

# 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

Elect Steve Taylor District 6 Goldsboro City Council

c. ID Number

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

P.O. Box 10305 Goldsboro NC 27534

d. Date Filed

1/22/2024

e. Phone Number

2. Report Year

2023

3. Period Start Date (mm/dd/yy)

09/27/2023

4. Period End Date (mm/dd/yy)

10/23/2023

5. Treasurer Full Name

Steven Dwight TAYLOR

## 6. Type of Committee (Check One)

Candidate Campaign  Party  
 PAC  Referendum  
 Independent Expenditure  Joint Fundraiser  
 Legal Expense Fund

## 9. Type of Report (check only one type of report from one category)

Municipal  
 Organizational  
 Thirty-five day  
 Quarterly  
 First  
 Second  
 Third  
 Fourth  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

## State/County

Organizational  
 Pre-referendum  
 Final  
 Supplemental Final  
 Annual  
 Special

## Referendum

Organizational  
 Pre-referendum  
 Final  
 Supplemental Final  
 Annual  
 Special

## 7. Type of Fund (if applicable, check one)

Booster Fund  
 Building Fund  
 Other:

## 8. Number of Fundraisers this Report

## 10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

Southern Bank

## 11. Account Information

a. Financial Institution Full Name

RECEIVED  
WCBQE

b. Purpose

General  
Operating  
Account

c. Account Code

7083

b. Purpose

JAN 22

c. Account Code

2024

d. Period Begin Balance

\$ 2008.14

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.

STEVEN D. TAYLOR

Printed Name of Signer

Steve D. Taylor

Signature of Appointed Treasurer

1/22/2024

Date

## FOR OFFICE USE ONLY

Date Received:

01/22/24

Employee:

AC

### Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked:

\_\_\_\_\_

Employee:

\_\_\_\_\_

Date Scanned:

\_\_\_\_\_

Employee:

\_\_\_\_\_

Date Data Entered:

\_\_\_\_\_

Employee:

\_\_\_\_\_

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 Taylor District 6</i>   | <i>Pre-Election</i>         |                                     |
| Start of Election Cycle: <u>January 1, 2023</u>                              | Total this Reporting Period | Total this Election Cycle           |
| 4) Cash on Hand at Start   | \$ <u>2008.14</u>           | \$                                  |
| <b>RECEIPTS</b>  |                             |                                     |
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205)                  | \$ <u>-0-</u> \$ <u>50.00</u>       |
| 6) Contributions from Individuals  | (CRO-1210)                  | \$ <u>1540.00</u> \$ <u>6803.00</u> |
| 7) Contributions from Political Party Committees                             | (CRO-1220)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 8) Contributions from Other Political Committees                             | (CRO-1230)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 9) Loan Proceeds   | (CRO-1410)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 10) Refunds/Reimbursements to the Committee                                  | (CRO-1240)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 11) Other Receipt Sources  |                             |                                     |
| 11a) Interest on Bank Accounts   | (CRO-1250)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 11b) Contributions from Not-For-Profit Organizations                         | (CRO-1250)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 11c) Outside Sources of Income   | (CRO-1250)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 11d) Legal Expense Fund - Other Sources                                      | (CRO-1270)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 11e) Exempt Purchase Price Sales   | (CRO-1265)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |                             | \$ <u>1540.00</u> \$ <u>6853.00</u> |
| <b>EXPENDITURES</b>  |                             |                                     |
| 13) Disbursements  |                             |                                     |
| 13a) Operating Expenditures  | (CRO-1310)                  | \$ <u>2555.47</u> \$ <u>5747.33</u> |
| 13b) Contributions to Candidates/Political Committees                        | (CRO-1310)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 13c) Coordinated Party Expenditures  | (CRO-1310)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 15) Loan Repayments  | (CRO-1420)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 16) Refunds/Reimbursements from the Committee                                | (CRO-1320)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 17) In-Kind Contributions  | (CRO-1510)                  | \$ <u>40.00</u> \$ <u>253.00</u>    |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                             | \$ <u>2695.47</u> \$ <u>6000.33</u> |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                             | \$ <u>852.67</u> \$ <u>852.67</u>   |
| <b>ADDITIONAL INFORMATION</b>  |                             |                                     |
| 20) Non-Monetary Gifts Given to Other Committees                             | (CRO-1330)                  | \$ <u>-0-</u>                       |
| 21) Outstanding Loans (incl. ones from other campaigns)                      | (CRO-1430)                  | \$ <u>-0-</u>                       |
| 22) Debts and Obligations owed by the Committee                              | (CRO-1610)                  | \$ <u>-0-</u>                       |
| 23) Debts and Obligations owed to the Committee                              | (CRO-1620)                  | \$ <u>-0-</u>                       |
| 24) Account Transfers Within the Committee                                   | (CRO-1720)                  | \$ <u>-0-</u>                       |
| 25) Administrative Support   | (CRO-1710)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 26) Forgiven Loans   | (CRO-1440)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 27) 48-Hour Notice Reports Sum   | (CRO-2220)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |
| 28) Contributions to be Refunded   | (CRO-1215)                  | \$ <u>-0-</u> \$ <u>-0-</u>         |

## Contributions from Individuals

Amendment  
 Yes  No

Pg 1 of 3

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

| ELECTION INFORMATION  |                 |                                   |                        |                         |           |
|---|-----------------|-----------------------------------|------------------------|-------------------------|-----------|
| <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                                   |                        |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |                 | b. Job Title/Profession           |                        | d. Comments             |           |
| Elect Steve Taylor DISTRICT 6 Goldsboro (city (anc:1)                 |                 | Attorney                          |                        |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |                 | c. Employer's Name/Specific Field |                        | e. Election Sum to Date |           |
| STEVEN D. TAYLOR, JR.<br>241 Hardinwood Drive<br>Goldsboro NC 27534   |                 | State of<br>North Carolina        |                        | \$ 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"/>  | 7083            | CHECK                             |                        | 10/02/2023              | \$ 250.00 |
| <input type="checkbox"/>  |                 |                                   |                        |                         | \$        |
| <input type="checkbox"/>  |                 |                                   |                        |                         | \$        |
| CONTRIBUTOR INFORMATION   |                 |                                   |                        |                         |           |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                                   |                        |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |                 | b. Job Title/Profession           |                        | d. Comments             |           |
| Natalie A. Taylor<br>3724 Kenzie Court<br>Marshall (city NC 28557)    |                 | Pharmacist                        |                        |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |                 | c. Employer's Name/Specific Field |                        | e. Election Sum to Date |           |
|   |                 | CVS Pharmacy                      |                        | \$ 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"/>  | 7083            | CHECK                             |                        | 10/07/2023              | \$ 250.00 |
| <input type="checkbox"/>  |                 |                                   |                        |                         | \$        |
| <input type="checkbox"/>  |                 |                                   |                        |                         | \$        |
| CONTRIBUTOR INFORMATION   |                 |                                   |                        |                         |           |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                                   |                        |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |                 | b. Job Title/Profession           |                        | d. Comments             |           |
| J. Marshall Smith<br>PO Box 1057<br>Goldsboro NC 27530                |                 | No Job Title or<br>Profession     |                        |                         |           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |                 | c. Employer's Name/Specific Field |                        | e. Election Sum to Date |           |
|   |                 | Not Employed                      |                        | \$ 500.00               |           |
| 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                             |                        | 10/08/2023              | \$ 300.00 |
| <input type="checkbox"/>  | 7083            | CHECK                             |                        | 10/14/2023              | \$ 200.00 |
| <input type="checkbox"/>  |                 |                                   |                        |                         | \$        |
| \$ 1000.00  |                 |                                   |                        |                         |           |
| \$ 1000.00  |                 |                                   |                        |                         |           |

## Contributions from Individuals

Amendment

Pg 2 of 3  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 (unci)</i></p>  |                 |                    |   |                      |           |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p> <p><i>Danny Hood<br/>604 N. Berkley Blvd.<br/>Goldsboro NC 27534</i></p>       |                 |                    | <p>b. Job Title/Profession</p> <p><i>Realtor</i></p>                        | <p>d. Comments</p>   |           |
| <p>c. Employer's Name/Specific Field</p> <p><i>Danny Hood<br/>Realty, LLC</i></p>  |                 |                    | <p>e. Election Sum to Date</p> <p>\$ 100.00</p>                             |                      |           |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description  | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/>   | 7083            | CHECIL             |   | 10/19/2023           | \$ 100.00 |
| <input type="checkbox"/>   |                 |                    |   |                      | \$        |
| <input type="checkbox"/>   |                 |                    |   |                      | \$        |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p> <p><i>STEVEN D. TAYLOR<br/>241 Hardinwood Drive<br/>Goldsboro NC 27534</i></p> |                 |                    | <p>b. Job Title/Profession</p> <p><i>No Job Title or<br/>Profession</i></p> | <p>d. Comments</p>   |           |
| <p>c. Employer's Name/Specific Field</p> <p><i>Not Employed</i></p>  |                 |                    | <p>e. Election Sum to Date</p> <p>\$ 300.00</p>                             |                      |           |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description  | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/>   | 7083            | CHECIL             |   | 10/20/2023           | \$ 300.00 |
| <input type="checkbox"/>   |                 |                    |   |                      | \$        |
| <input type="checkbox"/>   |                 |                    |   |                      | \$        |
| <p><b>3. Contribution Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove</p>   |                 |                    |   |                      |           |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p> <p><i>STEVEN D. TAYLOR<br/>241 Hardinwood Drive<br/>Goldsboro NC 27534</i></p> |                 |                    | <p>b. Job Title/Profession</p> <p><i>No Job Title or<br/>Profession</i></p> | <p>d. Comments</p>   |           |
| <p>c. Employer's Name/Specific Field</p> <p><i>Not Employed</i></p>  |                 |                    | <p>e. Election Sum to Date</p> <p>\$ 50.00</p>                              |                      |           |
| 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         | AMU (copy Polit. 1 (ads)  | 10/19/2023           | \$ 50.00  |
| <input type="checkbox"/>   |                 |                    |   |                      | \$        |
| <input type="checkbox"/>   |                 |                    |   |                      | \$        |
| <p><b>4. Total of Remaining Page</b> \$ 450.00</p>   |                 |                    |   |                      |           |
| <p><b>5. Total of ALL CRO-1210 Pages</b> \$ 1450.00</p>  |                 |                    |   |                      |           |

## Contributions from Individuals

Amendment

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

|   |  |                                   |                         |
|---|--|-----------------------------------|-------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |  | b. Job Title/Profession           | d. Comments             |
| STEVEN D. TAYLOR<br>241 Hardinwood Drive<br>Goldsboro NC 27534        |  | No Job Title or Profession        |                         |
|   |  | c. Employer's Name/Specific Field |                         |
|   |  | Not Employed                      | e. Election Sum to Date |
|   |  |                                   | \$ 90.00                |

| 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              | Filing Fee             | 07/14/2023           | \$ 90.00  |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |

|   |  |                                   |                         |
|---|--|-----------------------------------|-------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |  | b. Job Title/Profession           | d. Comments             |
|   |  |                                   |                         |
|   |  | 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"/> |                 |                    |                        |                      | \$        |

|   |  |                                   |                         |
|---|--|-----------------------------------|-------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) |  | b. Job Title/Profession           | d. Comments             |
|   |  |                                   |                         |
|   |  | 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"/> |                 |                    |                        |                      | \$        |

|                         |  |                         |
|-------------------------|--|-------------------------|
| b. Job Title/Profession |  | d. Comments             |
|                         |  |                         |
|                         |  | e. Election Sum to Date |
|                         |  | \$ 90.00                |

|                                   |  |                         |
|-----------------------------------|--|-------------------------|
| c. Employer's Name/Specific Field |  | d. Comments             |
|                                   |  |                         |
|                                   |  | e. Election Sum to Date |
|                                   |  | \$ 1540.00              |

## Disbursements

Pg 1 of 2  Yes  No

Amendment

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

|   |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|---|----------------|--|---|--|---|------------|---------------|------------------|--------------------------|--------------|----------------|---------------------|-------------------------------------|-------------|---------------|----------------------|-------------------------------------|----------|--|--|--|
| <p><i>Elect Steve Taylor District 6 Goldsboro (city (area))</i></p> <p><input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures</p>   |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p> <p><i>Clifton Brookhurst<br/>101 Rosemary Court<br/>Dudley NC 28333</i></p>   |                |  | <p>b. Coordinated Committee Name</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p> |  | <p>d. Comments</p> <p><i>CONSULTANT FOR BET<br/>OUR TIME VOTE</i></p>   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p> |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>e. Election Sum to Date</p> <p><i>\$ 1500.00</i></p>   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p>f. Account Code</p> <p><i>7083</i></p>   |                | <p>g. Form of Payment</p> <p><i>CHEK</i></p>       | <p>h. Purpose Code</p>  | <p>i. Date (mm/dd/yyyy)</p> <p><i>10/02/2023</i></p> | <p>j. Amount</p> <p><i>\$ 1500.00</i></p>   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>k. Required Remarks</p> <p><i>CONSULTANT FOR BET<br/>OUR TIME VOTE</i></p>   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p><input type="checkbox"/> Add <input type="checkbox"/> Remove</p>   |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p> <p><i>United States Postal Service<br/>3100 Cashwell Drive<br/>Goldsboro NC 27534</i></p>   |                |  | <p>b. Coordinated Committee Name</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p> |  | <p>d. Comments</p>  |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p> |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>e. Election Sum to Date</p> <p><i>\$ 714.78</i></p>  |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p>f. Account Code</p> <p><i>7083</i></p>   |                | <p>g. Form of Payment</p> <p><i>Debit Card</i></p> | <p>h. Purpose Code</p>  | <p>i. Date (mm/dd/yyyy)</p> <p><i>10/12/2023</i></p> | <p>j. Amount</p> <p><i>\$ 714.78</i></p>  |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>k. Required Remarks</p> <p><i>Campaign Mailer<br/>Postcards</i></p>  |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p><input type="checkbox"/> Add <input type="checkbox"/> Remove</p>   |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p> <p><i>Carolyn Ellis<br/>243 Davis Chapel Road<br/>Lagrange NC 28551</i></p>   |                |  | <p>b. Coordinated Committee Name</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p> |  | <p>d. Comments</p>  |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p> |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>e. Election Sum to Date</p> <p><i>\$ 80.00</i></p>   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p>f. Account Code</p> <p><i>7083</i></p>   |                | <p>g. Form of Payment</p> <p><i>CHEK</i></p>       | <p>h. Purpose Code</p>  | <p>i. Date (mm/dd/yyyy)</p> <p><i>10/19/2023</i></p> | <p>j. Amount</p> <p><i>\$ 80.00</i></p>   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
|   |                |  |   |  | <p>k. Required Remarks</p> <p><i>Poll Worker</i></p>  |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p><i>\$ 2294.78</i></p>  |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i></p>  |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i></p>  |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i></p>  |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p><input type="checkbox"/> Add <input type="checkbox"/> Remove</p>   |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <p><b>Codes require detailed explanation in required remarks field (k)</b></p>  |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| <table border="1"> <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>O* Other</td> <td></td> <td></td> <td></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  |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |
| 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  |                |  |   |  |   |            |               |                  |                          |              |                |                     |                                     |             |               |                      |                                     |          |  |  |  |

# Disbursements

Pg 2 of 2  Yes  No

Amendment

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

|   |                           |                        |                                      |                             |                                |
|---|---------------------------|------------------------|--------------------------------------|-----------------------------|--------------------------------|
| <p><i>Elect Steve Taylor - District 6 Goldsboro City Council</i></p>  |                           |                        |                                      |                             |                                |
| <p><i>Please use a separate CRO-1100 form for each type of Disbursement.</i></p>  |                           |                        |                                      |                             |                                |
| <p><input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures</p> |                           |                        |                                      |                             |                                |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p> <p><i>Cynthia Robinson<br/>508 King Drive<br/>Goldsboro NC 27530</i></p>                                  |                           |                        | <p>b. Coordinated Committee Name</p> |                             | <p>d. Comments</p>             |
| <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>         |                           |                        |                                      |                             | <p>e. Election Sum to Date</p> |
|   |                           |                        |                                      |                             | <p>\$ 62.50</p>                |
| <p>f. Account Code</p>  | <p>g. Form of Payment</p> | <p>h. Purpose Code</p> | <p>i. Date (mm/dd/yyyy)</p>          | <p>j. Amount</p>            | <p>k. Required Remarks</p>     |
| <p>7083</p>   | <p>(HECIL</p>             |                        | <p>10/19/2023</p>                    | <p>\$ 62.50</p>             | <p>poll worker</p>             |
|   |                           |                        |                                      | <p>\$</p>                   |                                |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p> <p><i>ACCU (copy)<br/>322 N. John Street<br/>Goldsboro NC 27530</i></p>                                   |                           |                        | <p>b. Coordinated Committee Name</p> |                             | <p>d. Comments</p>             |
| <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>         |                           |                        |                                      |                             | <p>e. Election Sum to Date</p> |
|   |                           |                        |                                      |                             | <p>\$ 198.19</p>               |
| <p>f. Account Code</p>  | <p>g. Form of Payment</p> | <p>h. Purpose Code</p> | <p>i. Date (mm/dd/yyyy)</p>          | <p>j. Amount</p>            | <p>k. Required Remarks</p>     |
| <p>7083</p>   | <p>DEBIT CARD</p>         |                        | <p>10/19/2023</p>                    | <p>\$ 198.19</p>            | <p>Political Cards</p>         |
|   |                           |                        |                                      | <p>\$</p>                   |                                |
| <p><input type="checkbox"/> Add <input type="checkbox"/> Remove</p>   |                           |                        |                                      |                             |                                |
| <p>a. Full Name, Mailing Address &amp; Phone<br/>(include city, state, &amp; zip)</p>   |                           |                        | <p>b. Coordinated Committee Name</p> |                             | <p>d. Comments</p>             |
| <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County:<br/><input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>         |                           |                        |                                      |                             | <p>e. Election Sum to Date</p> |
|   |                           |                        |                                      |                             | <p>\$</p>                      |
| <p>f. Account Code</p>  | <p>g. Form of Payment</p> | <p>h. Purpose Code</p> | <p>i. Date (mm/dd/yyyy)</p>          | <p>j. Amount</p>            | <p>k. Required Remarks</p>     |
|   |                           |                        |                                      | <p>\$</p>                   |                                |
|   |                           |                        |                                      | <p>\$</p>                   |                                |
| <p><i>\$ 260.69</i></p>   |                           |                        |                                      |                             |                                |
| <p><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i></p>  |                           |                        |                                      |                             |                                |
| <p><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i></p>  |                           |                        |                                      |                             |                                |
| <p><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i></p>  |                           |                        |                                      |                             |                                |
| <p><i>Checkmarks indicate expenditure type in line above</i></p>  |                           |                        |                                      |                             |                                |
| <p>A* - Media</p>   |                           | <p>B* - Printing</p>   |                                      | <p>C* - Fundraising</p>     |                                |
| <p>E - Salaries</p>   |                           | <p>F* - Equipment</p>  |                                      | <p>G - Political Party</p>  |                                |
| <p>I - Postage</p>  |                           | <p>J - Penalties</p>   |                                      | <p>K* - Office Expenses</p> |                                |
| <p>O* Other</p>   |                           |                        |                                      |                             |                                |
| <p><i>Expenditures require detailed explanation in required remarks field (k)</i></p>   |                           |                        |                                      |                             |                                |

## In-Kind Contributions

**Amendment**

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CPO-1215 if In-Kind Contributions were or will be refunded within 7 days.