

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 WEEKS FOR GOLDSBORO COMMITTEE		c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO BOX 407 GOLDSBORO, NC 27534		d. Date Filed 01/26/2024	
		e. Phone Number (919) 920-5189	
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 10/24/2023	4. Period End Date (mm/dd/yy) 12/31/2023	5. Treasurer Full Name FORREST C PHILLIPS III
6. Type of Committee (Check One) <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		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 type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" 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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		10. Special Report Name	
8. Number of Fundraisers this Report 0			
3. Account Information a. Financial Institution Full Name FIRST CITIZENS BANK		3. Account Information a. Financial Institution Full Name RECEIVED WCBOE JAN 26 2024	
b. Purpose FOR RECEIPTS AND EXPENSES	c. Account Code 888	b. Purpose RECEIVED WCBOE JAN 26 2024	c. Account Code
	d. Period Begin Balance \$		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			
<i>Forrest C. Phillips III</i> Printed Name of Signer		<i>Forrest C. Phillips III</i> Signature of Appointed Treasurer	
		01/26/2024 Date	
FOR OFFICE USE ONLY			
Date Received:	01/26/2024	Employee:	<i>BT</i>
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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)	2. Type of Report	3. ID Number
WEEKS FOR GOLDSBORO COMMITTEE	2023 Year End Semi-Annual	
Start of Election Cycle: January 1, 2023		Total this Reporting Period
4) Cash on Hand at Start		\$ 1,353.84
RECEIPTS		
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$ 75.00
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ 4,130.00
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$ 0.00
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$ 0.00
9) Loan Proceeds	<i>(CRO-1410)</i>	\$ 0.00
10) Refunds/Reimbursements to the Committee	<i>(CRO-1240)</i>	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	<i>(CRO-1250)</i>	\$ 0.00
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$ 0.00
11d) Legal Expense Fund - Other Sources	<i>(CRO-1270)</i>	\$ 0.00
11e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 4,205.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$ 3,687.50
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$ 0.00
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$ 0.00
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$ 100.00
15) Loan Repayments	<i>(CRO-1420)</i>	\$ 0.00
16) Refunds/Reimbursements from the Committee	<i>(CRO-1320)</i>	\$ 0.00
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$ 80.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,867.50
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,691.34
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$ 0.00
22) Debts and Obligations owed by the Committee	<i>(CRO-1610)</i>	\$ 0.00
23) Debts and Obligations owed to the Committee	<i>(CRO-1620)</i>	\$ 0.00
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$ 0.00
25) Administrative Support	<i>(CRO-1710)</i>	\$ 0.00
26) Forgiven Loans	<i>(CRO-1440)</i>	\$ 0.00
27) 48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$ 0.00
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$ 0.00

Amendment

Aggregated Contributions from Individuals Page 1 of 1 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. C Committee Full Name (and Fund if applicable)	2. ED Number
WEEKS FOR GOLDSBORO COMMITTEE	

3. Contribution Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	888	Check		10/28/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	888	Check		10/26/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 75.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 75.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 3 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
WEEKS FOR GOLDSBORO COMMITTEE			
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession RETIRED	d. Comments
JACK BEST 809 Mill Rd GOLDSBORO, NC 27534 (919) 778-2135		c. Employer's Name/Specific Field RETIRED	e. Election Sum to Date \$ 350.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	888	Check	
<input type="checkbox"/>			
<input type="checkbox"/>			
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession RETIRED	d. Comments
SHARON LEE MEMMELAAR 1301 Crisp St. GOLDSBORO, NC 27534		c. Employer's Name/Specific Field RETIRED	e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	888	Check	
<input type="checkbox"/>			
<input type="checkbox"/>			
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession ACCOUNTANT	d. Comments
STEVE MITCHELL 402 Chancery Dr. GOLDSBORO, NC 27530 (919) 581-9406		c. Employer's Name/Specific Field SELF EMPLOYED	e. Election Sum to Date \$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	888	Check	
<input type="checkbox"/>			
<input type="checkbox"/>			
4. Total only this Page		\$ 950.00	
5. Total of ALL CRO-1210 Pages		\$ 4,130.00	
<i>(This Form is to be on Line 6 of Detailed Summary Page CRO-1100)</i>			

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

WEEKS FOR GOLDSBORO COMMITTEE					2010	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
BRENDA STONE 2902 Wolf Trap Dr. WILSON, NC 27896 (252) 399-9983			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED	e. Election Sum to Date		
				\$ 3,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	888	Check		10/27/2023	\$ 3,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
BEVERLY WEEKS 313 PINELAND DRIVE GOLDSBORO, NC 27534			EXECUTIVE DIRECTOR			
			c. Employer's Name/Specific Field			
			WPC CRY FREEDOM MISSIONS	e. Election Sum to Date		
				\$ 270.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	888	In-Kind	GOOGLE - GMAIL	11/01/2023	\$ 12.00	
<input type="checkbox"/>	888	In-Kind	Wix WIX.Com	11/30/2023	\$ 28.00	
<input type="checkbox"/>	888	In-Kind	Google GMAIL	12/01/2023	\$ 12.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
BEVERLY WEEKS 313 PINELAND DRIVE GOLDSBORO, NC 27534			EXECUTIVE DIRECTOR			
			c. Employer's Name/Specific Field			
			WPC CRY FREEDOM MISSIONS	e. Election Sum to Date		
				\$ 270.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	888	In-Kind	Wix WIX.Com WEBSITE	12/01/2023	\$ 28.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page <input type="checkbox"/> 5. Total of ALL CRO 1210 Pages <input type="checkbox"/>						
\$ 3,080.00						
\$ 4,130.00						

Contributions from Individuals

Pg 3 of 3 Yes No

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

C. Committee Full Name (and Xtra if applicable)		2. ID Number	
WEEKS FOR GOLDSBORO COMMITTEE			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES WOODARD 500 Eden Church Rd SNOW HILL, NC 28580 (919) 738-4209		b. Job Title/Profession RETIRED	d. Comments
		c. Employer's Name/Specific Field RETIRED	e. Election Sum to Date \$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description
<input type="checkbox"/>	888	Check	
<input type="checkbox"/>			
<input type="checkbox"/>			
d. Total only this Page		\$ 100.00	
e. Total of All CRO-1210 Pages (This is the sum of all of Detailed Summary Page CRO-1100)		\$ 4,130.00	

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Amendment
Pg 1 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

1. Disbursement Information						2. ID Number
WEEKS FOR GOLDSBORO COMMITTEE						
<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) CLIFTON BROADHURST 101 ROSEMARY COURT DUDLEY, NC 28333 (919) 221-6713			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 1,600.00	
f. Account Code 888	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/06/2023	j. Amount \$ 100.00	k. Required Remarks CAMPAIGN CONSULTING \$ / POLL WORKER	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Campaign Connections 3801 Lake Boone Trail Suite 255 RALEIGH, NC 27607 (919) 834-8994			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 4,500.00	
f. Account Code 888	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/06/2023	j. Amount \$ 2,500.00	k. Required Remarks CAMPAIGN \$ CONSULTANT/	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CFM Café PO BOX 1235 GOLDSBORO, NC 27533 (919) 947-5102			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 325.00	
f. Account Code 888	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/01/2023	j. Amount \$ 325.00	k. Required Remarks CATERING - RESULTS \$ WATCH	
5. Total only this Page						\$ 2,925.00
d. Total of All CRO-1310 Pages <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Commt)</small> <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>						\$ 3,687.50
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses		D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund
<small>* Codes require detailed explanation in required remarks field (k)</small>						

Disbursements

Amendment

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

1. Committee Full Name (and ID number)						2. ID Number	
WEEKS FOR GOLDSBORO COMMITTEE							
3. Type of Disbursement (Please use one or more CRO-1310 form for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Person Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) New Old North Media LLC 1403 E Mulberry St GOLDSBORO, NC 27534 (919) 648-9905			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 400.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
888	Check	A	11/01/2023	\$ 400.00	Advertising		
				\$	ADVERTISING		
4. Person Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CYNTHIA ROBINSON GOLDSBORO, NC			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 262.50		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
888	Check	O	11/01/2023	\$ 262.50	POLL WORKER /		
				\$	CONSULTANT		
4. Person Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID TAYLOR GOLDSBORO, NC			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments 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		
888	Check	O	11/06/2023	\$ 100.00	POLL WORKER /		
				\$	CONSULTANT		
5. Total Disbursements <input type="checkbox"/> Add <input type="checkbox"/> Remove \$ 762.50							
6. Total of All CRO-1310 Lines <input type="checkbox"/> Add <input type="checkbox"/> Remove \$ 3,687.50							
7. Purpose Codes (list detailed expenditure code in the 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)							

Aggregated Non-Media Expenditures

Amendment
Page 1 of 1 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

WEEKS FOR GOLDSBORO COMMITTEE																					
3. Present Expenditures																					
	Category	Description	Amount	Date (mm/dd/yyyy)	Remarks																
<input type="checkbox"/> Add	888	Check	0	11/06/2023	\$ 50.00 POLL WORKER / CONSULTANT																
<input type="checkbox"/> Remove																					
<input type="checkbox"/> Add	888	Check	0	11/06/2023	\$ 50.00 POLL WORKER / CONSULTANT																
<input type="checkbox"/> Remove																					
4. Total only this Page																					
5. Total of ALL CRO-1315 Pages <i>Printed on Form 14 of Detailed Summary Page CRO-1100</i>																					
<table border="1"><tr><td></td><td>B* - Printing</td><td></td><td>D - To Another Candidate</td></tr><tr><td>E - Salaries</td><td></td><td>G - Political Party</td><td></td></tr><tr><td></td><td>J - Penalties</td><td></td><td>Q* - Donations to Legal Expense Fund</td></tr><tr><td>O* - Other</td><td></td><td></td><td></td></tr></table>							B* - Printing		D - To Another Candidate	E - Salaries		G - Political Party			J - Penalties		Q* - Donations to Legal Expense Fund	O* - Other			
	B* - Printing		D - To Another Candidate																		
E - Salaries		G - Political Party																			
	J - Penalties		Q* - Donations to Legal Expense Fund																		
O* - Other																					
* Codes require detailed explanation in required remarks field (g)																					

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions

Amendment
Pg 1 of 1 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.

<input type="checkbox"/> Committee Full Name (and Fund if applicable) WEEKS FOR GOLDSBORO COMMITTEE	<input type="checkbox"/> Add <input type="checkbox"/> Remove 2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) BEVERLY WEEKS 313 PINELAND DRIVE GOLDSBORO, NC 27534	b. Type of Contributor <input checked="" 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 \$ 270.00
e. Description GOOGLE - GMAIL	f. Date (mm/dd/yyyy) 11/01/2023	g. Fair Market Amount \$ 12.00
Wix WIX.Com	11/30/2023	\$ 28.00
Google GMAIL	12/01/2023	\$ 12.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) BEVERLY WEEKS 313 PINELAND DRIVE GOLDSBORO, NC 27534	b. Type of Contributor <input checked="" 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 \$ 270.00
e. Description Wix WIX.Com WEBSITE	f. Date (mm/dd/yyyy) 12/01/2023	g. Fair Market Amount \$ 28.00
		\$
		\$
4. Total only this Page	\$ 80.00	
5. Total of All CRO-1110 Pages <i>Use this form for an amount of Donations, Non-Monetary Items CRO-1110</i>	\$ 80.00	