

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			
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL				
b. Mailing Address (include City, State and Zip Code)	RECEIVED WCBQE			
503 CARDINAL DRIVE GOLDSBORO, NC 27534	10/29/2023			
	OCT 30 2023			
	e. Phone Number (919) 584-5814			

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	PHYLLIS MERRITT-JAMES

6. Type of Committee (Check One)	7. Type of Fund (if applicable, check one)	9. Type of Report (check only one type of report from one category)						
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum						
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special						
		10. Special Report Name						

8. Number of Fundraisers this Report	1	3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name		
NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION		NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN EXPENSES	PMJ4D5C	CREDIT UNION FEE TO JOIN SO CAN HAVE CHECKING ACCOUNT	PMJ4D5S
	d. Period Begin Balance		d. Period Begin Balance
	\$ 543.40		\$ 1.00

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

Phyllis Merritt-James
Printed Name of Signer

Phyllis Merritt-James
Signature of Appointed Treasurer

10/29/2023

Date

FOR OFFICE USE ONLY

Date Received:	10/30/23	Employee:	AC	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee:		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training

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

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

Detailed Summary

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
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL	2023 Pre-Election	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 543.40
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 155.00
6) Contributions from Individuals	(CRO-1210)	\$ 5,651.69
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 5,806.69
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 1,225.84
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 123.37
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 201.69
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,550.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,799.19
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,000.00
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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

Aggregated Contributions from Individuals Page 1 of 1 **Amendment**
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL					
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	PMJ4D5C	Electric Funds Tran		09/26/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Money Order		10/07/2023	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Check		10/16/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran		10/13/2023	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran		10/12/2023	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$155.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$155.00

CRO-1205

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																
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL																		
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>WAHEED AHKTAR GOLDSBORO, NC</td> <td>PHYSICIAN</td> <td rowspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td>NC HEALTH</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 250.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	WAHEED AHKTAR GOLDSBORO, NC	PHYSICIAN			c. Employer's Name/Specific Field		NC HEALTH		e. Election Sum to Date	\$ 250.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																
WAHEED AHKTAR GOLDSBORO, NC	PHYSICIAN																	
	c. Employer's Name/Specific Field																	
	NC HEALTH																	
	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"/>	PMJ4D5C	Electric Funds Tran		10/01/2023	\$ 250.00													
<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>d. Comments</td> </tr> <tr> <td>CARNELL DARDEN 416 TAYLOR PLACE GOLDSBORO, NC 27530</td> <td>UNEMPLOYED</td> <td rowspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td>NONE</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 100.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	CARNELL DARDEN 416 TAYLOR PLACE GOLDSBORO, NC 27530	UNEMPLOYED			c. Employer's Name/Specific Field		NONE		e. Election Sum to Date	\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																
CARNELL DARDEN 416 TAYLOR PLACE GOLDSBORO, NC 27530	UNEMPLOYED																	
	c. Employer's Name/Specific Field																	
	NONE																	
	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"/>	PMJ4D5C	Check		10/22/2023	\$ 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>d. Comments</td> </tr> <tr> <td>LARRY JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534</td> <td>NOT EMPLOYED</td> <td rowspan="3"></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td>NONE</td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td>\$ 5,000.00</td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	LARRY JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534	NOT EMPLOYED			c. Employer's Name/Specific Field		NONE		e. Election Sum to Date	\$ 5,000.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																
LARRY JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534	NOT EMPLOYED																	
	c. Employer's Name/Specific Field																	
	NONE																	
	e. Election Sum to Date	\$ 5,000.00																
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount													
<input type="checkbox"/>	PMJ4D5C	Check		10/15/2023	\$ 5,000.00													
<input type="checkbox"/>					\$													
<input type="checkbox"/>					\$													
4. Total only this Page					\$ 5,350.00													
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,651.69													

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													
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL															
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 rowspan="3">ELIZABETH KANNAN 106 FAIRWAY DRIVE GOLDSBORO, NC 27534</td> <td>NOT EMPLOYED</td> <td rowspan="3"></td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NONE</td> </tr> <tr> <td>e. Election Sum to Date</td> <td>\$ 100.00</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	ELIZABETH KANNAN 106 FAIRWAY DRIVE GOLDSBORO, NC 27534	NOT EMPLOYED		c. Employer's Name/Specific Field	NONE	e. Election Sum to Date	\$ 100.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
ELIZABETH KANNAN 106 FAIRWAY DRIVE GOLDSBORO, NC 27534	NOT EMPLOYED														
	c. Employer's Name/Specific Field														
	NONE														
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"/>	PMJ4D5C	Check		09/26/2023	\$ 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>d. Comments</td> </tr> <tr> <td rowspan="3">PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814</td> <td>FAMILY NURSE</td> <td rowspan="3"></td> </tr> <tr> <td>PRACTITIONER</td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NORTH CAROLINA NEPHROLOGY</td> <td>e. Election Sum to Date</td> <td>\$ 4,043.85</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814	FAMILY NURSE		PRACTITIONER	c. Employer's Name/Specific Field	NORTH CAROLINA NEPHROLOGY	e. Election Sum to Date	\$ 4,043.85
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814	FAMILY NURSE														
	PRACTITIONER														
	c. Employer's Name/Specific Field														
NORTH CAROLINA NEPHROLOGY	e. Election Sum to Date	\$ 4,043.85													
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>		In-Kind	SNACKS/DRINKS FOR ELECTIONEERING	09/27/2023	\$ 11.90										
<input type="checkbox"/>		In-Kind	DRINKS FOR ELECTIONEERING	10/02/2023	\$ 5.69										
<input type="checkbox"/>		In-Kind	FOOD/DRINK FOR ELECTIONEERING	10/02/2023	\$ 68.15										
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 rowspan="3">PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814</td> <td>FAMILY NURSE</td> <td rowspan="3"></td> </tr> <tr> <td>PRACTITIONER</td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> </tr> <tr> <td>NORTH CAROLINA NEPHROLOGY</td> <td>e. Election Sum to Date</td> <td>\$ 4,043.85</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814	FAMILY NURSE		PRACTITIONER	c. Employer's Name/Specific Field	NORTH CAROLINA NEPHROLOGY	e. Election Sum to Date	\$ 4,043.85
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments													
PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814	FAMILY NURSE														
	PRACTITIONER														
	c. Employer's Name/Specific Field														
NORTH CAROLINA NEPHROLOGY	e. Election Sum to Date	\$ 4,043.85													
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount										
<input type="checkbox"/>		In-Kind	DRINKS ELECTIONEERING	10/03/2023	\$ 5.55										
<input type="checkbox"/>		In-Kind	CCC EVENT	10/10/2023	\$ 11.53										
<input type="checkbox"/>		In-Kind	ELECTIONEERING SNACKS	10/10/2023	\$ 17.46										
4. Total only this Page					\$ 220.28										
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,651.69										

Contributions from IndividualsAmendment
Pg 3 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number																
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL																		
3. Contributor Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 33%; padding: 2px;">b. Job Title/Profession</td> <td style="width: 33%; padding: 2px;">d. Comments</td> </tr> <tr> <td rowspan="3" style="padding: 2px;">PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814</td> <td style="padding: 2px;">FAMILY NURSE</td> <td rowspan="3" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">PRACTITIONER</td> </tr> <tr> <td style="padding: 2px;">c. Employer's Name/Specific Field NORTH CAROLINA NEPHROLOGY</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 2px;">e. Election Sum to Date</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 2px;">\$ 81.41</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814	FAMILY NURSE		PRACTITIONER	c. Employer's Name/Specific Field NORTH CAROLINA NEPHROLOGY	e. Election Sum to Date			\$ 81.41		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																
PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814	FAMILY NURSE																	
	PRACTITIONER																	
	c. Employer's Name/Specific Field NORTH CAROLINA NEPHROLOGY																	
e. Election Sum to Date																		
\$ 81.41																		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount													
<input type="checkbox"/>		In-Kind	ITEMS FOR CCC EVENT	10/15/2023	\$ 30.69													
<input type="checkbox"/>		In-Kind	FOOD FOR ELECTIONEEERING	10/20/2023	\$ 50.72													
<input type="checkbox"/>					\$													
4. Total only this Page					\$ 81.41													
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,651.69													

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 3 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			
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL					
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		
KARENA ATKINSON 353 WEAVER RD 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
PMJ4D5C	Check	O	10/14/2023	\$ 150.00	SOCIAL
				\$	MEDIA/WEBPAGE
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		
CARLIE C'S IGA 1805 WAYNE MEMORIAL 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		
			\$	59.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Electric Funds Tran	O	10/20/2023	\$ 59.86	SNACKS AND DRINKS
				\$	FOR ELECTIONEER
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		
CAROL ANNE MARKETING 1601 ATLANTIC DRIVE STE 129 WEST CHICAGO, IL 60185 (800) 262-3246					
		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		
			\$	372.19	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Electric Funds Tran	B	10/10/2023	\$ 249.00	CARDS
				\$	
5. Total only this Page					\$ 458.86
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>					\$ 1,225.84
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 2 of 3 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			
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL					
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		
DOLLAR TREE 2918 US HWY 70 WEST 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		
			\$ 56.04		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Electric Funds Tran	C	10/17/2023	\$ 56.04	CAMPAIGN EVENT CCC
				\$	
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		
HARRIS TEETER 2120 WAYNE MEMORIAL DRIVE 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		
			\$	64.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Electric Funds Tran	C	10/17/2023	\$ 64.03	CAMPAIGN EVENT CCC
				\$	
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		
LEGACY CAKES AND COURTESIES 2116B WAYNE MEMORIAL DR 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		
			\$	134.51	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
PMJ4D5C	Electric Funds Tran	C	10/15/2023	\$ 134.51	CAMPAIGN EVENT CCC
				\$	
5. Total only this Page				\$	254.58
6. Total of ALL CRO-1310 Pages				\$	1,225.84
<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

Amendment

Pg 3 of 3 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			
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL					
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	
PROFESSIONAL DESIGNS AND IMPRINTS 1235 B LASSITER RD FOUR OAKS, NC 27524					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$ 512.40	
		<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					
PMJ4D5C	Check	C	10/06/2023	\$ 512.40	TSHIRTS FOR ELECTIONEERING
5. Total only this Page \$ 512.40					
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> \$ 1,225.84					
<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>					

Aggregated Non-Media Expenditures

Amendment
Page 1 of 1 Yes No

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

PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL

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	PMJ4D5C	Electric Funds Tran	O	09/26/2023	\$ 2.08	ACT BLUE FEES
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	O	10/01/2023	\$ 9.48	ACT BLUE FEES
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	O	10/12/2023	\$ 1.16	ACT BLUE FEES
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	O	10/13/2023	\$ 2.08	ACT BLUE FEES
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	O	09/29/2023	\$ 11.94	YOU TUBE CAMPAIGN VIDEO
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	O	10/10/2023	\$ 0.23	MY QR CODE CAMPAIGN INTNL
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	O	10/10/2023	\$ 29.00	QR CODE FOR CAMPAIGN
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	O	10/19/2023	\$ 7.88	SOCIAL MEDIA/WEB
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	C	10/17/2023	\$ 21.35	CAMPAIGN EVENT CCC
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	PMJ4D5C	Electric Funds Tran	C	10/17/2023	\$ 38.17	CAMPAIGN EVENT CCC
<input type="checkbox"/> Remove						

4. Total only this Page

\$ 123.37

5. Total of ALL CRO-1315 Pages

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

\$ 123.37

CRO-1315 (Line 14 of Detailed Summary Page CRO-1100)						
	B* - Printing	C* - Advertising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	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 ContributionsPg 1 of 1 Yes No

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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL			
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 \$ 4,043.85
e. Description SNACKS/DRINKS FOR ELECTIONEERING		f. Date (mm/dd/yyyy) 09/27/2023	g. Fair Market Amount \$ 11.90
DRINKS FOR ELECTIONEERING		10/02/2023	\$ 5.69
FOOD/DRINK FOR ELECTIONEERING		10/02/2023	\$ 68.15
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 \$ 4,043.85
e. Description DRINKS ELECTIONEERING		f. Date (mm/dd/yyyy) 10/03/2023	g. Fair Market Amount \$ 5.55
CCC EVENT		10/10/2023	\$ 11.53
ELECTIONEERING SNACKS		10/10/2023	\$ 17.46
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 \$ 81.41
e. Description ITEMS FOR CCC EVENT		f. Date (mm/dd/yyyy) 10/15/2023	g. Fair Market Amount \$ 30.69
FOOD FOR ELECTIONEERING		10/20/2023	\$ 50.72
			\$
4. Total only this Page			\$ 201.69
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 201.69

Outstanding Loans

Pg 1 of 1 Yes No

Amendment

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) PHYLLIS MERRITT-JAMES FOR DISTRICT 5 CITY COUNCIL		2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 584-5814		b. Job Title/Profession FAMILY NURSE PRACTITIONER	d. Comments
		e. Start Date (mm/dd/yyyy) 02/24/2023	
		f. End Date (mm/dd/yyyy)	
g. Rate 0.00%	h. Security Pledged NONE	i. Original Loan Amount \$ 1,000.00	j. Remaining Loan Balance \$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 1,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 1,000.00	

CRO-1430

NC State Board of Elections

December 2007