

# 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		
Elect Steve Taylor District 6 Goldsboro City Council			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
P.O. Box 10305 Goldsboro NC 27534	12/21/2023		
e. Phone Number			

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

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"/> 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
7. Type of Fund (if applicable, check one)	<input type="checkbox"/> 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
8. Number of Fundraisers this Report	10. Special Report Name

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SOUTHERN BANK		RECEIVED WCBOE	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	7083	DEC 21 BY	2023
d. Period Begin Balance		d. Period Begin Balance	
\$ 2008.14		\$	

## 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.

Steve D. Taylor

Printed Name of Signer

Steve D. Taylor

Signature of Appointed Treasurer

12/21/2023

Date

## FOR OFFICE USE ONLY

Date Received:	Employee:	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
<i>Elect Steve Tag b/ District 6 Goldsboro City (bmc)</i>	<i>PRE-ELECTION</i>	
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2008.14	\$ -0-
<b>RECEIPTS</b>		
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 \$ 6713.00
<b>EXPENDITURES</b>		
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
<b>ADDITIONAL INFORMATION</b>		
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

Pg 1 of 2

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.)

STEVEN D. TAYLOR, JR.  
 241 Hardinwood DRIVE  
 Goldsboro NC 27534

Attorney

State Of  
 NC (online)

\$ 250.00

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

Natalie A. Taylor  
 3724 KENZIE COURT  
 Morehead City NC 28557

Pharmacist

Employer Name/Address Field  
 CVS Pharmacy

\$ 250.00

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

J. Marshall Smith  
 PO Box 1057  
 Goldsboro NC 27530

No Job Title OR  
 Retired

Employer Name/Address Field  
 Not Employed

\$ 500.00

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

\$ 1000.00
\$ 1000.00

# Contributions from Individuals

Amendment

Pg 2 of 2  Yes  No

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

<p><i>Elect Steve Taylor District 6 Goldsboro City (cont.)</i></p>																													
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p><i>Danny Hood 604 N. Berkley Blvd. Goldsboro NC 27534</i></p>			<p>b. Job Title/Profession <i>REALTOR</i></p>	<p>d. Comments</p>																									
			<p>c. Employer's Name/Specific Field <i>Danny Hood Realty LLC</i></p>																										
				<p>e. Election Sum to Date <i>\$ 100.00</i></p>																									
<table border="1"> <thead> <tr> <th>f. Prior</th> <th>g. Account Code</th> <th>h. Form of Payment</th> <th>i. In-Kind Description</th> <th>j. Date (mm/dd/yyyy)</th> <th>k. Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>7083</td> <td>CHECK</td> <td></td> <td><i>10/19/2023</i></td> <td>\$ 100.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>						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		<i>10/19/2023</i>	\$ 100.00	<input type="checkbox"/>					\$	<input type="checkbox"/>					\$
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<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
<p>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</p> <p><i>STEVEN D. TAYLOR 241 Hardinwood Drive Goldsboro NC 27534</i></p>			<p>b. Job Title/Profession <i>No Job Title or Profession</i></p>	<p>d. Comments</p>																									
			<p>c. Employer's Name/Specific Field <i>Not Employed</i></p>																										
				<p>e. Election Sum to Date <i>\$ 300.00</i></p>																									
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			<p>c. Employer's Name/Specific Field <i>Not Employed</i></p>																										
				<p>e. Election Sum to Date <i>\$ 50.00</i></p>																									
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<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
<p><i>\$ 450.00</i></p>																													
<p><i>\$ 1450.00</i></p>																													

# Disbursements

Pg 1 of 2

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.)**

Operating Expenses						Contributions to Candidates/Political Committees	Coordinated Party Expenditures																
a. Full Name, Mailing Address & Phone (include phone area code)			b. Coordinated Committee Name			c. Comments																	
Clifton Broadhurst 101 Rosemary Court Dudley NC 28333			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			Elections in North Carolina																	
						\$ 1500.00																	
Account Code	e. Form of Payment	f. Purpose Code	i. Date (mm/dd/yy)	j. Amount	k. Remarks																		
7083	CHEUL		10/02/2023	\$ 1500.00	Consultant for GET OUT THE VOTE																		
						\$																	
a. Full Name, Mailing Address & Phone (include phone area code)			b. Coordinated Committee Name			c. Comments																	
United States Postal Service 3100 Cashwell Drive Goldsboro NC 27534			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			Elections in North Carolina																	
						\$ 714.78																	
Account Code	e. Form of Payment	f. Purpose Code	i. Date (mm/dd/yy)	j. Amount	k. Remarks																		
7083	DEBIT (WAD)		10/12/2023	\$ 714.78	Campaign Mailer Postcards																		
						\$																	
a. Full Name, Mailing Address & Phone (include phone area code)			b. Coordinated Committee Name			c. Comments																	
Carolyn Ellis 243 Barris Chapel Road La Grange NC 28551			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			Elections in North Carolina																	
						\$ 80.00																	
Account Code	e. Form of Payment	f. Purpose Code	i. Date (mm/dd/yy)	j. Amount	k. Remarks																		
7083	CHEUL		10/19/2023	\$ 80.00	Poll Worker																		
						\$																	
						\$ 2294.78																	
						\$ 2294.78																	
<p>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</p> <p>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</p> <p>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</p>																							
<p>13. Purpose Codes (Listed in order of expenditure priority)</p> <table> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I* - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* Other</td> </tr> </table>								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			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																				
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O* Other																							

# Disbursements

Pg 2 of 2  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*

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
<i>Cynthia Robinson 508 King Drive Goldsboro NC 27530</i>			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <i>\$ 62.50</i>
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	<i>Poll Worker</i>
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
<i>Alm (copy) 322 N. John Street Goldsboro NC 27530</i>			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <i>\$ 198.19</i>
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	<i>Political Cards</i>
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name	d. Comments	
<i>Wayne County Board of Elections 309 East Pleasant Street Goldsboro NC 27530</i>			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> <i>\$ 90.00</i>
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	<i>Filing Fee</i>
				\$	
<input type="checkbox"/> <i>Stop on this Page</i>			<input type="checkbox"/> <i>\$ 350.69</i>		
<input type="checkbox"/> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>			<input type="checkbox"/> <i>\$ 2645.47</i>		
<input type="checkbox"/> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<input type="checkbox"/> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					

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			

## In-Kind Contributions

Amendment

Pg \_\_\_\_ of \_\_\_\_  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.

In-Kind Contribution Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	2. ID Number
<b>Elected State Taylor District 6 Goldsboro (amc:)</b>			
<input type="checkbox"/> Address <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>	
		<b>d. Election Sum to Date</b> \$ 50.00	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
Accu copy Political Cards	10/19/2023	\$ 50.00	
		\$	
		\$	
Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>	
		<b>d. Election Sum to Date</b> \$	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
		\$	
		\$	
		\$	
Total only this Page		\$ 50.00	
5. CRO-1510 CRO-1510 Pages		\$ 50.00	
This form and its continuation(s) of detailed Summary Page CRO-1510			