



Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information			
a. Full Name		c. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
702 PARK AVENUE GOLDSBORO, NC 27530		01/25/2024	
		e. Phone Number	
		(919) 273-3084	
2. Report Year	3. Period Start Date (month/day)	4. Period End Date (month/day)	5. Treasurer Full Name
2023	10/24/2023	12/31/2023	CHARLES PARSON GAYLOR IV
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal 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"/> <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
Account Information		Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION		<div style="text-align: center;"> RECEIVED WCBOE JAN 26 2024 BY </div>	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	001		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0.00		\$
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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		01/25/2024 Date	
FOR OFFICE USE ONLY			
Date Received:	<u>1/26/24</u>	Employee:	<u>AC</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" 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	
THE GAYLOR FOR GOLDSBORO COMMITTEE		2023 Year End Semi-Annual			
Start of Election Cycle: January 1, 2023		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 4,678.09		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 100.00		\$ 1,277.00	
6) Contributions from Individuals (CRO-1210)		\$ 4,418.53		\$ 45,446.06	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 2,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4,518.53		\$ 48,723.06	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 6,025.86		\$ 43,826.94	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 190.35		\$ 583.18	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 268.53		\$ 1,601.06	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,484.74		\$ 46,011.18	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,711.88		\$ 2,711.88	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2,000.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE						
3. Contributor 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	001	Check		10/24/2023	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Check		10/24/2023	\$ 50.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 100.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Amendment 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

1. Committee Full Name (and Fund if applicable) THE GAYLOR FOR GOLDSBORO COMMITTEE					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BUD ANDREWS 717 S. CRESCENT DRIVE SMITHFIELD, NC 27577			b. Job Title/Profession NO PROFESSION OR JOB TITLE c. Employer's Name/Specific Field NOT WORKING		d. Comments e. Election Sum to Date \$ 100.00	
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		10/25/2023	\$ 100.00	
<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) THOMAS BELL 408 TRYON DRIVE GOLDSBORO, NC 27530			b. Job Title/Profession NO PROFESSION OR JOB TITLE c. Employer's Name/Specific Field NOT WORKING		d. Comments e. Election Sum to Date \$ 100.00	
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	\$ 100.00	
<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) SONJA EMERSON 1006 EAST MULBERRY STREET GOLDSBORO, NC 27530			b. Job Title/Profession EXEC. DIRECTOR EXCEPTIONAL CHILDREN c. Employer's Name/Specific Field WAYNE COUNTY PUBLIC SCHOOLS		d. Comments 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					\$ 450.00	
5. Total of ALL CRO 1210 Pages (This line must be on line 6 of Detailed Summary Page CRO 1100)					\$ 4,418.53	

Contributions from Individuals

Pg 2 of 5

Amendment

☐ Yes ☒ No

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

1. Contributor Full Name (and Fund if applicable)						2. ID Number	
THE GAYLOR 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		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	
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		11/06/2023	\$ 750.00		
<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		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	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<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		
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	
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	
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		10/31/2023	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,368.53	
5. Total of ALL CRO 1210 Pages						\$ 4,418.53	

Contributions from Individuals

Pg 3 of 5

Amendment

☐ 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	
THE GAYLOR 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		d. Comments	
TOMMY JARRETT 1607 EVERGREEN AVE GOLDSBORO, NC 27530				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Dees, Smith, Powell, Jarrett, Dees & Jones, LLP		\$ 100.00	
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		10/24/2023		\$ 100.00	
<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		d. Comments	
ANDREW JERNIGAN 1204 PARK AVENUE B GOLDSBORO, NC 27530				PRESIDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				JERNIGAN FURNITURE		\$ 350.00	
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		10/24/2023		\$ 250.00	
<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		d. Comments	
STEVE KEEN 412 NC HWY 581 SOUTH GOLDSBORO, NC 27530				DEVELOPER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				ADAIR LLC		\$ 200.00	
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		10/25/2023		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)						\$ 4,418.53	

Contributions from Individuals

Pg 4 of 5 Amendment ☐ 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) THE GAYLOR FOR GOLDSBORO COMMITTEE					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NANCY MCCALL 205 GLEN OAK DRIVE GOLDSBORO, NC 27534			b. Job Title/Profession SPEECH AND LANGUAGE PATHOLOGIST c. Employer's Name/Specific Field HEAD START		d. Comments	
					e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	In-Kind	CANDIDATE MEET AND GREET	10/24/2023	\$ 150.00	
<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) JOANNE ROBERTS 2903 MCLAIN STREET GOLDSBORO, NC 27534			b. Job Title/Profession NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT WORKING		d. Comments	
					e. Election Sum to Date \$ 100.00	
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	\$ 100.00	
<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) JOHN SEEGARS 102 Wackena Point Road GOLDSBORO, NC 27534			b. Job Title/Profession VICE PRESIDENT/CMO c. Employer's Name/Specific Field SEEGARS FENCE COMPANY		d. Comments	
					e. Election Sum to Date \$ 800.00	
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		11/06/2023	\$ 800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,050.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1180)					\$ 4,418.53	

Contributions from Individuals

Pg 5 of 5

Amendment

☐ 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) THE GAYLOR FOR GOLDSBORO COMMITTEE						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) WES SEEGARS 743 LAKE WACKENA ROAD GOLDSBORO, NC 27534				b. Job Title/Profession NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT EMPLOYED		d. Comments	
						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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID TAYLOE JR 1406 E. MULBERRY STREET GOLDSBORO, NC 27530				b. Job Title/Profession PHYSICIAN c. Employer's Name/Specific Field GOLDSBORO PEDIATRICS		d. Comments	
						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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLOTTE MAXWELL WEAVER 300 GLEN OAK DRIVE GOLDSBORO, NC 27534				b. Job Title/Profession NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT WORKING		d. Comments	
						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	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,418.53	

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

1. Committee Full Name (and Fund if applicable) THE GAYLOR FOR GOLDSBORO COMMITTEE						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BEA APPLEWHITE 205 VINEWOOD AVENUE GOLDSBORO, NC 27530				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 300.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/10/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 5,050.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/06/2023	j. Amount \$ 150.00	k. Required Remarks 36. Consultant-GOTV		
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/08/2023	j. Amount \$ 150.00	k. Required Remarks 36. Consultant-GOTV		
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 CT. DUDLEY, NC 28333				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 5,050.00	
f. Account Code 001	g. Form of Payment Cash	h. Purpose Code O	i. Date (mm/dd/yyyy) 12/20/2023	j. Amount \$ 100.00	k. Required Remarks 36. Consultant-GOTV		
				\$			
5. Total only this Page						\$ 550.00	
6. Total of ALL CRO-1310 Pages (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)						\$ 6,025.86	
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i> A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other * Codes require detailed explanation in required remarks field (k)							

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE GAYLOR FOR GOLDSBORO COMMITTEE						
3. Type of Disbursement (Please use separate CRO-1310 forms 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. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
CALLFIRE, INC. 1410 2ND STREET #200 SANTA MONICA, CA 90401				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
						\$ 354.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Debit Card	O	11/08/2023	\$ 304.17	23. GOTV - Phone Calls	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
JAYLA COATES 506 KING DRIVE 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
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	O	11/09/2023	\$ 75.00	22. GOTV - Poll Workers	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
CAROLYN ELLIS 243 GARRIS CHAPEL RD LAGRANGE, NC 28551				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date
						\$ 75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	O	11/09/2023	\$ 75.00	22. GOTV - Poll Workers	
				\$		
5. Total only this Page						\$ 454.17
6. Total of ALL CRO-1310 Pages						\$ 6,025.86
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment
Pg 3 of 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) THE GAYLOR FOR GOLDSBORO COMMITTEE						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHANESE ETHRIDGE 201 DELUCA ROAD GOLDSBORO, NC 27530				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 150.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/09/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) FACEBOOK 1 Hacker Way MENLO PARK, CA 94025				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 299.86	
f. Account Code 001	g. Form of Payment Debit Card	h. Purpose Code A	i. Date (mm/dd/yyyy) 11/01/2023	j. Amount \$ 139.22	k. Required Remarks 16. Internet Ads		
f. Account Code 001	g. Form of Payment Debit Card	h. Purpose Code A	i. Date (mm/dd/yyyy) 12/01/2023	j. Amount \$ 67.47	k. Required Remarks 16. Internet Ads		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RENANDOUS HOLLOWAY 167 AIRPORT ROAD GOLDSBORO, NC 27534				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 75.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/14/2023	j. Amount \$ 75.00	k. Required Remarks 22. GOTV - Poll Workers		
				\$			
5. Total on this Page						\$ 431.69	
6. Total of ALL CRO-1310 Pages (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)						\$ 6,025.86	
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 4 of 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							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
THERESA JACKSON 105 HONEY DEW DR DUDLEY, NC 28333							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	11/09/2023	\$ 75.00	22. GOTV - Poll Workers		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TONY LEE 402 EAST SEYMOUR DRIVE GOLDSBORO, NC 27530							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 80.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	10/24/2023	\$ 80.00	21. GOTV-Door-to-Door		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NADINE MCEACHERN 206 GERALD LANE GOLDSBORO, NC 27530							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	10/24/2023	\$ 150.00	22. GOTV - Poll Workers		
001	Check	O	11/02/2023	\$ 750.00	22. GOTV - Poll Workers		
5. Total only this Page						\$ 1,055.00	
6. Total of ALL CRO-1310 Pages						\$ 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 Commi)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(list detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k.)							

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

1. Committee Full Name (and Fund if applicable) THE GAYLOR FOR GOLDSBORO COMMITTEE						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms 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. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) NEW OLD NORTH MEDIA, LLC 219 N JOHN STREET GOLDSBORO, NC 27530				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 200.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 10/31/2023	j. Amount \$ 200.00	k. Required Remarks 15. Print Media		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TARESSA ROBERTS 100 CROSSCUT PLACE GOLDSBORO, NC 27534				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 300.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/10/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RODNEY ROBINSON 420 HOLLOWELL AVENUE GOLDSBORO, NC 27530				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 75.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/08/2023	j. Amount \$ 75.00	k. Required Remarks 22. GOTV - Poll Workers		
				\$			
5. Total only this Page						\$ 425.00	
6. Total of ALL CRO-1310 Pages (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)						\$ 6,025.86	
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 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) THE GAYLOR FOR GOLDSBORO COMMITTEE						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) AILEEN ROWE 913 E. ELM STREET GOLDSBORO, NC 27530				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 5,250.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/24/2023	j. Amount \$ 2,500.00	k. Required Remarks 22. GOTV - Poll Workers		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TONYA SAMPSON 1616 PALM STREET GOLDSBORO, NC 27530				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 150.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/09/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHALANDA STUBBS 512 CARDINAL DRIVE GOLDSBORO, NC 27534				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 60.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 11/08/2023	j. Amount \$ 60.00	k. Required Remarks 22. GOTV - Poll Workers		
				\$			
5. Total only this Page						\$ 2,710.00	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 6,025.86	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

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

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

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE						
3. Page Information						
<input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Amount Code 001	c. Form of Payment Debit Card	d. Purpose Code O	e. Date (mm/dd/yyyy) 11/22/2023	f. Amount \$ 25.00	g. Required Remarks 23. GOTV - Phone Calls
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card	O	12/22/2023	\$ 25.00	23. GOTV - Phone Calls
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check	O	11/08/2023	\$ 50.00	22. GOTV - Poll Workers
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check	O	11/10/2023	\$ 50.00	22. GOTV - Poll Workers
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	C	10/25/2023	\$ 10.75	27. Payment Processing Fee
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	C	11/02/2023	\$ 14.80	27. Payment Processing Fee
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	C	11/08/2023	\$ 14.80	27. Payment Processing Fee
4. Total only this Page					\$	190.35
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	190.35
6. Breakdown of Expenditures						
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)						

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.

1. Committee Full Name (and Fund if applicable) THE GAYLOR FOR GOLDSBORO COMMITTEE		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084	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 \$ 2,695.68
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
FOOD LION - POLL SNACKS	10/27/2023	\$ 40.24	
CARLIE C'S - POSTAGE STAMPS	10/27/2023	\$ 68.23	
CIRCLE K - POLL SNACKS	10/30/2023	\$ 10.06	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) NANCY MCCALL 205 GLEN OAK 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 \$ 150.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
CANDIDATE MEET AND GREET	10/24/2023	\$ 150.00	
		\$	
		\$	
4. Total only this Page		\$ 268.53	
5. Total of ALL CRO-1510 Pages		\$ 268.53	

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. Committee Full Name (and Fund if applicable)		2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
3. Debtor 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
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/10/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 500.00	\$ 500.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/20/2023
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,500.00	\$ 1,500.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 2,000.00