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

COMMITTEE TO ELECT RAYMOND SMITH

c. ID Number

b. Mailing Address (include City, State and Zip Code)

P.O.BOX 10772
GOLDSBORO, NC 27532

d. Date Filed

01/26/2024

e. Phone Number

(919) 648-6149

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	10/24/2023	12/31/2023	SUSAN THOMPSON

6. Type of Committee (Check One)

☒ Candidate Campaign ☐ Party
☐ Joint Fundraiser ☐ PAC
☐ Referendum ☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund

☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☒ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name

SOUTHERN BANK

b. Purpose	c. Account Code
CAMPAIGN FUNDS, POLITICAL ACTIVITY FUNDS, & EXPENDITURES	4
	d. Period Begin Balance
	$

3. Account Information

a. Financial Institution Full Name

RECEIVED
WCBOE

b. Purpose	c. Account Code
JAN 29 2024	**d. Period Begin Balance**
	$

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

SUSAN THOMPSON
_____
Printed Name of Signer

Susan Thompson (signature)
_____
Signature of Appointed Treasurer

01/26/2024
_____
Date

FOR OFFICE USE ONLY

			Delivery Method
Date Received:	1/29/24	Employee: AC	☐ Normal Mail
Date Postmarked:	_____	Employee: _____	☐ Registered Mail
			☒ Hand Delivered
Date Scanned:	_____	Employee: _____	☐ Electronically Filed
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.

CRO-1000   NC State Board of Elections   December 2007

Detailed Summary

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
COMMITTEE TO ELECT RAYMOND SMITH	2023 Final	

Start of Election Cycle: January 1, __2023__		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 3,086.08	$ 0.00

RECEIPTS

		Total this Reporting Period	Total this Election Cycle
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 521.96	$ 2,378.71
6) Contributions from Individuals	(CRO-1210)	$ 7,922.50	$ 34,392.50
7) Contributions from Political Party Committees	(CRO-1220)	$ 0.00	$ 300.00
8) Contributions from Other Political Committees	(CRO-1230)	$ 850.00	$ 1,150.00
9) Loan Proceeds	(CRO-1410)	$ 0.00	$ 200.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 0.00	$ 55.30
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	$ 2,200.00
11c) Outside Sources of Income	(CRO-1250)	$ 100.00	$ 1,400.00
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)		$ 9,394.46	$ 42,076.51

EXPENDITURES

		Total this Reporting Period	Total this Election Cycle
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 12,011.76	$ 37,898.86
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)	$ 222.28	$ 1,530.40
15) Loan Repayments	(CRO-1420)	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 75.00	$ 75.00
17) In-Kind Contributions	(CRO-1510)	$ 171.50	$ 2,572.25
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 12,480.54	$ 42,076.51
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 0.00	$ 0.00

ADDITIONAL INFORMATION

		Total this Reporting Period	Total this Election Cycle
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 200.00	
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 Individuals

Page __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	
COMMITTEE TO ELECT RAYMOND SMITH					

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	4	Check		10/30/2023	$ 35.00
☐ Add ☐ Remove	4	Check		10/25/2023	$ 50.00
☐ Add ☐ Remove	4	Electric Funds Tran		12/16/2023	$ 1.32
☐ Add ☐ Remove	4	Electric Funds Tran		12/29/2023	$ 1.32
☐ Add ☐ Remove	4	Check		12/20/2023	$ 50.00
☐ Add ☐ Remove	4	Electric Funds Tran		12/28/2023	$ 1.32
☐ Add ☐ Remove	4	Electric Funds Tran		10/25/2023	$ 50.00
☐ Add ☐ Remove	4	Check		10/30/2023	$ 50.00
☐ Add ☐ Remove	4	Check		10/25/2023	$ 50.00
☐ Add ☐ Remove	4	Electric Funds Tran		12/31/2023	$ 10.00
☐ Add ☐ Remove	4	Cash		10/25/2023	$ 50.00
☐ Add ☐ Remove	4	Check		10/25/2023	$ 25.00
☐ Add ☐ Remove	4	Electric Funds Tran		12/22/2023	$ 5.00
☐ Add ☐ Remove	4	Check		10/25/2023	$ 50.00
☐ Add ☐ Remove	4	Cash		10/25/2023	$ 20.00
☐ Add ☐ Remove	4	Cash		10/25/2023	$ 20.00
☐ Add ☐ Remove	4	Electric Funds Tran		11/01/2023	$ 50.00
☐ Add ☐ Remove	4	Cash		10/26/2023	$ 1.00
☐ Add ☐ Remove	4	Electric Funds Tran		12/22/2023	$ 2.00

4. Total only this Page	$	$521.96
5. Total of ALL CRO-1205 Pages
(This line must be on line 5 of Detailed Summary Page CRO-1100)	$	$521.96

CRO-1205   NC State Board of Elections   April 2007

Contributions from Individuals

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
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ERNESTINE BEST 401 HAMILTON DRIVE GOLDSBORO, NC 27530	RETIRED c. Employer's Name/Specific Field CHERRY HOSPITAL	

				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
☐	4	Cash		10/24/2023	$ 50.00
☐	4	Cash		10/25/2023	$ 50.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
VERNAL BEST 408 E. BUNCH DRIVE GOLDSBORO, NC 27530	RETIRED EDUCATOR c. Employer's Name/Specific Field	

				e. Election Sum to Date
				$ 600.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Check		10/30/2023	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CHARLES BRYANT 305 TRAMWAY PLACE GOLDSBORO, NC 27534 (919) 751-8684	UNEMPLOYED c. Employer's Name/Specific Field	

				e. Election Sum to Date
				$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Check		10/30/2023	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,922.50

CRO-1210 · NC State Board of Elections · April 2007

Contributions from Individuals

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
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
TOMMY COX 106 WATERS CIRCLE GOLDSBORO, NC 27534	RETIRED STATE EMPLOYEE	
	c. Employer's Name/Specific Field	
		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
☐	4	Check		10/25/2023	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
YVONNE GOODMAN 418 BEALE STREET GOLDSBORO, NC 27530	NOT EMPLOYED	
	c. Employer's Name/Specific Field	
		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
☐	4	Electric Funds Tran		10/30/2023	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
TERI HAMILTON-MICKENS 9009 TEMPLE HILL ROAD CLINTON, MD 20735 (919) 394-5811	HR MANAGER	
	c. Employer's Name/Specific Field	
	LONGEVITY CONSULTING	e. Election Sum to Date $ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Electric Funds Tran		10/31/2023	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,922.50

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CHADAYA HICKS 316 BRENTWOOD DRIVE DUDLEY, NC 28333 (336) 546-2117	OT c. Employer's Name/Specific Field VA	e. Election Sum to Date $ 311.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Cash		10/24/2023	$ 31.00
☐	4	Cash		10/25/2023	$ 30.00
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
COMATHA JOHNSON 709 ROBINSON PLACE GOLDSBORO, NC 27530	NOT WORKING c. Employer's Name/Specific Field	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
☐	4	Check		10/25/2023	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
STEVE KEEN 412 NC HIGHWAY 581 SOUTH GOLDSBORO, NC 27530	UNEMPLOYED c. Employer's Name/Specific Field	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
☐	4	Check		11/10/2023	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 261.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,922.50

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments
NASIF MAJEED 5401 RUPERT LANE CHARLOTTE, NC 28215	LEGISLATOR	
	c. Employer's Name/Specific Field	
	THE NORTH CAROLINA GENERAL ASSEMBLY	e. Election Sum to Date $ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Electric Funds Tran		10/31/2023	$ 200.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments
PHYLLIS MERRITT-JAMES 503 CARDINAL DRIVE GOLDSBORO, NC 27534 (919) 394-1953	FNP-C	
	c. Employer's Name/Specific Field	
	NC NEPHROLOGY	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
☐	4	Electric Funds Tran		10/25/2023	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments
GARY PACKER 146 SOUTH MARION DRIVE GOLDSBORO, NC 27534 (919) 221-4176	NOT WORKING	
	c. Employer's Name/Specific Field	
		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
☐	4	Electric Funds Tran		10/29/2023	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,922.50

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ROBERT PINDER 302 SOUTH DRIVE GOLDSBORO, NC 27534 (919) 344-2250	CUSTOMER SERVICE REP	
	c. Employer's Name/Specific Field THE LOGISTICS COMPANY	
		e. Election Sum to Date $ 140.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Cash		10/25/2023	$ 40.00
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MARY PITT 241 S HILLCREST DRIVE GOLDSBORO, NC 27534 (919) 921-2227	NOT EMPLOYED	
	c. Employer's Name/Specific Field	
		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
☐	4	Electric Funds Tran		10/25/2023	$ 250.00
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
AMOS QUICK 529 FOXRIDGE ROAD GREENSBORO, NC 27406	PASTOR	
	c. Employer's Name/Specific Field FRIENDSHIP BAPTIST CHURCH	
		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
☐	4	Electric Funds Tran		11/07/2023	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 390.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,922.50

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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

Amendment ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Job Title/Profession	d. Comments
ANTHONY QUIRE 406 YEARLING DRIVE GOLDSBORO, NC 27534 (502) 472-8231	SCHOOL TEACHER c. Employer's Name/Specific Field WAYNE COUNTY PUBLIC SCHOOLS	 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
☐	4	Electric Funds Tran		11/07/2023	$ 250.00
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
GERRI SHERARD 123 SUSAN CIRCLE GOLDSBORO, NC 27530 (919) 920-7950	NOT WORKING c. Employer's Name/Specific Field 	 e. Election Sum to Date $ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Electric Funds Tran		10/25/2023	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JAMES SMITH P.O. BOX 13692 GREENSBORO, NC 27415	NOT EMPLOYED c. Employer's Name/Specific Field 	 e. Election Sum to Date $ 10,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Electric Funds Tran		10/25/2023	$ 5,000.00
☐					$
☐					$

4. Total only this Page	$ 5,350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,922.50

Contributions from Individuals

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
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	NOT WORKING c. Employer's Name/Specific Field	
		e. Election Sum to Date $ 466.94

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	In-Kind	IN-KIND: CAMPAIGN FUEL	11/05/2023	$ 31.99
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	NOT WORKING c. Employer's Name/Specific Field	
		e. Election Sum to Date $ 139.51

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	In-Kind	FILING FEE	12/15/2023	$ 139.51
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
KAMALA UZZELL 320 KINNEY COURT DURHAM, NC 27713	PSYCHOTHERAPIST c. Employer's Name/Specific Field SOLAY	
		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
☐	4	Electric Funds Tran		10/31/2023	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 271.50
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,922.50

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
LILLIE WILLIAMS	NOT WORKING	
1107 LYNN DRIVE	c. Employer's Name/Specific Field	
KINSTON, NC 28504		e. Election Sum to Date
(252) 523-8098		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	4	Electric Funds Tran		10/25/2023	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,922.50

CRO-1210   NC State Board of Elections   April 2007

Contributions from Other Political Committees

Amendment ☒ Yes ☐ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee		d. Comments
PHYLLIS MERRITT-JAMES DISTRICT 5 CITY COUNCIL 503 CARDINAL DRIVE GOLDSBORO, NC 27534	☒ Candidate ☐ PAC ☐ Referendum		
	c. Level Registered (Specify)		
	☐ Federal ☐ County:		
	☐ State ☒ Municipality:		e. Election Sum to Date
			$ 600.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
4	Check		11/10/2023	$ 600.00
				$
				$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee		d. Comments
WESLEY HARRIS FOR NC 3570 TORINGDON WAY APT. 4026 CHARLOTTE, NC 28277	☒ Candidate ☐ PAC ☐ Referendum		
	c. Level Registered (Specify)		
	☐ Federal ☐ County:		
	☒ State ☐ Municipality:		e. Election Sum to Date
			$ 250.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
4	Electric Funds Tran		10/25/2023	$ 250.00
				$
				$

4. Total only this Page	$ $850.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $850.00

CRO-1230   NC State Board of Elections   April 2007

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO ELECT RAYMOND SMITH	

3. Type of Receipt Source _(Please use separate CRO-1250 forms for each type of Receipt Source.)_

☐ Interest   ☐ Contributions from Not-for-Profit Organizations   ☒ Outside Sources of Income

4. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	d. Comments
MDM TRUCKING P.O. BOX 300 MOUNT OLIVE, NC 28365 (919) 738-8720	c. Outside Source Explanation	
		e. Election Sum to Date
		$ 100.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
4	Check		10/30/2023	$ 100.00
				$

5. Total only this Page	$ 100.00
6. Total of ALL CRO-1250 Pages _(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)_ _(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)_ _(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)_	$ 100.00

CRO-1250   NC State Board of Elections   December 2007

Disbursements

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	**b. Coordinated Committee Name**		**d. Comments**
AAFES SEYMOUR JOHNSON EXPRESS 1090 CANNON AVENUE GOLDSBORO, NC 27531 (919) 734-7235	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:		
			e. Election Sum to Date $ 285.89

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	10/26/2023	$ 62.32	CAMPAIGN FUEL
4	Debit Card	O	11/04/2023	$ 58.02	CAMPAIGN FUEL

4. Payee Information		☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Coordinated Committee Name**		**d. Comments**
AAFES SEYMOUR JOHNSON EXPRESS 1090 CANNON AVENUE GOLDSBORO, NC 27531 (919) 734-7235	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:		
			e. Election Sum to Date $ 60.01

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	11/17/2023	$ 60.01	CAMPAIGN FUEL
				$	

4. Payee Information		☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	**b. Coordinated Committee Name**		**d. Comments**
ACT BLUE P.O. BOX 441146 SOMMERVILLE, MA 02144	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:		
			e. Election Sum to Date $ 241.92

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Draft	O	11/03/2023	$ 78.75	CREDIT CARD PROCESSING FEE
				$	

5. Total only this Page	$ 259.10
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)*	$ 12,087.93

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
TIMMIE ATKINSON 605 E WALNUT STREET GOLDSBORO, NC 27530 (919) 228-4540	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
4	Check	O	11/07/2023	$ 75.00	POLL-WORKER
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CLAIBORNE KITCHEN 109 E ASH STREET GOLDSBORO, NC 27530 (919) 738-9800	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 880.69

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	10/25/2023	$ 880.69	FUNDRAISER
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ISAIAH COGDELL 210 GERALD LANE GOLDSBORO, NC 27530 (919) 922-5395	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
4	Check	O	11/07/2023	$ 75.00	POLL-WORKER
				$	

5. Total only this Page	$ 1,030.69

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)*	$ 12,087.93

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
CURTIS MEDIA 2581 US HIGHWAY 70 WEST GOLDSBORO, NC 27530 (919) 736-1150	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 1,792.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	AO	10/31/2023	$ 1,792.00	RADIO ADVERTISEMENTS
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CORINTHUS DELANO 1206 OLD MOUNT OLIVE HIGHWAY DUDLEY, NC 28333 (984) 294-4308	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/07/2023	$ 75.00	POLL-WORKER
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
DICK'S SPORTING GOODS BEREKLEY MALL RING ROAD GOLDSBORO, NC 27534 (919) 221-6331	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 127.92

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	11/05/2023	$ 127.92	CHAIR UMBRELLAS FOR POLL-WORKERS
				$	

5. Total only this Page	$ 1,994.92

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)*	$ 12,087.93

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
GLORIA EXUM 3816 SABRE LANE WILSON, NC 27896 (252) 315-6935	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 720.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER
				$	

4. Payee Information — ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SHERLA EXUM 600 LOCKHAVEN COURT APT - 215 GOLDSBORO, NC 27534 (919) 222-3334	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,532.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/27/2023	$ 62.50	POLL-WORKER
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER

4. Payee Information — ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FIRST FLIGHT STORAGE 185 NC HWY 581 SOUTH GOLDSBORO, NC 27530 (919) 734-1755	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 701.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Draft	FO	11/01/2023	$ 67.00	STORAGE RENTAL
				$	CAMPAIGN SIGNS

5. Total only this Page	$ 429.50

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)*	$ 12,087.93

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
FIRST FLIGHT STORAGE 185 NC HWY 581 SOUTH GOLDSBORO, NC 27530 (919) 734-1755	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 67.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Draft	FO	12/01/2023	$ 67.00	STORAGE RENTAL
				$	CAMPAIGN SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TYRONE GARDNER 338 SEYMOUR DRIVE GOLDSBORO, NC 27530	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 125.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/27/2023	$ 62.50	POLL-WORKER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TYRONE GARDNER 338 W SEYMOUR DRIVE GOLDSBORO, NC 27530 (919) 581-2001	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 135.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/03/2023	$ 135.00	POLL-WORKER
				$	

5. Total only this Page	$ 264.50

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)*	$ 12,087.93

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)

CRO-1310   NC State Board of Elections   December 2009

Disbursements

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
TYRONE GARDNER 338 W SEYMOUR DRIVE GOLDSBORO, NC 27530 (919) 581-2001	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ 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
4	Check	O	11/08/2023	$ 150.00	POLL-WORKER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
GOLDSBORO/WAYNE A&T ALUMNI ASSOCIATION 1104 SHELLY DRIVE GOLDSBORO, NC 27534 (919) 750-3322	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ 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
4	Check	O	10/27/2023	$ 150.00	BAND/STUDENT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
LARINE GRANT 1409 E ELM STREET GOLDSBORO, NC 27530 (984) 305-6212	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 532.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/27/2023	$ 125.00	POLL-WORKER
4	Check	O	11/07/2023	$ 75.00	POLL-WORKER

5. Total only this Page	$ 500.00

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)*	$ 12,087.93

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)

CRO-1310   NC State Board of Elections   December 2009

Disbursements

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
NICHELLE GREEN 311 DENMARK STREET GOLDSBORO, NC 27530 (919) 221-0302	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 595.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/27/2023	$ 125.00	POLL-WORKER
4	Check	O	11/07/2023	$ 75.00	POLL-WORKER

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
HASTY MART 25 900 SPENCE AVENUE GOLDSBORO NC, NC 27534	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 206.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	10/29/2023	$ 103.73	CAMPAIGN FUEL
4	Debit Card	O	11/06/2023	$ 103.07	CAMPAIGN FUEL

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ROLENZA HATCHER 898 PEACAN ROAD DUDLEY, NC 28333 (919) 738-5106	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 890.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/27/2023	$ 210.00	POLL-WORKER
4	Check	O	11/07/2023	$ 280.00	POLL-WORKER

5. Total only this Page	$ 896.80

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)*	$ 12,087.93

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)

CRO-1310　　　　NC State Board of Elections　　　　December 2009

Disbursements

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
SHANIKA HOLDEN P.O. BOX 817 FREMONT, NC 27830 (919) 920-2122	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 737.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/02/2023	$ 375.00	POLL-WORKER
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ROSA INGRAM 511 N. QUEEN STREET APT C-5 KINSTON, NC 28501 (252) 277-4025	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 550.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/25/2023	$ 62.50	POLL-WORKER
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CALVIN LEE 1505 ELM STREET GOLDSBORO, NC 27530 (919) 791-5399	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
4	Check	O	11/07/2023	$ 75.00	POLL-WORKER
				$	

5. Total only this Page	$ 812.50

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)*	$ 12,087.93

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
FANNIE LEWIS 4042 COUNTRY LINE ROAD LA GRANGE, NC 28551 (919) 330-3501	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TIMOTHY LEWIS 908 B AUDUBON STREET GOLDSBORO, NC 27530 (984) 298-1993	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 700.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ASHANTI MCLEAN 317 DENMARK STREET GOLDSBORO, NC 27530	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 267.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/24/2023	$ 62.50	POLL-WORKER
4	Check	O	10/25/2023	$ 125.00	POLL-WORKER

5. Total only this Page	$ 487.50

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)*	$ 12,087.93

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,602.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/27/2023	$ 182.50	POLL-WORKER
4	Check	O	11/03/2023	$ 150.00	POLL-WORKER

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WILLIE NEWSOME 309 E CHESTNUT STREET APT 304-B GOLDSBORO, NC 27530 (980) 327-3747	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 1,602.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FRANCINE OUTLAW 898 PECAN ROAD DUDLEY, NC 28333 (984) 277-7459	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 625.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/07/2023	$ 475.00	POLL-WORKER
				$	

5. Total only this Page	$ 957.50

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)*	$ 12,011.76

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)

CRO-1310   NC State Board of Elections   December 2009

Disbursements

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
RILEY OUTDOOR, LLC P.O. BOX 1433 KINSTON, NC 28503 (252) 527-2223	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 525.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	AO	10/27/2023	$ 525.00	BILLBOARD FOR CAMPAIGN
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ELEANOR RISUENO 304 W. LOCKHAVEN DRIVE APT. A-11 GOLDSBORO, NC 27534 (919) 221-2707	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 5,127.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/27/2023	$ 550.00	POLL-WORKER
4	Check	O	11/03/2023	$ 702.00	POLL-WORKER

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ELEANOR RISUENO 304 W. LOCKHAVEN DRIVE APT. A-11 GOLDSBORO, NC 27534 (919) 221-2707	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 5,127.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/07/2023	$ 550.00	POLL-WORKER
				$	

5. Total only this Page	$ 2,327.00

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)*	$ 12,011.76

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)

CRO-1310   NC State Board of Elections   December 2009

Disbursements

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
SAM'S CLUB 2811 NORTH PARK DRIVE GOLDSBORO, NC 27534	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 728.33

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	11/07/2023	$ 81.45	CAMPAIGN FUEL
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SAM'S CLUB 2811 N PARK DRIVE GOLDSBORO, NC 27534 (919) 778-9775	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 204.94

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	11/07/2023	$ 204.94	ELECTION NIGHT WATCH FOOD/SUPPLIES
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
HOLBERT SIMMS 418 OLIVIA LANE GOLDSBORO, NC 27530	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 362.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER
				$	

5. Total only this Page	$ 436.39

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)

$ 12,011.76

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
CLARICE SMITH 210 GERALD LANE GOLDSBORO, NC 27530 (919) 396-2420	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
4	Check	O	11/07/2023	$ 75.00	POLL-WORKER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TERRY TART 103 W. LOCKHAVEN DRIVE APT-5 A GOLDSBORO, NC 27534 (919) 252-6281	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	11/07/2023	$ 100.00	POLL-WORKER
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
THE FIREHOUSE 109 E ASH STREET GOLDSBORO, NC 27530 (919) ext.9800	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 800.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	11/07/2023	$ 800.00	GENERAL ELECTION RESULTS
				$	

5. Total only this Page	$ 975.00

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)*	$ 12,011.76

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
SHIRLEY UNDERWOOD 1045 C LAGRANGE ROAD LA GRANGE, NC 28551	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 567.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	O	10/27/2023	$ 62.50	POLL-WORKER
4	Check	O	11/07/2023	$ 150.00	POLL-WORKER

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
UNITED STATES POSTAL SERVICE 110 E MAIN STREET FAISON, NC 28341 (800) 275-8777	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 66.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Check	I	10/26/2023	$ 66.00	
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
VANTIVE COMMERCE/FUNDS 8500 GOVERNORS HILL DRIVE SYMMES TOWNSHIP, OH 45249	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 145.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Draft	O	11/09/2023	$ 144.30	CREDIT CARD PROCESSING FEE
				$	

5. Total only this Page	$ 422.80

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)*	$ 12,011.76

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

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
COMMITTEE TO ELECT RAYMOND SMITH	

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)	b. Coordinated Committee Name	d. Comments
WAFU STEAKHOUSE & SUSHI BAR 1101 N BERKELEY BLVD A GOLDSBORO, NC 27534 (919) 330-4303	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 139.39

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	11/05/2023	$ 139.39	LUNCH FOR POLL-WORKERS
				$	

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WALMART.COM 406 S. WALTON BOULEVARD BENTONVILLE, AR 72712	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 78.17

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	Debit Card	O	11/19/2023	$ 78.17	BINDERS, INK
				$	

5. Total only this Page	$ 217.56

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)*	$ 12,011.76

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)

CRO-1310   NC State Board of Elections   December 2009

Aggregated Non-Media Expenditures

Page 1 of 1

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

COMMITTEE TO ELECT RAYMOND SMITH						

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	4	Check	DO	12/31/2023	$ 46.86	CLOSE COMMITTEE
☐ Add ☐ Remove	4	Debit Card	O	10/26/2023	$ 35.20	FOOD FOR POLL-WORKERS
☐ Add ☐ Remove	4	Debit Card	O	11/02/2023	$ 29.31	CAMPAIGN FUEL
☐ Add ☐ Remove	4	Debit Card	O	11/07/2023	$ 9.73	WATER: POLL-WORKERS
☐ Add ☐ Remove	4	Draft	O	11/05/2023	$ 29.99	VOLUNTEER POLLWORKER
☐ Add ☐ Remove	4	Draft	O	12/05/2023	$ 29.99	VOLUNTEER POLLWORKER
☐ Add ☐ Remove	4	Draft	O	10/24/2023	$ 40.20	CAMPAIGN CHECKS (REORDER)
☐ Add ☐ Remove	4	Draft	O	12/11/2023	$ 1.00	CREDIT CARD PROCESSING FEE

4. Total only this Page	$ 222.28
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 222.28

	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)

Refunds/Reimbursements From the Committee

Amendment ☒ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO ELECT RAYMOND SMITH		

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
NICHOLE DIXON 410 PLANTERS RIDGE DRIVE PIKEVILLE, NC 27863	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	**h. Original Receipt Date**
	☐ Federal ☐ County: ☐ State ☐ Municipality:	10/22/2023
		i. Original Receipt Amount
		$ 75.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
EDUCATIONAL SERVICES	LADGOV CORP	P	$ 200.00

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
4	Check	DONATION (VFW) VETERANS FOREIGN WARS	10/25/2023	$ 75.00

4. Total only this Page	$ 75.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 75.00

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor   M - Overpayment for Service   N - Exceeded Contibution Limit

P* - Reimbursement of In-Kin   O* Other

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

CRO-1320   NC State Board of Elections   July 2007

In-Kind Contributions

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)	2. ID Number
COMMITTEE TO ELECT RAYMOND SMITH	

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

		d. Election Sum to Date
		$ 466.94

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
IN-KIND: CAMPAIGN FUEL	11/05/2023	$ 31.99
		$
		$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	

		d. Election Sum to Date
		$ 139.51

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE	12/15/2023	$ 139.51
		$
		$

4. Total only this Page	$ 171.50
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 171.50

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Outstanding Loans

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number
COMMITTEE TO ELECT RAYMOND SMITH		

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	NOT WORKING	
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	03/01/2023
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 100.00	$ 100.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
RAYMOND SMITH P.O. BOX 10772 GOLDSBORO, NC 27532 (919) 648-6149	NOT WORKING	
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	03/20/2023
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 100.00	$ 100.00

k. Full Name of Lending Institution	l. Loan Number

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 200.00

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