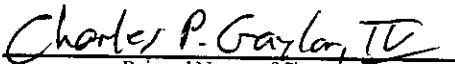
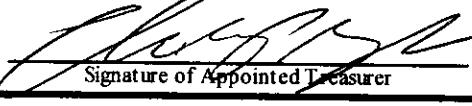


# Disclosure Report Cover

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.

<p><b>a. Full Name</b> THE GAYLOR FOR GOLDSBORO COMMITTEE</p>				<b>c. ID Number</b>																																				
<p><b>b. Mailing Address (include City, State and Zip Code)</b> 702 PARK AVENUE GOLDSBORO, NC 27530</p>				<b>d. Date Filed</b> 01/25/2024  <b>e. Phone Number</b> (919) 273-3084																																				
2023	10/24/2023	12/31/2023	CHARLES PARSON GAYLOR IV																																					
<b>Type of Committee (Check One)</b> <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  <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:		<b>Category (check only one type of report from one category)</b> <table border="1"> <thead> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </tbody> </table> <b>10. Special Report Name</b> <input type="text" value="0"/>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<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	
Municipal	State/County	Referendum																																						
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																						
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<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																							
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<input type="checkbox"/> Special																																							
<b>a. Financial Institution Full Name</b> NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION		<b>a. Financial Institution Full Name</b> RECEIVED WCBQE <input type="text" value="Account Code"/>  <b>b. Purpose</b> GENERAL OPERATING ACCOUNT <input type="text" value="001"/>  <b>d. Period Begin Balance</b> \$ <input type="text" value="0.00"/>																																						
<b>b. Purpose</b> GENERAL OPERATING ACCOUNT		<b>b. Purpose</b> JAN 26 2024 <input type="text" value="Account Code"/>  <b>d. Period Begin Balance</b> \$ <input type="text" value="0.00"/>																																						
<b>CERTIFICATION</b> 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																																								
 Printed Name of Signer		 Signature of Appointed Treasurer																																						
01/25/2024 <input type="text" value="Date"/>  <b>FOR OFFICE USE ONLY</b> <table> <tr> <td>Date Received:</td> <td><u>1/25/24</u></td> <td>Employee:</td> <td><u>AC</u></td> <td>Delivery Method</td> </tr> <tr> <td>Date Postmarked:</td> <td></td> <td>Employee:</td> <td></td> <td><input type="checkbox"/> Normal Mail</td> </tr> <tr> <td>Date Scanned:</td> <td></td> <td>Employee:</td> <td></td> <td><input checked="" type="checkbox"/> Registered Mail</td> </tr> <tr> <td>Date Data Entered:</td> <td></td> <td>Employee:</td> <td></td> <td><input checked="" type="checkbox"/> Hand Delivered</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Electronically Filed</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>					Date Received:	<u>1/25/24</u>	Employee:	<u>AC</u>	Delivery Method	Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail	Date Scanned:		Employee:		<input checked="" type="checkbox"/> Registered Mail	Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered					<input checked="" type="checkbox"/> Electronically Filed					<input type="checkbox"/> Signer has not received mandatory training						
Date Received:	<u>1/25/24</u>	Employee:	<u>AC</u>	Delivery Method																																				
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Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered																																				
				<input checked="" type="checkbox"/> Electronically Filed																																				
				<input type="checkbox"/> Signer has not received mandatory training																																				
<b>Please Note:</b> 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

<b>1. Committee Full Name (and Fund if applicable)</b> THE GAYLOR FOR GOLDSBORO COMMITTEE	<b>2. Type of Report</b> 2023 Year End Semi-Annual	<b>3. ID Number</b>	
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>	
<b>4) Cash on Hand at Start</b>		\$ 4,678.09 \$ 0.00	
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b>	(CRO-1205)	\$ 100.00 \$ 1,277.00	
<b>6) Contributions from Individuals</b>	(CRO-1210)	\$ 4,418.53 \$ 45,446.06	
<b>7) Contributions from Political Party Committees</b>	(CRO-1220)	\$ 0.00 \$ 0.00	
<b>8) Contributions from Other Political Committees</b>	(CRO-1230)	\$ 0.00 \$ 0.00	
<b>9) Loan Proceeds</b>	(CRO-1410)	\$ 0.00 \$ 2,000.00	
<b>10) Refunds/Reimbursements to the Committee</b>	(CRO-1240)	\$ 0.00 \$ 0.00	
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b>	(CRO-1250)	\$ 0.00 \$ 0.00	
<b>11b) Contributions from Not-For-Profit Organizations</b>	(CRO-1250)	\$ 0.00 \$ 0.00	
<b>11c) Outside Sources of Income</b>	(CRO-1250)	\$ 0.00 \$ 0.00	
<b>11d) Legal Expense Fund - Other Sources</b>	(CRO-1270)	\$ 0.00 \$ 0.00	
<b>11e) Exempt Purchase Price Sales</b>	(CRO-1265)	\$ 0.00 \$ 0.00	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$ 4,518.53 \$ 48,723.06	
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b>	(CRO-1310)	\$ 6,025.86 \$ 43,826.94	
<b>13b) Contributions to Candidates/Political Committees</b>	(CRO-1310)	\$ 0.00 \$ 0.00	
<b>13c) Coordinated Party Expenditures</b>	(CRO-1310)	\$ 0.00 \$ 0.00	
<b>14) Aggregated Non-Media Expenditures</b>	(CRO-1315)	\$ 190.35 \$ 583.18	
<b>15) Loan Repayments</b>	(CRO-1420)	\$ 0.00 \$ 0.00	
<b>16) Refunds/Reimbursements from the Committee</b>	(CRO-1320)	\$ 0.00 \$ 0.00	
<b>17) In-Kind Contributions</b>	(CRO-1510)	\$ 268.53 \$ 1,601.06	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 6,484.74 \$ 46,011.18	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 2,711.88 \$ 2,711.88	
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b>	(CRO-1330)	\$ 0.00	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	(CRO-1430)	\$ 2,000.00	
<b>22) Debts and Obligations owed by the Committee</b>	(CRO-1610)	\$ 0.00	
<b>23) Debts and Obligations owed to the Committee</b>	(CRO-1620)	\$ 0.00	
<b>24) Account Transfers Within the Committee</b>	(CRO-1720)	\$ 0.00	
<b>25) Administrative Support</b>	(CRO-1710)	\$ 0.00 \$ 0.00	
<b>26) Forgiven Loans</b>	(CRO-1440)	\$ 0.00 \$ 0.00	
<b>27) 48-Hour Notice Reports Sum</b>	(CRO-2220)	\$ 0.00 \$ 0.00	
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$ 0.00 \$ 0.00	

**Aggregated Contributions from Individuals** Page 1 of 1  Yes  No

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

<b>1. Committee/Political Fund Name (and Fund if applicable)</b> THE GAYLOR FOR GOLDSBORO COMMITTEE		<b>2. ID Number</b>			
<b>3. Contribution Information</b>					
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		10/24/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check		10/24/2023	\$ 50.00
<b>4. Total only this Page</b>				\$	\$100.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$100.00

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 5  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> THE GAYLOR FOR GOLDSBORO COMMITTEE	<b>2. ID Number</b>
--	---------------------

<b>3. Contributor Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  BUD ANDREWS 717 S. CRESCENT DRIVE SMITHFIELD, NC 27577		<b>b. Job Title/Profession</b> NO PROFESSION OR JOB TITLE <b>c. Employer's Name/Specific Field</b> NOT WORKING	<b>d. Comments</b>
		<b>e. Election Sum to Date</b> \$ 100.00	

<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	001	Check		10/25/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  THOMAS BELL 408 TRYON DRIVE GOLDSBORO, NC 27530		<b>b. Job Title/Profession</b> NO PROFESSION OR JOB TITLE <b>c. Employer's Name/Specific Field</b> NOT WORKING	<b>d. Comments</b>
		<b>e. Election Sum to Date</b> \$ 100.00	

<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	001	Check		10/24/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b>			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  SONJA EMERSON 1006 EAST MULBERRY STREET GOLDSBORO, NC 27530		<b>b. Job Title/Profession</b> EXEC. DIRECTOR EXCEPTIONAL CHILDREN <b>c. Employer's Name/Specific Field</b> WAYNE COUNTY PUBLIC SCHOOLS	<b>d. Comments</b>
		<b>e. Election Sum to Date</b> \$ 250.00	

<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	001	Check		10/24/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 450.00
<b>5. Total of ALL CRO 1210 Pages</b> <small>(This form is part of the 4 of Double面单面, Page CRO-1100)</small>	\$ 4,418.53

# Contributions from Individuals

Pg 2 of 5  Yes  No

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

1. Committee/Off Name (and Fund if applicable)		2. ID Number																					
THE GAYLOR FOR GOLDSBORO COMMITTEE																							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530</td> <td colspan="2">TEACHER</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">WAYNE COUNTRY DAY SCHOOL</td> </tr> <tr> <td colspan="4"> e. Election Sum to Date  \$ 2,104.06 </td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments		RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530		TEACHER				c. Employer's Name/Specific Field				WAYNE COUNTRY DAY SCHOOL		e. Election Sum to Date \$ 2,104.06			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530		TEACHER																					
		c. Employer's Name/Specific Field																					
		WAYNE COUNTRY DAY SCHOOL																					
e. Election Sum to Date \$ 2,104.06																							
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>																		
<input type="checkbox"/>	001	Check		11/06/2023	\$ 750.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084</td> <td colspan="2">ATTORNEY</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">COMMUNITY CARE OF NORTH CAROLINA, INC.</td> </tr> <tr> <td colspan="4"> e. Election Sum to Date  \$ 2,695.68 </td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments		CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY				c. Employer's Name/Specific Field				COMMUNITY CARE OF NORTH CAROLINA, INC.		e. Election Sum to Date \$ 2,695.68			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY																					
		c. Employer's Name/Specific Field																					
		COMMUNITY CARE OF NORTH CAROLINA, INC.																					
e. Election Sum to Date \$ 2,695.68																							
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>																		
<input type="checkbox"/>	001	In-Kind	FOOD LION - POLL SNACKS	10/27/2023	\$ 40.24																		
<input type="checkbox"/>	001	In-Kind	CARLIE C'S - POSTAGE STAMPS	10/27/2023	\$ 68.23																		
<input type="checkbox"/>	001	In-Kind	CIRCLE K - POLL SNACKS	10/30/2023	\$ 10.06																		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Job Title/Profession</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2">WALTER HEATH 103 LEAFWOOD DRIVE GOLDSBORO, NC 27534</td> <td colspan="2">BUSINESS DEVELOPER</td> </tr> <tr> <td colspan="2"></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">HEATH INVESTMENT GROUP, INC.</td> </tr> <tr> <td colspan="4"> e. Election Sum to Date  \$ 500.00 </td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments		WALTER HEATH 103 LEAFWOOD DRIVE GOLDSBORO, NC 27534		BUSINESS DEVELOPER				c. Employer's Name/Specific Field				HEATH INVESTMENT GROUP, INC.		e. Election Sum to Date \$ 500.00			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments																					
WALTER HEATH 103 LEAFWOOD DRIVE GOLDSBORO, NC 27534		BUSINESS DEVELOPER																					
		c. Employer's Name/Specific Field																					
		HEATH INVESTMENT GROUP, INC.																					
e. Election Sum to Date \$ 500.00																							
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>																		
<input type="checkbox"/>	001	Credit Card		10/31/2023	\$ 500.00																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
<b>4. Total only this Page</b>				\$	1,368.53																		
<b>5. Total of ALL CRO 1210 Pages</b> <i>(This line would be on Line 6 of Detailed Summary Page CRO 1210)</i>				\$	4,418.53																		

# Contributions from Individuals

Pg 3 of 5  Yes  No

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

<b>1. Committee Full Name (and Fwd if applicable)</b>		<b>2. ID Number</b>																									
THE GAYLOR FOR GOLDSBORO COMMITTEE																											
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b></td> <td><b>b. Job Title/Profession</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td>TOMMY JARRETT 1607 EVERGREEN AVE GOLDSBORO, NC 27530</td> <td>ATTORNEY</td> <td></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b></td> <td></td> </tr> <tr> <td></td> <td>Dees, Smith, Powell, Jarrett, Dees &amp; Jones, LLP</td> <td></td> </tr> <tr> <td></td> <td><b>e. Election Sum to Date</b></td> <td></td> </tr> <tr> <td></td> <td>\$ 100.00</td> <td></td> </tr> </table>				<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	TOMMY JARRETT 1607 EVERGREEN AVE GOLDSBORO, NC 27530	ATTORNEY			<b>c. Employer's Name/Specific Field</b>			Dees, Smith, Powell, Jarrett, Dees & Jones, LLP			<b>e. Election Sum to Date</b>			\$ 100.00							
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>																									
TOMMY JARRETT 1607 EVERGREEN AVE GOLDSBORO, NC 27530	ATTORNEY																										
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<input type="checkbox"/>	001	Credit Card		10/24/2023	\$ 100.00																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b></td> <td><b>b. Job Title/Profession</b></td> <td><b>d. Comments</b></td> </tr> <tr> <td>ANDREW JERNIGAN 1204 PARK AVENUE B GOLDSBORO, NC 27530</td> <td>PRESIDENT</td> <td></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b></td> <td></td> </tr> <tr> <td></td> <td>JERNIGAN FURNITURE</td> <td></td> </tr> <tr> <td></td> <td><b>e. Election Sum to Date</b></td> <td></td> </tr> <tr> <td></td> <td>\$ 350.00</td> <td></td> </tr> </table>				<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>	ANDREW JERNIGAN 1204 PARK AVENUE B GOLDSBORO, NC 27530	PRESIDENT			<b>c. Employer's Name/Specific Field</b>			JERNIGAN FURNITURE			<b>e. Election Sum to Date</b>			\$ 350.00		<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>																									
ANDREW JERNIGAN 1204 PARK AVENUE B GOLDSBORO, NC 27530	PRESIDENT																										
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	JERNIGAN FURNITURE																										
	<b>e. Election Sum to Date</b>																										
	\$ 350.00																										
<input type="checkbox"/>	001	Credit Card		10/24/2023	\$ 250.00																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
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<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>	<b>b. Job Title/Profession</b>	<b>d. Comments</b>																									
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	ADAIR LLC																										
	<b>e. Election Sum to Date</b>																										
	\$ 200.00																										
<input type="checkbox"/>	001	Check		10/25/2023	\$ 200.00																						
<input type="checkbox"/>					\$																						
<input type="checkbox"/>					\$																						
<b>4. Total only this Page</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <b>5. Total of ALL CRO-1210 Pages</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <i>For more detailed reporting, use Form CRO-1205</i>				\$ 550.00	\$ 4,418.53																						

# Contributions from Individuals

Amendment

Pg 4 of 5  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> THE GAYLOR FOR GOLDSBORO COMMITTEE		<b>2. ID Number</b>										
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> NANCY MCCALL 205 GLEN OAK DRIVE GOLDSBORO, NC 27534</td> <td><b>b. Job Title/Profession</b> SPEECH AND LANGUAGE PATHOLOGIST</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b> HEAD START</td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b> \$ 150.00</td> </tr> </table>				<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> NANCY MCCALL 205 GLEN OAK DRIVE GOLDSBORO, NC 27534	<b>b. Job Title/Profession</b> SPEECH AND LANGUAGE PATHOLOGIST	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b> HEAD START				<b>e. Election Sum to Date</b> \$ 150.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> NANCY MCCALL 205 GLEN OAK DRIVE GOLDSBORO, NC 27534	<b>b. Job Title/Profession</b> SPEECH AND LANGUAGE PATHOLOGIST	<b>d. Comments</b>										
	<b>c. Employer's Name/Specific Field</b> HEAD START											
		<b>e. Election Sum to Date</b> \$ 150.00										
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>									
<input type="checkbox"/>	001	In-Kind	CANDIDATE MEET AND GREET									
<input type="checkbox"/>												
<input type="checkbox"/>												
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOANNE ROBERTS 2903 MCLAIN STREET GOLDSBORO, NC 27534</td> <td><b>b. Job Title/Profession</b> NO JOB TITLE OR PROFESSION</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b> NOT WORKING</td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b> \$ 100.00</td> </tr> </table>				<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOANNE ROBERTS 2903 MCLAIN STREET GOLDSBORO, NC 27534	<b>b. Job Title/Profession</b> NO JOB TITLE OR PROFESSION	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b> NOT WORKING				<b>e. Election Sum to Date</b> \$ 100.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOANNE ROBERTS 2903 MCLAIN STREET GOLDSBORO, NC 27534	<b>b. Job Title/Profession</b> NO JOB TITLE OR PROFESSION	<b>d. Comments</b>										
	<b>c. Employer's Name/Specific Field</b> NOT WORKING											
		<b>e. Election Sum to Date</b> \$ 100.00										
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>									
<input type="checkbox"/>	001	Check										
<input type="checkbox"/>												
<input type="checkbox"/>												
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td><b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN SEEGARS 102 Wackena Point Road GOLDSBORO, NC 27534</td> <td><b>b. Job Title/Profession</b> VICE PRESIDENT/CMO</td> <td><b>d. Comments</b></td> </tr> <tr> <td></td> <td><b>c. Employer's Name/Specific Field</b> SEEGARS FENCE COMPANY</td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>e. Election Sum to Date</b> \$ 800.00</td> </tr> </table>				<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN SEEGARS 102 Wackena Point Road GOLDSBORO, NC 27534	<b>b. Job Title/Profession</b> VICE PRESIDENT/CMO	<b>d. Comments</b>		<b>c. Employer's Name/Specific Field</b> SEEGARS FENCE COMPANY				<b>e. Election Sum to Date</b> \$ 800.00
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> JOHN SEEGARS 102 Wackena Point Road GOLDSBORO, NC 27534	<b>b. Job Title/Profession</b> VICE PRESIDENT/CMO	<b>d. Comments</b>										
	<b>c. Employer's Name/Specific Field</b> SEEGARS FENCE COMPANY											
		<b>e. Election Sum to Date</b> \$ 800.00										
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>									
<input type="checkbox"/>	001	Check										
<input type="checkbox"/>												
<input type="checkbox"/>												
<b>4. Total only this Page</b> \$ 1,050.00												
<b>5. Total of ALL CRO-1210 Pages</b> \$ 4,418.53 <i>(This line can be on line 6 of Detailed Summary Page CRO-1140)</i>												

# Contributions from Individuals

Pg 5 of 5  Yes  No

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

## 1. Committee/Political Fund Name (and Fund if applicable)

THE GAYLOR FOR GOLDSBORO COMMITTEE

2. ID Number

## 3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments
WES SEEGARS 743 LAKE WACKENA ROAD GOLDSBORO, NC 27534	c. Employer's Name/Specific Field NOT EMPLOYED	e. Election Sum to Date \$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Credit Card		11/06/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession PHYSICIAN	d. Comments
DAVID TAYLOE JR 1406 E. MULBERRY STREET GOLDSBORO, NC 27530	c. Employer's Name/Specific Field GOLDSBORO PEDIATRICS	e. Election Sum to Date \$ 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"/>	001	Check		11/02/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

Add  Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession NO JOB TITLE OR PROFESSION	d. Comments
CHARLOTTE MAXWELL WEAVER 300 GLEN OAK DRIVE GOLDSBORO, NC 27534	c. Employer's Name/Specific Field NOT WORKING	e. Election Sum to Date \$ 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"/>	001	Check		10/24/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1,000.00
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5. Total of All CRO-1210 Pages (Please add to section 6 of Detailed Summary Page CRO-1160)	\$ 4,418.53
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# Disbursements

Amendment

Pg 1 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> BEA APPLEWHITE 205 VINEWOOD AVENUE GOLDSBORO, NC 27530		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	
		<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 300.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
001	Check	O	11/10/2023
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	
		<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 5,050.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
001	Check	O	11/06/2023
001	Check	O	11/08/2023
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	
		<b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 5,050.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
001	Cash	O	12/20/2023
<b>5. Total only this Page</b> <input type="checkbox"/> <b>6. Total of All CRO-1310 Pages</b>			
(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)			
<b>7. Purpose Codes (list detailed expenditure code in (h) above)</b>			
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			
<b>* Codes require detailed explanation in required remarks field (k)</b>			

# Disbursements

Amendment  
Pg 2 of 7  Yes  No

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

<b>1. Committee Name (and Form of Applicability)</b> <b>THE GAYLOR FOR GOLDSBORO COMMITTEE</b>						<b>2. ID Number</b>  																			
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																									
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>              CALLFIRE, INC.            1410 2ND STREET #200            SANTA MONICA, CA 90401         </td> <td colspan="2"> <b>b. Coordinated Committee Name</b>    </td> <td colspan="4"> <b>d. Comments</b>    </td> </tr> <tr> <td colspan="2"> <b>c. Level Registered (Specify)</b>  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td colspan="2"> <b>e. Election Sum to Date</b>              \$ 354.17         </td> <td colspan="4"></td> </tr> </table>								<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CALLFIRE, INC. 1410 2ND STREET #200 SANTA MONICA, CA 90401		<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 354.17							
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CALLFIRE, INC. 1410 2ND STREET #200 SANTA MONICA, CA 90401		<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  																					
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 354.17																							
<table border="1"> <thead> <tr> <th><b>f. Account Code</b></th> <th><b>g. Form of Payment</b></th> <th><b>h. Purpose Code</b></th> <th><b>i. Date (mm/dd/yyyy)</b></th> <th><b>j. Amount</b></th> <th><b>k. Required Remarks</b></th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Debit Card</td> <td>O</td> <td>11/08/2023</td> <td>\$ 304.17</td> <td>23. GOTV - Phone Calls</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table>								<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	001	Debit Card	O	11/08/2023	\$ 304.17	23. GOTV - Phone Calls					\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																				
001	Debit Card	O	11/08/2023	\$ 304.17	23. GOTV - Phone Calls																				
				\$																					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>              JAYLA COATES            506 KING DRIVE            GOLDSBORO, NC 27530         </td> <td colspan="2"> <b>b. Coordinated Committee Name</b>    </td> <td colspan="4"> <b>d. Comments</b>    </td> </tr> <tr> <td colspan="2"> <b>c. Level Registered (Specify)</b>  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td colspan="2"> <b>e. Election Sum to Date</b>              \$ 200.00         </td> <td colspan="4"></td> </tr> </table>								<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JAYLA COATES 506 KING DRIVE GOLDSBORO, NC 27530		<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 200.00							
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  JAYLA COATES 506 KING DRIVE GOLDSBORO, NC 27530		<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  																					
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 200.00																							
<table border="1"> <thead> <tr> <th><b>f. Account Code</b></th> <th><b>g. Form of Payment</b></th> <th><b>h. Purpose Code</b></th> <th><b>i. Date (mm/dd/yyyy)</b></th> <th><b>j. Amount</b></th> <th><b>k. Required Remarks</b></th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Check</td> <td>O</td> <td>11/09/2023</td> <td>\$ 75.00</td> <td>22. GOTV - Poll Workers</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table>								<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	001	Check	O	11/09/2023	\$ 75.00	22. GOTV - Poll Workers					\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																				
001	Check	O	11/09/2023	\$ 75.00	22. GOTV - Poll Workers																				
				\$																					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td colspan="2"> <b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>              CAROLYN ELLIS            243 GARRIS CHAPEL RD            LAGRANGE, NC 28551         </td> <td colspan="2"> <b>b. Coordinated Committee Name</b>    </td> <td colspan="4"> <b>d. Comments</b>    </td> </tr> <tr> <td colspan="2"> <b>c. Level Registered (Specify)</b>  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td colspan="2"> <b>e. Election Sum to Date</b>              \$ 75.00         </td> <td colspan="4"></td> </tr> </table>								<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CAROLYN ELLIS 243 GARRIS CHAPEL RD LAGRANGE, NC 28551		<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 75.00							
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CAROLYN ELLIS 243 GARRIS CHAPEL RD LAGRANGE, NC 28551		<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  																					
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 75.00																							
<table border="1"> <thead> <tr> <th><b>f. Account Code</b></th> <th><b>g. Form of Payment</b></th> <th><b>h. Purpose Code</b></th> <th><b>i. Date (mm/dd/yyyy)</b></th> <th><b>j. Amount</b></th> <th><b>k. Required Remarks</b></th> </tr> </thead> <tbody> <tr> <td>001</td> <td>Check</td> <td>O</td> <td>11/09/2023</td> <td>\$ 75.00</td> <td>22. GOTV - Poll Workers</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table>								<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	001	Check	O	11/09/2023	\$ 75.00	22. GOTV - Poll Workers					\$	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																				
001	Check	O	11/09/2023	\$ 75.00	22. GOTV - Poll Workers																				
				\$																					
<b>5. Total on this Page</b> <input type="checkbox"/> \$ 454.17																									
<b>6. Total of All CRO-1310 Pages</b> <input type="checkbox"/> \$ 6,025.86 <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>																									
<b>7. Purpose Codes (List detailed expenditure code in (h) above)</b> <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 colspan="4"> <b>O* Other</b>  <b>* Codes require detailed explanation in required remarks field (k)</b> </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	<b>O* Other</b> <b>* Codes require detailed explanation in required remarks field (k)</b>					
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																						
<b>O* Other</b> <b>* Codes require detailed explanation in required remarks field (k)</b>																									

# Disbursements

Amendment  
Pg 3 of 7  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. Disbursement			
THE GAYLOR FOR GOLDSBORO COMMITTEE					
3. Type of Disbursement: (Please use separate 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					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
SHANESE ETHRIDGE 201 DELUCA ROAD GOLDSBORO, NC 27530					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$ 150.00	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
FACEBOOK 1 Hacker Way MENLO PARK, CA 94025					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$ 299.86	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
RENANDOUS HOLLOWAY 167 AIRPORT ROAD GOLDSBORO, NC 27534					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal	<input type="checkbox"/> County:	\$ 75.00	
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:		
<b>5. Total Disbursements</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove					
\$ 431.69					
<b>6. Total of All CRO-1310 Pages</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove					
(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 Comms) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
- Other require detailed explanation in required remarks field (k)					

# Disbursements

Amendment  
Pg 4 of 7  Yes  No

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

<b>1. Disbursement and Name (and Phone if applicable)</b> THE GAYLOR FOR GOLDSBORO COMMITTEE						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) THERESA JACKSON 105 HONEY DEW DR DUDLEY, NC 28333			<b>b. Coordinated Committee Name</b> (rowspan 2)		<b>d. Comments</b> (rowspan 2)		
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality				
					<b>e. Election Sum to Date</b> \$ 75.00		
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 11/09/2023	<b>j. Amount</b> \$ 75.00	<b>k. Required Remarks</b> 22. GOTV - Poll Workers		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TONY LEE 402 EAST SEYMOUR DRIVE GOLDSBORO, NC 27530			<b>b. Coordinated Committee Name</b> (rowspan 2)		<b>d. Comments</b> (rowspan 2)		
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality				
					<b>e. Election Sum to Date</b> \$ 80.00		
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 10/24/2023	<b>j. Amount</b> \$ 80.00	<b>k. Required Remarks</b> 21. GOTV-Door-to-Door		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) NADINE MCEACHERN 206 GERALD LANE GOLDSBORO, NC 27530			<b>b. Coordinated Committee Name</b> (rowspan 2)		<b>d. Comments</b> (rowspan 2)		
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality				
					<b>e. Election Sum to Date</b> \$ 2,150.00		
<b>f. Account Code</b> 001 001	<b>g. Form of Payment</b> Check Check	<b>h. Purpose Code</b> O O	<b>i. Date (mm/dd/yyyy)</b> 10/24/2023 11/02/2023	<b>j. Amount</b> \$ 150.00 \$ 750.00	<b>k. Required Remarks</b> 22. GOTV - Poll Workers 22. GOTV - Poll Workers		
<b>5. Total only this Page</b>					\$ 1,055.00		
<b>6. Total in all CRO-1310 Pages</b> <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 Commt)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 6,025.86		
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h) above)</i>							
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	
<i>* Codes require detailed explanation in required remarks field (k)</i>							

# Disbursements

Amendment

Pg 5 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> THE GAYLOR FOR GOLDSBORO COMMITTEE		<b>2. ID Number</b>																	
<b>3. Type of Disbursement (Please indicate if CRO-1310 form, or kind of Disbursement)</b>																			
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates Political Committees																	
<input type="checkbox"/> Coordinated Party Expenditures																			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>NEW OLD NORTH MEDIA, LLC 219 N JOHN STREET GOLDSBORO, NC 27530</td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> c. Level Registered (Specify)  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$ 200.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments		NEW OLD NORTH MEDIA, LLC 219 N JOHN STREET 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				\$ 200.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																	
NEW OLD NORTH MEDIA, LLC 219 N JOHN STREET 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																	
		\$ 200.00																	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>																
001	Check	A	10/31/2023																
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>TARESSA ROBERTS 100 CROSSCUT PLACE GOLDSBORO, NC 27534</td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> c. Level Registered (Specify)  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$ 300.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments		TARESSA ROBERTS 100 CROSSCUT PLACE 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				\$ 300.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																	
TARESSA ROBERTS 100 CROSSCUT PLACE 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																	
		\$ 300.00																	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>																
001	Check	O	11/10/2023																
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td>RODNEY ROBINSON 420 HOLLOWELL AVENUE GOLDSBORO, NC 27530</td> <td></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> c. Level Registered (Specify)  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">\$ 75.00</td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments		RODNEY ROBINSON 420 HOLLOWELL AVENUE 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				\$ 75.00	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																	
RODNEY ROBINSON 420 HOLLOWELL AVENUE 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																	
		\$ 75.00																	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>																
001	Check	O	11/08/2023																
<b>5. Total Disbursements</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <b>6. Total of All CRO-1310 Pages</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove																			
(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)																			
<b>7. Purpose Codes</b> (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	<b>* Codes require detailed explanation in required remarks field (k)</b>																		

# Disbursements

Amendment  
Pg 6 of 7  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	
THE GAYLOR FOR GOLDSBORO 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			
<b>4. Payee Information</b> <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	
AILEEN ROWE 913 E. ELM STREET GOLDSBORO, NC 27530		d. Comments e. Election Sum to Date \$ 5,250.00	
f. Account Code <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b>			
001	Check	O	10/24/2023 \$ 2,500.00 22. GOTV - Poll Workers
			\$
<b>4. Payee Information</b> <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	
TONYA SAMPSON 1616 PALM STREET GOLDSBORO, NC 27530		d. Comments e. Election Sum to Date \$ 150.00	
f. Account Code <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b>			
001	Check	O	11/09/2023 \$ 150.00 22. GOTV - Poll Workers
			\$
<b>4. Payee Information</b> <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	
SHALANDA STUBBS 512 CARDINAL DRIVE GOLDSBORO, NC 27534		d. Comments e. Election Sum to Date \$ 60.00	
f. Account Code <b>g. Form of Payment</b> <b>h. Purpose Code</b> <b>i. Date (mm/dd/yyyy)</b> <b>j. Amount</b> <b>k. Required Remarks</b>			
001	Check	O	11/08/2023 \$ 60.00 22. GOTV - Poll Workers
			\$
<b>5. Total only One Page</b> <b>\$ 2,710.00</b>			
<b>6. Total of All CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <b>\$ 6,025.86</b>			
<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>			
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h) above)</i>			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		C* - Fundraising	
		G - Political Party	
		K* - Office Expenses	
		D - To Another Candidate	
		H* - Holding Public Office Expenses	
		Q* - Donation to Legal Expense Fund	
<i>* Codes require detailed explanation in required remarks field (k)</i>			

# Disbursements

Amendment

Pg 7 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund Identifiable)</b> THE GAYLOR FOR GOLDSBORO COMMITTEE		<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 form 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			
<b>4. Party Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> WANDA WEEKS 1401 ST. JOHN STREET APT D GOLDSBORO, NC 27530		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 300.00	
<b>f. Account Code</b> 001 <b>g. Form of Payment</b> Check <b>h. Purpose Code</b> O <b>i. Date (mm/dd/yyyy)</b> 11/10/2023 <b>j. Amount</b> \$ 150.00 <b>k. Required Remarks</b> 22. GOTV - Poll Workers			
<b>4. Party Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> YVETTE WELLINGTON 402 SOUTH WILLIAM STREET GOLDSBORO, NC 27530		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 150.00	
<b>f. Account Code</b> 001 <b>g. Form of Payment</b> Check <b>h. Purpose Code</b> O <b>i. Date (mm/dd/yyyy)</b> 11/09/2023 <b>j. Amount</b> \$ 150.00 <b>k. Required Remarks</b> 22. GOTV - Poll Workers			
<b>4. Party Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b> BRADRICK WILLIAMS 702 CLAIBORNE STREET GOLDSBORO, NC 27530		<b>b. Coordinated Committee Name</b> <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: <b>d. Comments</b> <b>e. Election Sum to Date</b> \$ 250.00	
<b>f. Account Code</b> 001 <b>g. Form of Payment</b> Check <b>h. Purpose Code</b> O <b>i. Date (mm/dd/yyyy)</b> 11/09/2023 <b>j. Amount</b> \$ 100.00 <b>k. Required Remarks</b> 22. GOTV - Poll Workers			
<b>5. Total of All Disbursements</b> \$ 400.00			
<b>6. Total of All CRO-1310 Pages</b> \$ 6,025.86 <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 Commt)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h) above)</i>			
A* - Media		B* - Printing	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		C* - Fundraising	
		G - Political Party	
		K* - Office Expenses	
		D - To Another Candidate	
		H* - Holding Public Office Expenses	
		Q* - Donation to Legal Expense Fund	
<i>* Codes require detailed explanation in required remarks field (k)</i>			

# Aggregated Non-Media Expenditures

Amendment  Yes  No  
Page 1 of 1

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

THE GAYLOR FOR GOLDSBORO COMMITTEE						
<b>3. Payment Information</b>						
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<b>a. Account Code</b>	<b>b. Form of Payment</b>	<b>c. Purpose Code</b>	<b>d. Date (mm/dd/yyyy)</b>	<b>e. Amount</b>
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	001	Debit Card	O	11/22/2023	\$ 25.00
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	001	Debit Card	O	12/22/2023	\$ 25.00
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	001	Check	O	11/08/2023	\$ 50.00
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	001	Check	O	11/10/2023	\$ 50.00
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	001	Draft	C	10/25/2023	\$ 10.75
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	001	Draft	C	11/02/2023	\$ 14.80
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	001	Draft	C	11/08/2023	\$ 14.80
<b>4. Total only this Page</b>						\$ 190.35
<b>5. Totaled All CRO-1315 Pages</b> ( <i>Check here if this is a copy of Detailed Summary Page CRO-1100</i> )						\$ 190.35
<b>E - Salaries</b>		<b>B* - Printing</b>		<b>G - Political Party</b>		<b>D - To Another Candidate</b>
<b>O* - Other</b>		<b>J - Penalties</b>				<b>Q* - Donations to Legal Expense Fund</b>
<b>* Codes require detailed explanation in required remarks field (g)</b>						

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-121 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. CRO-1510 Form (see Form 1510 available)</b>		<b>2. ID Number</b>
THE GAYLOR FOR GOLDSBORO COMMITTEE		
<b>3. Contribution Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>  <b>d. Election Sum to Date</b>  \$ 2,695.68
<b>e. Description</b> FOOD LION - POLL SNACKS	<b>f. Date (mm/dd/yyyy)</b> 10/27/2023	<b>g. Fair Market Amount</b> \$ 40.24
CARLIE C'S - POSTAGE STAMPS	10/27/2023	\$ 68.23
CIRCLE K - POLL SNACKS	10/30/2023	\$ 10.06
<b>3. Contribution Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  NANCY MCCALL 205 GLEN OAK DRIVE GOLDSBORO, NC 27534	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>  <b>d. Election Sum to Date</b>  \$ 150.00
<b>e. Description</b> CANDIDATE MEET AND GREET	<b>f. Date (mm/dd/yyyy)</b> 10/24/2023	<b>g. Fair Market Amount</b> \$ 150.00
		\$
		\$
<b>4. Total only this Page</b>	\$ 268.53	
<b>5. Total of All CRO-1510 Pages</b> <i>(see instructions for additional pages)</i>	\$ 268.53	

CRO-1510

NC State Board of Elections

December 2007

# Outstanding Loans

Amendment  
Pg 1 of 1  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. C.R.O. Full Name and Entity Name		2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		<b>b. Job Title/Profession</b>  ATTORNEY	<b>d. Comments</b>  <b>e. Start Date (mm/dd/yyyy)</b>  01/10/2023
		<b>c. Employer's Name/Specific Field</b>  COMMUNITY CARE OF NORTH CAROLINA, INC.	<b>f. End Date (mm/dd/yyyy)</b>  01/20/2023
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 500.00	\$ 500.00
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		<b>b. Job Title/Profession</b>  ATTORNEY	<b>d. Comments</b>  <b>e. Start Date (mm/dd/yyyy)</b>  01/20/2023
		<b>c. Employer's Name/Specific Field</b>  COMMUNITY CARE OF NORTH CAROLINA, INC.	<b>f. End Date (mm/dd/yyyy)</b>  01/20/2023
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 1,500.00	\$ 1,500.00
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>4. Total only this Page</b> \$ 2,000.00			
<b>5. Total of ALL CRO-1430 Pages</b> \$ 2,000.00 <small>This line must be on Line 21 of Detailed Summary Page CRO-1160</small>			