

Amendment
☐ Yes ☒ No

| | |
|--|------------------------|
| 1. Committee Information | |
| a. Full Name | c. ID Number |
| REELECT DAUGHTERY COMMITTEE | -8K1599-- |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| 125 OXFORD DRIVE GOLDSBORO, NC 27534 | 02/27/2024 |
| | e. Phone Number |
| | |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2024 | 01/01/2024 | 02/17/2024 | MALORIE TARANGO |

| | | | |
|---|---|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report <i>(check only one type of report from one category)</i> | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| 7. Type of Fund <i>(if applicable, check one)</i> | | <input type="checkbox"/> Pre-primary | <input checked="" type="checkbox"/> First |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |
| 0 | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <input type="checkbox"/> Special |
| | | | 10. Special Report Name |
| | | | |

| | | | |
|---|--------------------------------|---|--------------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| FIRST BANK | | RECEIVED WCOE | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CHECKING ACCOUNT FOR COMMITTEE | 01 | FEB 27 2024 | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 3,005.65 | | BY _____ \$ _____ |

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

| | | | | |
|--------------------|----------------|-----------|-----------|---|
| Date Received: | <u>2/27/24</u> | Employee: | <u>AC</u> | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed |
| Date Postmarked: | _____ | Employee: | _____ | |
| Date Scanned: | _____ | Employee: | _____ | |
| Date Data Entered: | _____ | Employee: | _____ | <input type="checkbox"/> Signer has not received mandatory training |

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

Detailed Summary

Amendment

☐ Yes ☒ No

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

| | | | |
|--|--------------------------|------------------------------------|----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
| REELECT DAUGHTERY COMMITTEE | 2024 First Quarter | -8K1599-- | |
| Start of Election Cycle: January 1, 2023 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 3,005.65 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 50.00 | \$ 50.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 10,043.49 | \$ 11,525.96 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 0.00 | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ 0.00 | \$ 0.00 | |
| 9) Loan Proceeds (CRO-1410) | \$ 10,000.00 | \$ 15,000.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ 0.00 | \$ 0.00 | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11c) Outside Sources of Income (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ 0.00 | \$ 0.00 | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ 0.00 | \$ 0.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | \$ 20,093.49 | \$ 26,575.96 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 6,794.00 | \$ 9,516.00 | |
| 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) | \$ 49.65 | \$ 72.00 | |
| 15) Loan Repayments (CRO-1420) | \$ 0.00 | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ 0.00 | \$ 0.00 | |
| 17) In-Kind Contributions (CRO-1510) | \$ 5,593.49 | \$ 6,325.96 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 12,437.14 | \$ 15,913.96 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 10,662.00 | \$ 10,662.00 | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ 0.00 | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 15,000.00 | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ 0.00 | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ 0.00 | | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ 0.00 | | |
| 25) Administrative Support (CRO-1710) | \$ 0.00 | \$ 0.00 | |
| 26) Forgiven Loans (CRO-1440) | \$ 0.00 | \$ 0.00 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ 0.00 | \$ 0.00 | |
| 28) Contributions to be Refunded (CRO-1215) | \$ 0.00 | \$ 0.00 | |

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

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

| | | | | | |
|--|------------------------|---------------------------|-------------------------------|-----------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| REELECT DAUGHTERY COMMITTEE | | | | -8K1599-- | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add | 01 | Check | | 01/05/2024 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| 4. Total only this Page | | | | | \$ 50.00 |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 50.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | |

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 9

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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| GENE BAKER 4783 US HWY 70 E GOLDSBORO, NC 27534 | | | NO JOB TITLE/RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NOT EMPLOYED/RETIRED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Check | | 01/25/2024 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOHN R BELL IV 501 HOLLAND HILL DRIVE GOLDSBORO, NC 27530 | | | POLITICIAN | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NC HOUSE OF REPS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 01/04/2024 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| NEAL BENTON SR 608 MILL RD GOLDSBORO, NC 27534 | | | NO JOB TITLE/RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NOT EMPLOYED/RETIRED | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | 01 | Check | | 01/05/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 550.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 10,043.49 | |

Contributions from Individuals

Pg 2 of 9

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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| WILLIAM H BRYAN 701 HILLCREST DRIVE MOUNT OLIVE, NC 28365 | | | EXECUTIVE CHAIRMAN | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | MT OLIVE PICKLE COMPANY, INC | | 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 | |
| <input type="checkbox"/> | 01 | Check | | 01/05/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHRISTOPHER COX 104 TWIN OAKS PLACE GOLDSBORO, NC 27530 | | | REAL ESTATE BROKER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Real Estate | | 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 | |
| <input type="checkbox"/> | 01 | Check | | 01/05/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHARLES DANIELS PO BOX 10337 GOLDSBORO, NC 27532 | | | GENERAL CONTRACTOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DANIELS & DANIELS | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 01/19/2024 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 650.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 10,043.49 | |

Contributions from Individuals

Pg 3 of 9

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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| KATE DANIELS 111 HILLDALE LN GOLDSBORO, NC 27534 | | | | MARKETING | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | DANIELS & DANIELS | | | |
| | | | | | | 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 | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 01/18/2024 | | \$ 200.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | | | NO JOB TITLE/RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NOT EMPLOYED/RETIRED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 20,875.96 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | In-Kind | GRAVIS MARKETING FOR GOTV | 01/01/2024 | | \$ 650.00 | |
| <input type="checkbox"/> | 01 | In-Kind | VOTTIV FOR VOTER CONTACT | 01/03/2024 | | \$ 149.00 | |
| <input type="checkbox"/> | 01 | In-Kind | MAILCHIMP FOR GOTV | 01/07/2024 | | \$ 100.00 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | | | NO JOB TITLE/RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NOT EMPLOYED/RETIRED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 20,875.96 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | In-Kind | WEBSITE | 01/12/2024 | | \$ 32.00 | |
| <input type="checkbox"/> | 01 | In-Kind | POLLMARKERS FOR GOTV CALLS | 01/12/2024 | | \$ 647.50 | |
| <input type="checkbox"/> | 01 | In-Kind | FACEBOOK ADVERTISEMENT | 01/18/2024 | | \$ 229.00 | |
| 4. Total only this Page | | | | | | \$ 2,007.50 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 10,043.49 | |

Contributions from Individuals

Pg 4 of 9

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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | | | NO JOB TITLE/RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NOT EMPLOYED/RETIRED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 20,875.96 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | In-Kind | NEW OLD NORTH ADVERTISEMENT | 01/18/2024 | \$ 400.00 | | |
| <input type="checkbox"/> | 01 | In-Kind | VOTTIV FOR TEXTING SERVICE | 01/31/2024 | \$ 500.00 | | |
| <input type="checkbox"/> | 01 | In-Kind | VOTTIV FOR VOTER CONTACT | 02/03/2024 | \$ 149.00 | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | | | NO JOB TITLE/RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NOT EMPLOYED/RETIRED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 20,875.96 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | In-Kind | FACEBOOK ADVERTISEMENT | 02/12/2024 | \$ 120.00 | | |
| <input type="checkbox"/> | 01 | In-Kind | CAMPAIGNRED ADVERTISEMENT | 02/12/2024 | \$ 2,166.99 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOSEPH W DEMOCKO 120 BRISBAYNE CIRCLE LAGRANGE, NC 28551 | | | | CHIROPRACTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | DEMOCKO CHIROPRACTIC | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Check | | 01/28/2024 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 3,585.99 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 10,043.49 | |

Contributions from Individuals

Pg 5 of 9

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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| VEN FAULK 104 JILL ST DUDLEY, NC 28333 | | | | FUNERAL DIRECTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SHUMATE FAULK FUNERAL HOME | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 450.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | In-Kind | BILLBOARD ADVERTISEMENT | 02/05/2024 | \$ 450.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| ANTHONY HAMM 117 LONGLEAF LANE GOLDSBORO, NC 27534 | | | | CHIROPRACTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | HAMM CHIROPRACTIC | | | |
| | | | | | | 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 | | |
| <input type="checkbox"/> | 01 | Check | | 01/11/2024 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| SHERWIN HERRING 614 WALNUT CREEK DRIVE GOLDSBORO, NC 27534 | | | | CEO | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SOUTHCO DISTRIBUTING CO | | | |
| | | | | | | 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 | | |
| <input type="checkbox"/> | 01 | Check | | 01/05/2024 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 850.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 10,043.49 | |

Contributions from Individuals

Pg 6 of 9

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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CURTIS HINTON JR 300 E APRIL LANE GOLDSBORO, NC 27530 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | GEOGRAPHIC TECHNOLOGIES GROUP, INC | | 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 | |
| <input type="checkbox"/> | 01 | Check | | 01/16/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| SAM HUNTER 770 LAKE WACKENA ROAD GOLDSBORO, NC 27534 | | | CEO | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | TA LOVING | | 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 | |
| <input type="checkbox"/> | 01 | Check | | 01/11/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ROBERT C JACKSON 109 AURORA LANE GOLDSBORO, NC 27530 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 01/06/2024 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 900.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 10,043.49 | |

Contributions from Individuals

Pg 7 of 9

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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| STEVE KEEN 412 NC HWY 581 S GOLDSBORO, NC 27530 | | | | NO PROFESSION | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NOT EMPLOYED | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | Check | | 01/18/2024 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DALE LEATHAM 304 TONYA DRIVE GOLDSBORO, NC 27534 | | | | BOARD OF EDUCATION | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | WCPS | | e. Election Sum to Date | |
| | | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 01/04/2024 | | \$ 250.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DAVID PERRY 1906 E WALNUT STREET GOLDSBORO, NC 27530 | | | | CEO | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | GOLDSBORO BUILDERS SUPPLY | | e. Election Sum to Date | |
| | | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | Check | | 01/16/2024 | | \$ 250.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 600.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 10,043.49 | |

Contributions from Individuals

Pg 8 of 9 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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JUDSON POPE III 1092 N BREAZEALE AVE MOUNT OLIVE, NC 28365 (919) 658-6566 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | EJ POPE & SONS | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | 01 | Check | | 01/20/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DAVID ROUSE PO BOX 1816 GOLDSBORO, NC 27533 | | | LAWYER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF-EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 01 | Check | | 02/13/2024 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| BEN SEEGARS 230 RIDGEWOOD DRIVE GOLDSBORO, NC 27534 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SEEGARS FENCE | | | |
| | | | | | 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 | |
| <input type="checkbox"/> | 01 | Check | | 01/19/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 10,043.49 | |

Contributions from Individuals

Pg 9 of 9

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 | |
| REELECT DAUGHTERY COMMITTEE | | | | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| GRANT WEBBER 737 DOLLAR TOWN ROAD GOLDSBORO, NC 27534 | | | INVESTMENT ADVISOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | EDWARD JONES | | 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 | |
| <input type="checkbox"/> | 01 | Check | | 01/20/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| GEORGE WOLFE 276 LESLIE RD GOLDSBORO, NC 27530 | | | NO JOB TITLE/RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NOT EMPLOYED/RETIRED | | 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 | |
| <input type="checkbox"/> | 01 | Electric Funds Tran | | 01/04/2024 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 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) | | | | | \$ 10,043.49 | |

Loan Proceeds

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

| | | | | | |
|--|----------------------------|--|---------------------------|--|-----------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| REELECT DAUGHTERY COMMITTEE | | | | -8K1599-- | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | NO JOB TITLE/RETIRED | | e. Start Date (mm/dd/yyyy) | |
| | | c. Employer's Name/Specific Field | | 01/03/2024 | |
| | | NOT EMPLOYED/RETIRED | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | | k. Amount |
| % | | 01 | Check | | \$ 10,000.00 |
| l. Full Name of Lending Institution | | | | | m. Loan Number |
| | | | | | |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | % | | \$ | |
| 5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | | | \$ 10,000.00 |

CRO-1410

NC State Board of Elections

April 2007

Disbursements

Amendment
Pg 1 of 2 ☐ 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) REELECT DAUGHTERY COMMITTEE | | | | | | 2. ID Number -8K1599-- | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) CLIFTON BROADHURST 101 ROSEMARY COURT DUDLEY, NC 28333 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 2,000.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Check | O | 01/04/2024 | \$ 2,000.00 | GOTV | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) CAMPAIGNRED 1629 K ST NW SUITE 300-C WASHINGTON, DC 20006 (877) 275-9700 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 4,419.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Debit Card | O | 01/31/2024 | \$ 1,903.20 | ADVERTISEMENT | | |
| 01 | Debit Card | O | 02/15/2024 | \$ 2,515.80 | ADVERTISEMENT | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) MALORIE TARANGO PO BOX 10553 GOLDSBORO, NC 27532 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 225.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | Check | O | 01/30/2024 | \$ 225.00 | CAMPAIGN FINANCE | | |
| | | | | \$ | REPORTING | | |
| 5. Total only this Page | | | | | | \$ 6,644.00 | |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ 6,794.00 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

Amendment
Pg 2 of 2 ☐ Yes ☒ No

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

| | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|---|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| REELECT DAUGHTERY COMMITTEE | | | | | -8K1599-- | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) THE BUZZ 122 S BERKELEY BOULEVARD STE 3 GOLDSBORO, NC 27534 | | | | b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | d. Comments 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 | |
| 01 | Check | O | 01/24/2024 | \$ 150.00 | ADVERTISEMENT | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 150.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 6,794.00 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A* - Media</div> <div style="width: 50%;">B* - Printing</div> <div style="width: 50%;">C* - Fundraising</div> <div style="width: 50%;">D - To Another Candidate</div> <div style="width: 50%;">E - Salaries</div> <div style="width: 50%;">F* - Equipment</div> <div style="width: 50%;">G - Political Party</div> <div style="width: 50%;">H* - Holding Public Office Expenses</div> <div style="width: 50%;">I - Postage</div> <div style="width: 50%;">J - Penalties</div> <div style="width: 50%;">K* - Office Expenses</div> <div style="width: 50%;">Q* - Donation to Legal Expense Fund</div> <div style="width: 50%;">O* Other</div> </div> | | | | | | |
| * 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

Amendment

☐ Yes ☒ No

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

| | | | | | | |
|---|------------------------|---|------------------------|-----------------------------|------------------|----------------------------|
| REELECT DAUGHTERY COMMITTEE | | | | | -8K1599-- | |
| 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 |
| <input type="checkbox"/> Add | 01 | Electric Funds Tran | O | 02/17/2024 | \$ 49.65 | STRIPE FEES |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ | 49.65 |
| 5. Total of ALL CRO-1315 Pages | | | | | \$ | 49.65 |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | | |
| 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) | | | | | | |

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions

Pg 1 of 2

Amendment
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|---|--|--|------------------------------|
| 1. Committee Full Name (and Fund if applicable) REELECT DAUGHTERY COMMITTEE | | 2. ID Number -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ 20,875.96 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| GRAVIS MARKETING FOR GOTV | | 01/01/2024 | \$ 650.00 |
| VOTTIV FOR VOTER CONTACT | | 01/03/2024 | \$ 149.00 |
| MAILCHIMP FOR GOTV | | 01/07/2024 | \$ 100.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ 20,875.96 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| WEBSITE | | 01/12/2024 | \$ 32.00 |
| POLLMAKERS FOR GOTV CALLS | | 01/12/2024 | \$ 647.50 |
| FACEBOOK ADVERTISEMENT | | 01/18/2024 | \$ 229.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date \$ 20,875.96 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| NEW OLD NORTH ADVERTISEMENT | | 01/18/2024 | \$ 400.00 |
| VOTTIV FOR TEXTING SERVICE | | 01/31/2024 | \$ 500.00 |
| VOTTIV FOR VOTER CONTACT | | 02/03/2024 | \$ 149.00 |
| 4. Total only this Page | | | \$ 2,856.50 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | | \$ 5,593.49 |

In-Kind Contributions

Pg 2 of 2 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|---|--|--|------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| REELECT DAUGHTERY COMMITTEE | | -8K1599-- | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 20,875.96 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FACEBOOK ADVERTISEMENT | | 02/12/2024 | \$ 120.00 |
| CAMPAIGNRED ADVERTISEMENT | | 02/12/2024 | \$ 2,166.99 |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| VEN FAULK 104 JILL ST DUDLEY, NC 28333 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 450.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| BILLBOARD ADVERTISEMENT | | 02/05/2024 | \$ 450.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 2,736.99 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | | \$ 5,593.49 |

Outstanding Loans

Pg 1 of 1

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 | |
| REELECT DAUGHTERY COMMITTEE | | -8K1599-- | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | NO JOB TITLE/RETIRED | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | NOT EMPLOYED/RETIRED | 12/04/2023 |
| | | | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| 0.00% | | \$ 5,000.00 | \$ 5,000.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| JOE DAUGHTERY 125 OXFORD DRIVE GOLDSBORO, NC 27534 | | NO JOB TITLE/RETIRED | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | NOT EMPLOYED/RETIRED | 01/03/2024 |
| | | | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ 10,000.00 | \$ 10,000.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 4. Total only this Page | | | \$ 15,000.00 |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | \$ 15,000.00 |



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Reelect Daughtery Committee
- Person or committee to make loan: Joe Daughtery
- Date of loan to committee: 1/4/2024
- Name of lending institution (source):

- Amount of loan: \$10,000
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):

- Period of loan: _____
- Rate of interest of loan: 0%
- Security pledged for loan: _____

I, Joe Daughtery, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.

Joe Daughtery
Signature of Lender

2/26/2024
Date Signed

Natori Caraway
Signature of Treasurer of Committee

2/26/2024
Date Signed