | $ | |

| 5. Total only this Page | $ 550.00 |
|---|---|

**6. Total of ALL CRO-1310 Pages**

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

$ 10,213.12

### 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| MCCALLS BBQ & SEAFOOD RESTAURANT<br>139 MILLERS CHAPEL ROAD<br>GOLDSBORO, NC 27534 | **c. Level Registered (Specify)**<br>☐ Federal    ☐ County:<br>☐ State    ☐ Municipality: | |
| | | **e. Election Sum to Date**<br>$ 337.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | O | 10/10/2023 | $ 314.16 | PRE-PRIMARY VOTING SESSION |
| | | | | $ | |

### 4. Payee Information    ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| ASHANTI MCLEAN<br>317 DENMARK STREET<br>GOLDSBORO, NC 27530 | **c. Level Registered (Specify)**<br>☐ Federal    ☐ County:<br>☐ State    ☐ Municipality: | |
| | | **e. Election Sum to Date**<br>$ 80.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 80.00 | POLL-WORKER |
| | | | | $ | |

### 4. Payee Information    ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| MOBIL<br>1903 E. ASH STREET<br>GOLDSBORO, NC 27530 | **c. Level Registered (Specify)**<br>☐ Federal    ☐ County:<br>☐ State    ☐ Municipality: | |
| | | **e. Election Sum to Date**<br>$ 108.90 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | O | 10/09/2023 | $ 69.16 | TRAVEL-FUEL |
| | | | | $ | |

| 5. Total only this Page | $ 463.32 |
|---|---|

**6. Total of ALL CRO-1310 Pages**

*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*
*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*
*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*

$ 10,213.12

### 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

# 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| WILLIE NEWSOME<br>309 E CHESTNUT STREET<br>APT 304-B<br>GOLDSBORO, NC 27530<br>(980) 327-3747 | c. Level Registered (Specify)<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | e. Election Sum to Date<br>$ 1,120.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 09/29/2023 | $ 187.50 | POLL-WORKER |
| 4 | Check | O | 10/06/2023 | $ 62.50 | POLL-WORKER |

### 4. Payee Information   ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| WILLIE NEWSOME<br>309 E CHESTNUT STREET<br>APT 304-B<br>GOLDSBORO, NC 27530<br>(980) 327-3747 | c. Level Registered (Specify)<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | e. Election Sum to Date<br>$ 1,120.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| | | | | $ | |

### 4. Payee Information   ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| CHRISTINA NOBLES<br>402 N GEORGE STREET #B<br>GOLDSBORO, NC 27530 | c. Level Registered (Specify)<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | e. Election Sum to Date<br>$ 400.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | CO | 09/30/2023 | $ 400.00 | FUNDRAISER/COMMUNITY DAY EVENT-DJ |
| | | | | $ | |

| 5. Total only this Page | $ 800.00 |
|---|---|

| 6. Total of ALL CRO-1310 Pages | |
|---|---|
| *(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)* | $ 10,213.12 |

### 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)

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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| FRANCINE OUTLAW<br>898 PECAN ROAD<br>DUDLEY, NC 28333<br>(984) 277-7459 | 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 |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| | | | | $ | |

### 4. Payee Information  ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| ELEANOR RISUENO<br>304 W. LOCKHAVEN DRIVE<br>APT. A-11<br>GOLDSBORO, NC 27534<br>(919) 221-2707 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 3,325.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 09/29/2023 | $ 625.00 | POLL-WORKER |
| 4 | Check | O | 10/06/2023 | $ 675.00 | POLL-WORKER |

### 4. Payee Information  ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| ELEANOR RISUENO<br>304 W. LOCKHAVEN DRIVE<br>APT. A-11<br>GOLDSBORO, NC 27534<br>(919) 221-2707 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 3,325.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/07/2023 | $ 100.00 | POLL-WORKER |
| 4 | Check | O | 10/11/2023 | $ 450.00 | POLL-WORKER |

| 5. Total only this Page | $ 2,000.00 |
|---|---|

| 6. Total of ALL CRO-1310 Pages | |
|---|---|
| *(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)* | $ 10,213.12 |

### 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| ELEANOR RISUENO<br>304 W. LOCKHAVEN DRIVE<br>APT. A-11<br>GOLDSBORO, NC 27534<br>(919) 221-2707 | c. Level Registered (Specify)<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 3,325.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/20/2023 | $ 250.00 | POLL-WORKER |
| | | | | $ | |

## 4. Payee Information          ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| CONNIE ROWE<br>3184 HWY US 117 S ALT<br>FUDLEY, NC 28333 | c. Level Registered (Specify)<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 125.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/20/2023 | $ 125.00 | POLL-WORKER |
| | | | | $ | |

## 4. Payee Information          ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| SAM'S CLUB<br>2811 NORTH PARK DRIVE<br>GOLDSBORO, NC 27534 | c. Level Registered (Specify)<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 637.15 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | O | 09/28/2023 | $ 407.58 | COMMUNITY DAY EVENT |
| | | | | $ | |

| 5. Total only this Page | $ 782.58 |
|---|---|

| 6. Total of ALL CRO-1310 Pages | |
|---|---|
| *(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)* | $ 10,213.12 |

## 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| SANDPIPER SEAFOOD<br>1370 HOBBTON HIGHWAY<br>CLINTON, NC 28328<br>(910) 592-8889 | **c. Level Registered (Specify)**<br>☐ Federal   ☐ County:<br>☐ State   ☐ Municipality: | **e. Election Sum to Date**<br>$ 101.60 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | CO | 09/29/2023 | $ 101.60 | FOOD FOR COMMUNITY DAY |
| | | | | $ | |

## 4. Payee Information    ☐ Add    ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| HOLBERT SIMMS<br>418 OLIVIA LANE<br>GOLDSBORO, NC 27530 | **c. Level Registered (Specify)**<br>☐ Federal   ☐ County:<br>☐ State   ☐ Municipality: | **e. Election Sum to Date**<br>$ 212.50 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| 4 | Check | O | 10/23/2023 | $ 62.50 | POLL-WORKER |

## 4. Payee Information    ☐ Add    ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| STAPLES<br>1101 B N BERKELEY BOULEVARD<br>GOLDSBORO, NC 27534<br>(919) 778-1588 | **c. Level Registered (Specify)**<br>☐ Federal   ☐ County:<br>☐ State   ☐ Municipality: | **e. Election Sum to Date**<br>$ 1,028.17 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | ABCO | 09/28/2023 | $ 352.27 | FLYERS FOR COMMUNITY DAY |
| 4 | Debit Card | ABCO | 09/29/2023 | $ 316.08 | FLYERS FOR COMMUNITY DAY |

| 5. Total only this Page | $ 982.45 |
|---|---|
| **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)* | $ 10,213.12 |

## 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| STAPLES<br>1101 B N BERKELEY BOULEVARD<br>GOLDSBORO, NC 27534<br>(919) 778-1588 | **c. Level Registered (Specify)**<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | PRINTED BROCHURE MATERIAL NOT LEGIBLE. REFUNDED. |
| | | **e. Election Sum to Date**<br>$ 452.66 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | ABO | 10/09/2023 | $ 5.29 | CAMPAIGN/BROCHURE PARAPHERNALIA |
| 4 | Debit Card | ABFO | 10/09/2023 | $ 212.78 | CAMPAIGN/BROCHURE PARAPHERNALIA, |

### 4. Payee Information  ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| THE BUZZ AROUND WAYNE COUNTY<br>122 S BERKELEY BOULEVARD<br>GOLDSBORO, NC 27534 | **c. Level Registered (Specify)**<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | |
| | | **e. Election Sum to Date**<br>$ 290.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | ABO | 09/27/2023 | $ 290.00 | ADVERTISEMENT |
| | | | | $ | |

### 4. Payee Information  ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| SHIRLEY UNDERWOOD<br>1045 C LAGRANGE ROAD<br>LA GRANGE, NC 28551 | **c. Level Registered (Specify)**<br>☐ Federal  ☐ County:<br>☐ State  ☐ Municipality: | |
| | | **e. Election Sum to Date**<br>$ 355.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 09/29/2023 | $ 122.50 | POLL-WORKER |
| 4 | Check | O | 10/06/2023 | $ 82.50 | POLL-WORKER |

| 5. Total only this Page | $ 713.07 |
|---|---|

| 6. Total of ALL CRO-1310 Pages | |
|---|---|
| *(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)* | $ 10,213.12 |

### 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

**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 |
|---|---|---|
| SHIRLEY UNDERWOOD<br>1045 C LAGRANGE ROAD<br>LA GRANGE, NC 28551 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 355.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Check | O | 10/11/2023 | $ 150.00 | POLL-WORKER |
| | | | | $ | |

### 4. Payee Information  ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| VISTA PRINT A CIMPRESS COMPRESS<br>275 WYMAN STREET<br>WALTHAM, MA 02452<br>(866) 891-3156 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 2,933.90 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | ABO | 10/18/2023 | $ 483.82 | CAMPAIGN TRI-FOLD BROCHURES |
| | | | | $ | |

### 4. Payee Information  ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| WALMART.COM<br>406 S. WALTON BOULEVARD<br>BENTONVILLE, AR 72712 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | |
| | | e. Election Sum to Date<br>$ 148.88 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 4 | Debit Card | O | 10/23/2023 | $ 148.88 | BINDERS, INK, LABELS, PRINTER PAPER |
| | | | | $ | |

| 5. Total only this Page | $ 782.70 |
|---|---|

| 6. Total of ALL CRO-1310 Pages | |
|---|---|
| *(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)* | $ 10,213.12 |

### 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.

COMMITTEE TO ELECT RAYMOND SMITH

## 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 | 4 | Debit Card | O | 10/08/2023 | $ 23.49 | TRAVEL-FUEL |
| ☐ Add ☐ Remove | 4 | Debit Card | FO | 09/26/2023 | $ 6.94 | BROOM FOR CAMPAIGN TENT |
| ☐ Add ☐ Remove | 4 | Check | O | 09/29/2023 | $ 50.00 | DOOR-TO-DOOR CANVASSING |
| ☐ Add ☐ Remove | 4 | Check | O | 09/30/2023 | $ 50.00 | COMMUNITY/FAMILY DAY WORKER |
| ☐ Add ☐ Remove | 4 | Check | O | 09/29/2023 | $ 50.00 | POLL-WORKER |
| ☐ Add ☐ Remove | 4 | Check | O | 09/30/2023 | $ 50.00 | COMMUNITY/FAMILY DAY WORKER |
| ☐ Add ☐ Remove | 4 | Debit Card | FO | 10/23/2023 | $ 11.25 | STAKES FOR CAMPAIGN SIGNS |
| ☐ Add ☐ Remove | 4 | Debit Card | O | 09/30/2023 | $ 39.74 | TRAVEL-GAS |
| ☐ Add ☐ Remove | 4 | Check | O | 09/30/2023 | $ 50.00 | COMMUNITY/FAMILY DAY WORKER |
| ☐ Add ☐ Remove | 4 | Draft | O | 10/05/2023 | $ 29.99 | VOLUNTEER POLLWORKER |
| ☐ Add ☐ Remove | 4 | Draft | O | 10/11/2023 | $ 3.33 | CREDIT CARD PROCESSING FEE |
| ☐ Add ☐ Remove | 4 | Debit Card | CO | 09/29/2023 | $ 28.11 | SANITIZER, SAFETY GLOVES, NAPKINS |
| ☐ Add ☐ Remove | 4 | Check | O | 10/17/2023 | $ 15.00 | DATA REQUEST |

**4. Total only this Page** — $ 407.85

**5. Total of ALL CRO-1315 Pages** — $ 407.85
*(This line must be on line 14 of Detailed Summary Page CRO-1100)*

| | |
|---|---|
| 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)**

CRO-1315     NC State Board of Elections     December 2009

# In-Kind Contributions

**Amendment**  ☐ 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

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

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments | |
|---|---|---|---|
| NICHOLE DIXON<br>410 PLANTERS RIDGE DRIVE<br>PIKEVILLE, NC 27863 | ☒ Individual<br>☐ Candidate<br>☐ Party<br>☐ PAC<br>☐ Referendum<br>☐ Other Receipt Source | | |
| | | **d. Election Sum to Date**<br>$ 275.00 | |

| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount | |
|---|---|---|---|
| DONATION (VFW) VETERANS FOREIGN WARS | 10/22/2023 | $ | 75.00 |
| | | $ | |
| | | $ | |

| 4. Total only this Page | $ | 75.00 |
|---|---|---|
| **5. Total of ALL CRO-1510 Pages** *(This line must be on line 17 of Detailed Summary Page CRO-1100)* | $ | 75.00 |

CRO-1510                    NC State Board of Elections                    December 2007

# Outstanding Loans

**Amendment**  ☐ 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 |
|---|---|
| COMMITTEE TO ELECT RAYMOND SMITH | |

### 3. Lender Information   ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| RAYMOND SMITH<br>P.O. BOX 10772<br>GOLDSBORO, NC 27532<br>(919) 648-6149 | NOT WORKING | |
| | **c. Employer's Name/Specific Field** | **e. Start Date (mm/dd/yyyy)**<br>03/01/2023 |
| | | **f. End Date (mm/dd/yyyy)** |

| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
|---|---|---|---|
| % | | $ 100.00 | $ 100.00 |

| k. Full Name of Lending Institution | l. Loan Number |
|---|---|
| | |

### 3. Lender Information   ☐ Add  ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments |
|---|---|---|
| RAYMOND SMITH<br>P.O. BOX 10772<br>GOLDSBORO, NC 27532<br>(919) 648-6149 | NOT WORKING | |
| | **c. Employer's Name/Specific Field** | **e. Start Date (mm/dd/yyyy)**<br>03/20/2023 |
| | | **f. End Date (mm/dd/yyyy)** |

| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
|---|---|---|---|
| % | | $ 100.00 | $ 100.00 |

| k. Full Name of Lending Institution | l. Loan Number |
|---|---|
| | |

| 4. Total only this Page | $ 200.00 |
|---|---|
| **5. Total of ALL CRO-1430 Pages**<br>*(This line must be on line 21 of Detailed Summary Page CRO-1100)* | $ 200.00 |