

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		
Team White			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
204 Hardingwood Drive Goldsboro, NC 27534	10/27/2023		
e. Phone Number			
573-528-9971			

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	09/27/23	10/23/23	Debra D. Bailey

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Referendum <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
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	RECEIVED WCBOE		
8. Number of Fundraisers this Report			

11. Account Information	11. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
Southern Bank	Oct 31 2023
b. Purpose	c. Account Code
All Campaign Donations and Expenses	021
d. Period Begin Balance	
\$ 193.50	
b. Purpose	c. Account Code
	BY
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 of Elections.

Debra D. Bailey

Printed Name of Signer

Debra D. Bailey

Signature of Appointed Treasurer

10/27/2023

Date

FOR OFFICE USE ONLY

Date Received:	10/31/23	Employee:	121	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<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
Team White	Pre-election	
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 193.50	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 300.00 \$ 2,975.00
6) Contributions from Individuals	(CRO-1210)	\$ \$
7) Contributions from Political Party Committees	(CRO-1220)	\$ \$
8) Contributions from Other Political Committees	(CRO-1230)	\$ \$
9) Loan Proceeds	(CRO-1410)	\$ \$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ \$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ \$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ \$
11c) Outside Sources of Income	(CRO-1250)	\$ \$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ \$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ \$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 300.00	\$ 2,975.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 290.00 \$ 2,771.50
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ \$
13c) Coordinated Party Expenditures	(CRO-1310)	\$ \$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ \$
15) Loan Repayments	(CRO-1420)	\$ \$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ \$
17) In-Kind Contributions	(CRO-1510)	\$ \$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 290.00	\$ 2,771.50
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 203.50	\$ 203.50
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$
24) Account Transfers Within the Committee	(CRO-1720)	\$
25) Administrative Support	(CRO-1710)	\$
26) Forgiven Loans	(CRO-1440)	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$
28) Contributions to be Refunded	(CRO-1215)	\$

Contributions from Individuals

Pg 1 of 1 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	
<u>Team White</u>					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			<u>NCDmVA</u>		
b. Job Title/Profession			c. Employer's Name/Specific Field	e. Election Sum to Date	
			<u>State of NC</u>	\$ <u>325.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	021	Check		<u>10/16/2023</u>	\$ <u>200.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			<u>Not Employed</u>		
b. Job Title/Profession			c. Employer's Name/Specific Field	e. Election Sum to Date	
			<u>Not Employed</u>	\$ <u>100.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	021	Check		<u>10/16/2023</u>	\$ <u>100.00</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
b. Job Title/Profession			c. Employer's Name/Specific Field	e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ <u>300.00</u>					
5. Total of ALL CRO-1210 Pages \$ <u>300.00</u> (This line must be on line 6 of Detailed Summary Page CRO-1100)					

Disbursements

Pg 1 of 1 Yes No

Amendment
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				
Team White						
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			
The Buzz Around Way 122 S. Berkeley Blvd 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	\$ 580.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
021	Debit Card	A	10/17/2023	\$ 290.00	Newspaper Ads	
				\$		
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			
		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	\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
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			
		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	\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page				\$ 290.00		
6. Total of ALL CRO-1310 Pages				\$		
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>				\$		
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>				\$		
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				290.00		
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (k)						