

# 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.

a. Full Name	c. ID Number		
Julie Whitfield For Clerk	JK1V95		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
102 S. SPENCE GOLDSBORO NC 27534	01/26/2024		
e. Phone Number		919-739-9997	

2023	07/01/2023	12/31/2023	Jody H. BRIDGES				
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:							
8. Number of Fundraisers this Report							

b. Account Information		c. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Name		
FIRST CITIZENS BANK	RECEIVED WCBOE		
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Committee Funds	1		
d. Period Begin Balance		d. Period Begin Balance	
\$ 1378.74		JAN 26 2024	
		BY	

## CERTIFICATION

I certify that the Committee or Fund is in-compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Jody H. BRIDGES

Printed Name of Signer

Jody H. BRIDGES

Signature of Appointed Treasurer

01/26/2024

Date

## FOR OFFICE USE ONLY

Date Received:

1/26/24

Employee:

AC

### Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

- Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
JULIE WHITFIELD FOR CLERK	YEAR END	JK1V95
Start of Election Cycle: January 1, 2022		Total this Reporting Period
4) Cash on Hand at Start		\$ 1338.74
<b>RECEIPTS</b>		Total this Election Cycle
5) Aggregated Contributions from Individuals		\$ 1390.52
6) Contributions from Individuals		\$ 1500 -
7) Contributions from Political Party Committees		\$
8) Contributions from Other Political Committees		\$
9) Loan Proceeds		\$ 1225.25
10) Refunds/Reimbursements to the Committee		\$
<b>11) Other Receipt Sources</b>		
11a) Interest on Bank Accounts		\$
11b) Contributions from Not-For-Profit Organizations		\$
11c) Outside Sources of Income		\$
11d) Legal Expense Fund - Other Sources		\$
11e) Exempt Purchase Price Sales		\$
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$ 1500 -
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures		\$ 1187.10
13b) Contributions to Candidates/Political Committees		\$
13c) Coordinated Party Expenditures		\$
14) Aggregated Non-Media Expenditures		\$ 93.25
15) Loan Repayments		\$
16) Refunds/Reimbursements from the Committee		\$
17) In-Kind Contributions		\$
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 1280.35
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 1538.39
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees		\$
21) Outstanding Loans (incl. ones from other campaigns)		\$ 1225.25
22) Debts and Obligations owed by the Committee		\$
23) Debts and Obligations owed to the Committee		\$
24) Account Transfers Within the Committee		\$
25) Administrative Support		\$
26) Forgiven Loans		\$
27) 48-Hour Notice Reports Sum		\$
28) Contributions to be Refunded		\$

## Contributions from Individuals

Pg 1 of 1  Yes  No

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

JULIE WHITFIELD FOR CLERK

JK 295

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			NC STATE REP.		
			c. Employer's Name/Specific Field		
			NC LEGISLATURE		
			e. Election Sum to Date		
			\$ 1000 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		10/04/2023	\$ 1000 -
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			RETAIL / SELF		
			c. Employer's Name/Specific Field		
			BOBBY DENNING Furniture INC.		
			e. Election Sum to Date		
			\$ 250 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		11/15/2023	\$ 250 -
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			RETAIL / SELF		
			c. Employer's Name/Specific Field		
			BOBBY DENNING Furniture INC		
			e. Election Sum to Date		
			\$ 250 -		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CHECK		11/15/23	\$ 250 -
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
			\$ 1500 -		
			\$ 1500 -		

# Disbursements

Pg 1 of 3  Amendment  Yes  No

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

**JULIE WHITFIELD FOR CLERK**

**JK1V95**

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

**LIBERTY FIRST  
3392 Norman Blalock Rd  
Willow Spring NC 27592**

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

e. Election Sum to Date

\$

f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks

1	Check	A	07/13/2023	\$ 75.00	AD
				\$	

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

**PURPLE HEART Wayne County  
2001 D EAST ASH ST  
Goldsboro NC 27530**

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

e. Election Sum to Date

\$

f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks

1	Check	O	08/04/2023	\$ 100 -	DONATION
				\$	

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

**GRANTHAM / PROUDEN ORANGE  
PO Box 133  
Goldsboro NC 27533**

b. Coordinated Committee Name

d. Comments

c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

e. Election Sum to Date

\$

f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks

1	Check	O	09/18/2023	\$ 100 -	DONATION
				\$	

\$ 275.00

or **13a. CRO-1100 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)

\$ 1187.10

**13. 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			

# Disbursements

Pg 2 of 3  Yes  No

Amendment

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

<input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> <b>Name (and Fund if applicable)</b> <b>JULIE WHITFIELD FOR CLERK</b>				<input type="checkbox"/> <b>2 of 3</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
<input type="checkbox"/> <b>Operating Expenses</b> <input type="checkbox"/> <b>Contributions to Candidates/Political Committees</b> <input type="checkbox"/> <b>Coordinated Party Expenditures</b>																					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  <b>EUREKA CHRISTIAN CHURCH</b>				<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																	
				<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ <b> </b>																	
<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>																
1	Check	0	10/11/2023	\$ 250 -	DONATION																
1	Check	0	10/11/2023	\$ 275 -	DONATION																
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  <b>CRIME STOPPERS</b> <b>Po Box 1116</b> <b>Goldsboro NC 27533</b>				<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																	
				<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ <b> </b>																	
<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>																
1	Check	0	10/17/2023	\$ 125 -	DONATION																
				\$																	
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  <b>SAINT JOHN PH CHURCH</b>				<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																	
				<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ <b> </b>																	
<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>																
1	Check	0	11/16/2023	\$ 130 -	DONATION																
				\$																	
				\$ <b>830 00</b>																	
				\$ <b>1187.10</b>																	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small> <small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small> <small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>																					
<b>Legend for expenditure codes in (f) above)</b> <table border="0"> <tr> <td><b>A* - Media</b></td> <td><b>B* - Printing</b></td> <td><b>C* - Fundraising</b></td> <td><b>D - To Another Candidate</b></td> </tr> <tr> <td><b>E - Salaries</b></td> <td><b>F* - Equipment</b></td> <td><b>G - Political Party</b></td> <td><b>H* - Holding Public Office Expenses</b></td> </tr> <tr> <td><b>I - Postage</b></td> <td><b>J - Penalties</b></td> <td><b>K* - Office Expenses</b></td> <td><b>Q* - Donation to Legal Expense Fund</b></td> </tr> <tr> <td colspan="4"><b>O* Other</b></td> </tr> </table>						<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>	<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>	<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>	<b>O* Other</b>			
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>																		
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>																		
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<b>O* Other</b>																					

# Disbursements

Pg 3 of 3

Amendment  Yes  No

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

JULIE WHITFIELD FOR CLERK

JK4V95

## 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)

Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

### 4. Payee Information

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

AMAZON .Com  
PO Box 81226  
Seattle WA 98108

b. Coordinated Committee Name

d. Comments

### c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

e. Election Sum to Date

\$ 82.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBT	0	08/01/2023	\$ 82.10	BEIVES /Cry Freedom
				\$	

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Coordinated Committee Name

d. Comments

### c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Coordinated Committee Name

d. Comments

### c. Level Registered (Specify)

Federal  County:  
 State  Municipality:

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

\$ 82.10

### 5. Total Disbursements 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)

\$ 1187.10

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			

Comments 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.

JULIE WHITFIELD for CLEEK

JK1 V95

# THE HISTORY OF THE CIVIL WAR IN THE UNITED STATES

#### 4. Total on This Page

\$ 93.25

5. Total of ALL CRO-1315 Pages

93.25

*(This line must be on line 14 of Detailed Summary Page CRO-1100)*

## E - Salaries

B\* - Printing

www.orientourself.com  
ORIENT YOURSELF

D - To Another Candidate

#### E - Salaries

### **G = Political Party**

## D - 1 FATCH

### O\* - Donations to Legal Expense Fund

**O\* - Other**

\* Codes require detailed explanation in required remarks field (g)

# Loan Proceeds

Pg 1 of 1  Yes  No

Amendment

Use this form to report proceeds from a loan and loan endorser's information  
A loan proceeds statement must accompany each loan that is from an individual

JULIE WHITFIELD, FAIR CLERK

JK1V95

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

BOBBY WHITFIELD  
760 CORBETT HILL RD  
Mount Olive NC 28365

b. Job Title/Profession

MAINTENANCE TECH

d. Comments

c. Employer's Name/Specific Field

DURK ENERGY

e. Start Date (mm/dd/yyyy)

02/28/2022

f. End Date (mm/dd/yyyy)

g. Rate h. Security Pledged

%

i. Account Code

01

j. Form of Payment

CHECK

k. Amount

\$ 1225.25

l. Full Name of Lending Institution

m. Loan Number

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

e. Amount

%

\$

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

e. Amount

%

\$

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

e. Amount

%

\$

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

e. Amount

%

\$

FORM 1410 CRO-1410 REV 01-01-03

\$