

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 <u>JULIE WHITFIELD FOR CLERN</u>			c. ID Number <u>JK2V95</u>	
b. Mailing Address (include City, State and Zip Code) <u>102 S. SPENCE AVE</u> <u>GOOLDSBORO NC 27534</u>			d. Date Filed <u>07/28/2023</u>	
			e. Phone Number <u>919-739-9997</u>	
2. Report Year <u>2023</u>	3. Period Start Date (mm/dd/yy) <u>01/01/23</u>	4. Period End Date (mm/dd/yy) <u>06/30/23</u>	5. Treasurer Full Name <u>JODY H. BRIDGERS</u>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☒ Mid Year ☐ Year End ☐ Final ☐ Special Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
☐ Booster Fund ☐ Building Fund ☐ Other:				
8. Number of Fundraisers this Report <u>1</u>				
11. Account Information		11. Account Information		
a. Financial Institution Full Name <u>FIRST CITIZENS BANK</u>		a. Financial Institution Full Name		
b. Purpose <u>Committee Funds</u>	c. Account Code <u>1</u>	b. Purpose	c. Account Code	
	d. Period Begin Balance <u>\$ 956.40</u>		d. Period Begin Balance <u>\$</u>	
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.				
<u>JODY H. BRIDGERS</u>		<u>[Signature]</u>		<u>07/28/2023</u>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received: _____	Employee: _____	Delivery Method		
Date Postmarked: _____	Employee: _____	☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed		
Date Scanned: _____	Employee: _____	☐ Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
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 information current.				

CRO-1000

NC State Board of Elections

August 2008

JUL 28 2023

BY

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	
JULIE Whitfield For Clerk		Mid Year		JK1195	
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 956.40		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 1390.52	
6) Contributions from Individuals (CRO-1210)		\$ 800 -		\$ 17036.64	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$ 1225.25	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 800 -		\$ 19652.41	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 250 -		\$ 17285.23	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 167.66		\$ 1028.44	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 417.66		\$ 18313.67	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1338.74		\$ 1378.74	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 1225.25			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

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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	
JULIE WHITFIELD For Clerk					JK4V95	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MIKE PRICE PO Box 1019 MT OLIVE NC 28365			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		03/06/2023	\$ 150 -	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NEEL PRICE PO Box 1019 MT OLIVE NC 28365			Retired			
			c. Employer's Name/Specific Field		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	
☐	1	Check		03/06/2023	\$ 150 -	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NANNIE MILLS 2288 NC 55 Hwy W Mount OLIVE NC 28365			Retired			
			c. Employer's Name/Specific Field		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	
☐	1	Check		06/17/2023	\$ 500 -	
☐					\$	
☐					\$	
4. Total only this Page					\$ 800 -	
5. Total of ALL CRO-1210 Pages					\$ 800 -	

Disbursements

Pg 1 of 1 Amendment ☐ 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) JULIE WHITFIELD FOR CLERK						2. ID Number 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 ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Grantham Volunteer Fire Dept 3430 US Hwy 135 GORDSBORO NC 27530				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 250 -	
f. Account Code 01	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 02/06/2023	j. Amount \$ 150 -	k. Required Remarks AD		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Grantham Elem School 174 Grantham RD GORDSBORO NC 27530				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$	
f. Account Code 01	g. Form of Payment check	h. Purpose Code 0	i. Date (mm/dd/yyyy) 04/27/2023	j. Amount \$ 100 -	k. Required Remarks Donation / Playground		
				\$			
4. Payee Information ☐ Add ☐ Remove							
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		
				\$			
5. Total only this Page						\$ 250 -	
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)						\$ 250 -	
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

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

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Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)

JULIE WHITFIELD FOR CLERK

2. ID Number

JK1V95

3. Payee Information

a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add						
☐ Remove	1	Draft	O	01/31/2023	\$ 6.50	BANK Fee
☐ Add						
☐ Remove	1	Check	O	02/15/2023	\$ 20.00	BENEFIT BREAKFAST
☐ Add						
☐ Remove	1	Draft	C	02/23/2023	\$ 30.16	Website
☐ Add						
☐ Remove	1	Draft	O	02/28/2023	\$ 6.50	BANK Fee
☐ Add						
☐ Remove	1	Check	O	03/17/2023	\$ 20.00	BENEFIT DINNER
☐ Add						
☐ Remove	1	Draft	O	03/31/2023	\$ 6.50	BANK Fee
☐ Add						
☐ Remove	1	Check	O	04/03/2023	\$ 25.00	DONATION/Church
☐ Add						
☐ Remove	1	Draft	O	04/28/2023	\$ 6.50	BANK Fee
☐ Add						
☐ Remove	1	Check	O	05/24/2023	\$ 40.00	Donatio/Spec. Olympics
☐ Add						
☐ Remove	1	Draft	O	05/31/2023	\$ 6.50	BANK Fee
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	

Total only this Page

\$ 167.66

Total of ALL CRO-1315 Pages

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

\$ 167.66

Purpose Codes (List detailed expenditure code in (d) above)

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* - Donations to Legal Expense Fund
 O* - Other

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

Outstanding Loans

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Amendment	
☐ Yes	☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

JULIE WHITFIELD FOR CLERK			
☐ ☐ ☐			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Comments
BOBBY WHITFIELD 760 CORBETT HILL ROAD MOUNT OLIVE, NC 28365		MAINTENANCE TECH	
		d. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		DUKE ENERGY	02/28/2022
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,225.25	\$ 1,225.25
k. Full Name of Lending Institution			l. Loan Number
			\$ 1,225.25
			\$ 1,225.25

CRO-1430

NC State Board of Elections

December 2007