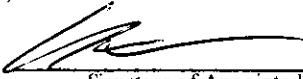


Disclosure Report Cover

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 JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE		c. ID Number			
b. Mailing Address (include City, State and Zip Code) P.O. BOX 72 GOLDSBORO, NC 27533		d. Date Filed 01/18/2024			
		e. Phone Number (919) 273-1908			
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name		
2023	10/24/2023	12/31/2023	WILLIAM C PEARSON		
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"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> Special <input type="checkbox"/> Special		Referendum	
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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:					
8. Number of Fundraisers this Report					
0					
3. Account Information		3. Account Information			
a. Financial Institution Full Name FIRST NATIONAL BANK		a. Financial Institution Full Name RECEIVED WCBOF			
b. Purpose	c. Account Code	b. Purpose	c. Account Code		
CAMPAIGN	1	JAN 22 2024			
	d. Period Begin Balance	BY	d. Period Begin Balance		
	\$ 725.92		\$		
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					
WILLIAM C PEARSON Printed Name of Signer				01/18/2024 Date	
FOR OFFICE USE ONLY					
Date Received:	01/22/24	Employee:	AC	Delivery Method	<input type="checkbox"/> Normal Mail
Date Postmarked:		Employee:		<input type="checkbox"/> Registered Mail	
Date Scanned:		Employee:		<input checked="" type="checkbox"/> Hand Delivered	
Date Data Entered:		Employee:		<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)	2. Type of Report	3. ID Number
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE	2023 Year End Semi-Annual	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 725.92
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00
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)	\$ 1,550.00
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)		\$ 1,550.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 1,924.74
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)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,924.74
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 351.18
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 8,450.00
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

Loan Proceeds

Pg 1 of 2 Yes No

Amendment

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE		2. ID Number		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR		d. Comments
		c. Employer's Name/Specific Field SELF EMPLOYED		e. Start Date (mm/dd/yyyy) 11/03/2023
				f. End Date (mm/dd/yyyy)
g. Rate 0.000 %	h. Security Pledged	i. Account Code 1	j. Form of Payment Money Order	k. Amount \$ 850.00
l. Full Name of Lending Institution			m. Loan Number	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 1,550.00

CRO-1410

NC State Board of Elections

April 2007

Loan Proceeds

Pg 2 of 2 Yes No

Amendment

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE		2. ID Number		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR		d. Comments
		c. Employer's Name/Specific Field SELF EMPLOYED		e. Start Date (mm/dd/yyyy) 11/06/2023
				f. End Date (mm/dd/yyyy)
g. Rate 0.000 %	h. Security Pledged	i. Account Code 1	j. Form of Payment Money Order	k. Amount \$ 700.00
l. Full Name of Lending Institution				m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage	e. Amount	
		%	\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 1,550.00

CRO-1410

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 4 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	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE			
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
ACCU COPY 322 JOHN ST GOLDSBORO, NC 27530-3602		d. Comments e. Election Sum to Date \$ 2,732.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Debit Card	B	11/01/2023
1	Debit Card	B	11/09/2023
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
KESHA ELLIS 3201 CENTRAL HEIGHTS RD GOLDSBORO, NC 27534		d. Comments e. Election Sum to Date \$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	11/07/2023
			\$
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 c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
AUDREY EXUM 532 MITCHELL RD DUDLEY, NC 28333		d. Comments e. Election Sum to Date \$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	O	11/07/2023
			\$
5. Total only this Page		\$ 965.23	
6. Total of ALL CRO-1310 Pages		\$ 1,924.74	
(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)			
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 4 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			
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
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	
FOOD LION 1809 E Ash S 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 \$ 53.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	11/07/2023	\$ 53.98	11. Event food & beverages
				\$	
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	
GATOR BOUNCE HOUSES & PARTY RENTALS 600 OLIVER ST. MT OLIVE, NC 28365		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 \$ 53.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	FO	11/13/2023	\$ 53.50	9. EVENT SUPPLIES
				\$	
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	
JOANN FABRIC AND CRAFTS 625 N BERKELEY BLVD #H 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 \$ 31.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	B	11/06/2023	\$ 31.98	15. PRINT MEDIA
				\$	
5. Total only this Page					\$ 139.46
6. Total of ALL CRO-1310 Pages					\$ 1,924.74
(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)					
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 4 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			
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
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	
NADINE MCEACHERN 206 GERALD LN GOLDSBORO, NC 27530					
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date	
		\$ 2,550.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/03/2023	\$ 350.00	21. GOTV-Door-to-Door
1	Check	O	11/08/2023	\$ 200.00	22. GOTV-Poll Workers
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	
META PLATFORMS, INC. 1601 WILLOW RD MENLO PARK, CA 94025 (650) 543-4800					
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date	
		\$ 144.60			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	11/06/2023	\$ 8.39	16. INTERNET ADS
1	Debit Card	A	11/08/2023	\$ 27.00	16. INTERNET 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	
META PLATFORMS, INC. 1601 WILLOW RD MENLO PARK, CA 94025 (650) 543-4800					
		e. Level Registered (Specify)			
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:		
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	e. Election Sum to Date	
		\$ 144.60			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	12/07/2023	\$ 9.66	16. INTERNET ADS
				\$	
5. Total only this Page					\$ 595.05
6. Total of ALL CRO-1310 Pages					\$ 1,924.74
(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)					\$ 1,924.74
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 4 of 4 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	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE					
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) CYNTHIA ROBINSON 508 KING DR. 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 \$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/07/2023	\$ 75.00	22. GOTV-Poll Workers
				\$	22. GOTV-Poll Workers
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) RODNEY ROBINSON 420 HOLLOWELL AVE 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 \$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/07/2023	\$ 50.00	22. GOTV-Poll Workers
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) REGINALD WILKINS 104 S. CENTER 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 \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/07/2023	\$ 100.00	22. GOTV-Poll Workers
				\$	
5. Total only this Page \$ 225.00					
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>					
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)					

Outstanding Loans

Amendment
Pg 1 of 3 Yes No

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)		2. ID Number	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE			
3. Lender Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		c. Employer's Name/Specific Field SELF EMPLOYED	
		e. Start Date (mm/dd/yyyy) 07/06/2023	
g. Rate %		h. Security Pledged \$ 300.00	
i. Original Loan Amount \$ 300.00		j. Remaining Loan Balance \$ 300.00	
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		c. Employer's Name/Specific Field SELF EMPLOYED	
		e. Start Date (mm/dd/yyyy) 07/24/2023	
g. Rate %		h. Security Pledged \$ 2,000.00	
i. Original Loan Amount \$ 2,000.00		j. Remaining Loan Balance \$ 2,000.00	
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		c. Employer's Name/Specific Field SELF EMPLOYED	
		e. Start Date (mm/dd/yyyy) 07/25/2023	
g. Rate %		h. Security Pledged \$ 600.00	
i. Original Loan Amount \$ 600.00		j. Remaining Loan Balance \$ 600.00	
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 2,900.00	
5. Total of ALL CRO-1430 Pages		\$ 8,450.00	
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			

Outstanding Loans

Page 2 of 3 **Amendment** Yes No

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) JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE				2. ID Number
3. Lender 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	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED	07/26/2023	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
%		\$ 2,000.00	\$ 2,000.00	
k. Full Name of Lending Institution				l. Loan Number
3. Lender 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	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED	11/03/2023	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
0.00%		\$ 850.00	\$ 850.00	
k. Full Name of Lending Institution				l. Loan Number
3. Lender 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	
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533 (919) 273-1908		BAIL BONDSMAN / PRIVATE INVESTIGATOR		
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)	
		SELF EMPLOYED	11/06/2023	
			f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	
0.00%		\$ 700.00	\$ 700.00	
k. Full Name of Lending Institution				l. Loan Number
4. Total only this Page				\$ 3,550.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 8,450.00

Outstanding Loans

Pg 3 of 3 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)		2. ID Number	
JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR	d. Comments
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533		c. Employer's Name/Specific Field SELF EMPLOYED	e. Start Date (mm/dd/yyyy) 04/28/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%		\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession BAIL BONDSMAN / PRIVATE INVESTIGATOR	d. Comments
JAMIE TAYLOR P.O. BOX 72 GOLDSBORO, NC 27533		c. Employer's Name/Specific Field SELF EMPLOYED	e. Start Date (mm/dd/yyyy) 06/12/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%		\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page \$ 2,000.00			
5. Total of ALL CRO-1430 Pages \$ 8,450.00 <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

• Name of committee to receive loan:	JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE
• Person or committee to make loan:	JAMIE TAYLOR
• Date of loan to committee:	11/06/2023
• Name of lending institution (source):	N/A
• Amount of loan:	\$700.00
• Description (if in-kind loan):	N/A
• Names of all parties responsible for payment of loan (guarantors):	N/A
	RECEIVED WCBOE
• Period of loan:	N/A
• Rate of interest of loan:	0.0%
• Security pledged for loan:	N/A

I, JAMIE TAYLOR, acknowledge that all of the information (Person lending money to committee) provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Signature of Lender

11/06/2023

Date Signed

11/06/2023

Date Signed

Signature of Treasurer of Committee

CRO-6100

Loan Proceeds Statement



NORTH CAROLINA

STATE BOARD OF ELECTIONS

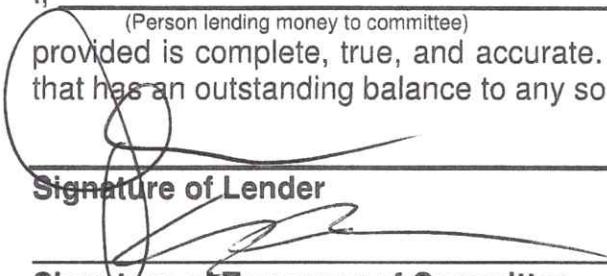
Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

• Name of committee to receive loan:	JAMIE TAYLOR FOR DISTRICT 3 COMMITTEE
• Person or committee to make loan:	JAMIE TAYLOR
• Date of loan to committee:	11/03/2023
• Name of lending institution (source):	N/A
• Amount of loan:	\$850.00
• Description (if in-kind loan):	N/A
• Names of all parties responsible for payment of loan (guarantors):	N/A
RECEIVED	
WCBOE	
• Period of loan:	N/A
• Rate of interest of loan:	0.0%
• Security pledged for loan:	N/A
JAN 22 2024	
BY	

I, JAMIE TAYLOR, acknowledge that all of the information (Person lending money to committee) provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.


Signature of Lender

11/03/2023

Date Signed

11/03/2023

Date Signed


Signature of Treasurer of Committee

CRO-6100

Loan Proceeds Statement