

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 <u>Elect Steve Taylor District 6 Goldsboro City Council</u>		c. ID Number	
b. Mailing Address (include City, State and Zip Code) <u>P.O. Box 10305 Goldsboro NC 27534</u>		d. Date Filed <u>12/21/2023</u>	
e. Phone Number			
2. Report Year <u>2023</u>	3. Period Start Date (mm/dd/yy) <u>09/27/2023</u>	4. Period End Date (mm/dd/yy) <u>10/23/2023</u>	5. Treasurer Full Name <u>STEVEN DWIGHT TAYLOR</u>
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report			
11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>SOUTHERN BANK</u>		a. Financial Institution Full Name <u>RECEIVED WCBOE</u>	
b. Purpose <u>GENERAL OPERATING ACCOUNT</u>	c. Account Code <u>7083</u>	b. Purpose <u>DEC 21 2023</u>	c. Account Code
	d. Period Begin Balance <u>\$ 2008.14</u>	BY <u> </u>	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.			
<u>STEVEN D. TAYLOR</u> Printed Name of Signer		<u>Steve D Taylor</u> Signature of Appointed Treasurer	
		<u>12/21/2023</u> Date	
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input 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

Amendment

☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable) Elect State Tg & District 6 Goldsboro City (muni)		2. Type of Report PRE-ELECTION		3. ID Number	
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2008.14		\$ -0-	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ -0-		\$ 50.00	
6) Contributions from Individuals (CRO-1210)		\$ 1450.00		\$ 6713.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ -0-		\$ -0-	
8) Contributions from Other Political Committees (CRO-1230)		\$ -0-		\$ -0-	
9) Loan Proceeds (CRO-1410)		\$ -0-		\$ -0-	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ -0-		\$ -0-	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ -0-		\$ -0-	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ -0-		\$ -0-	
11c) Outside Sources of Income (CRO-1250)		\$ -0-		\$ -0-	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ -0-		\$ -0-	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ -0-		\$ -0-	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1450.00		\$ 6763.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2645.47		\$ 5837.33	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ -0-		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ -0-		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ -0-		\$ 0	
15) Loan Repayments (CRO-1420)		\$ -0-		\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ -0-		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 50.00		\$ 163.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2695.47		\$ 6000.33	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 762.67		\$ 762.67	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ -0-			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ -0-			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ -0-			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ -0-			
24) Account Transfers Within the Committee (CRO-1720)		\$ -0-			
25) Administrative Support (CRO-1710)		\$ -0-		\$ -0-	
26) Forgiven Loans (CRO-1440)		\$ -0-		\$ -0-	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ -0-		\$ -0-	
28) Contributions to be Refunded (CRO-1215)		\$ -0-		\$ -0-	

Contributions from Individuals

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Amendment
☒ Yes ☐ No

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

ELECT STEVE TAYLOR DISTRICT 6 Goldsboro City (cont: 1)

Full Name, Mailing Address & Phone (include city, state & zip)		b. Job Title/Profession		c. Comments	
STEVEN D. TAYLOR, JR. 241 Hardingwood Drive Goldsboro NC 27534		Attorney			
		Employer Name/Specific Field		Election Sum to Date	
		State of North Carolina		\$ 250.00	

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	7083	CHECK		10/02/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Full Name, Mailing Address & Phone (include city, state & zip)		b. Job Title/Profession		c. Comments	
Natalie A. Taylor 3724 KENZIE COURT Morehead City NC 28557		Pharmacist			
		Employer Name/Specific Field		Election Sum to Date	
		CVS Pharmacy		\$ 250.00	

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	7083	CHECK		10/07/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Full Name, Mailing Address & Phone (include city, state & zip)		b. Job Title/Profession		c. Comments	
J. Marshall Smith PO Box 1057 Goldsboro NC 27530		No Job Title OR Profession			
		Employer Name/Specific Field		Election Sum to Date	
		Not Employed		\$ 500.00	

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	7083	CHECK		10/08/2023	\$ 300.00
<input type="checkbox"/>	7083	CHECK		10/16/2023	\$ 200.00
<input type="checkbox"/>					\$

Total for this Page					\$ 1000.00
Total for ALL CRO 1205 Pages					\$ 1000.00

Contributions from Individuals

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Amendment
☒ Yes ☐ No

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

Elect Steve Taylor District 6 Goldsboro City (Caucus)						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DANNY HOOD 604 W. BRIDGES BLVD. GOLDSBORO NC 27534			REALTOR			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			DANNY HOOD Realty LLC		\$ 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"/>	7083	CHECK		10/19/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVEN A. TAYLOR 241 HARDINGWOOD DRIVE GOLDSBORO NC 27534			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED		\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	7083	CHECK		10/20/2023	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVEN A. TAYLOR 241 HARDINGWOOD DRIVE GOLDSBORO NC 27534			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NOT EMPLOYED		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	7083	Debit Card	Rec'd Copy Political Cards	10/19/2023	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 450.00	
					\$ 1450.00	

Disbursements

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Amendment
☒ Yes ☐ No

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

ELECT STEVE TAYLOR DISTRICT 6 Goldsboro City (cont: 1)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

Full Name, Mailing Address & Phone (include city, state, & zip)		Coordinated Committee Name		Comments	
Clifton Broadhurst 101 Rosemary Court Dudley NC 28333					
Level Registered (Specify):		Election Start Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
				\$ 1500.00	

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
7083	CHEUL		10/02/2023	\$ 1500.00	CONSULTANT FOR GET OUT THE VOTE
				\$	

Full Name, Mailing Address & Phone (include city, state, & zip)		Coordinated Committee Name		Comments	
United States Postal Service 3100 Cashwell Drive Goldsboro NC 27534					
Level Registered (Specify):		Election Start Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
				\$ 714.78	

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
7083	DEBIT CARD		10/12/2023	\$ 714.78	Campaign Mailer Postcards
				\$	

Full Name, Mailing Address & Phone (include city, state, & zip)		Coordinated Committee Name		Comments	
Carolyn Ellis 243 Garvis Chapel Road La Grange NC 28551					
Level Registered (Specify):		Election Start Date			
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
				\$ 80.00	

Account Code	Form of Payment	Purpose Code	Date (mm/dd/yyyy)	Amount	Required Remarks
7083	CHEUL		10/19/2023	\$ 80.00	Ball Wk/Car
				\$	

Subtotal of all items				\$ 2294.78	
Grand Total of all items				\$ 2294.78	
(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)					

Purpose Codes (check all that apply)			
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			
Code: (provide detailed explanation in required remarks field (R))			

Disbursements

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Amendment
☒ Yes ☐ No

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

Elect Steve Taylor District 6 Goldsboro City Council						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Cynthia Robinson 508 King Drive Goldsboro NC 27530				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 \$ 62.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
7083	CHECK		10/19/2023	\$ 62.50	Poll Wb/K	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Allen Copy 322 N. John Street Goldsboro NC 27530				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 \$ 198.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
7083	DEBIT CARD		10/19/2023	\$ 198.19	Political Cards	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wayne County Board of Elections 309 East Chestnut Street Goldsboro NC 27530				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 \$ 90.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
7083	CHECK		07/14/2023	\$ 90.00	Filing Fee	
				\$		
Total only this Page					\$ 350.69	
Total only this Page					\$ 2645.47	
(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)						
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 have provided detailed explanation in required remarks field (if applicable)						

In-Kind Contributions

Pg ____ of ____

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	
Elect Steve Taylor District 6 Goldsboro City (amci)			
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	
Steven D. Taylor 241 Hardingwood Drive Goldsboro NC 27534		<input type="checkbox"/> Individual <input checked="" 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	
		\$ 50.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Accu copy Political Cards		10/19/2023	\$ 50.00
			\$
			\$
4. 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 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	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
5. 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 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	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 50.00	
5. Total of ALL CRO-1510 Pages		\$ 50.00	