

New *Corrected*

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

Re-Elect Coram For Wayne

c. ID Number

HK 18 V2

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

506 Cardinal Drive
Goldsboro, NC 27534

d. Date Filed

e. Phone Number

919-223-2184

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	2/29/2034	Betty F. Johnson

6. Type of Committee (Check One)

Candidate Campaign Party
 PAC Referendum
 Independent Expenditure Joint Fundraiser
 Legal Expense Fund

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

Municipal
 Organizational
 Thirty-five day
 Pre-primary
 Pre-election
 Pre-runoff
 Semi-annual
 Mid Year
 Year End
 Final
 Special

State/County
 Organizational
 Quarterly
 First
 Second
 Third
 Fourth
 Semi-annual
 Mid Year
 Year End
 Final
 Special

Referendum
 Organizational
 Pre-referendum
 Final
 Supplemental Final
 Annual
 Special

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

Booster Fund
 Building Fund
 Other:

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Wells Fargo

11. Account Information

a. Financial Institution Full Name

RECEIVED
WCBQE

b. Purpose

Campaign
Receipts and
Disbursements

c. Account Code

1

b. Purpose

c. Account Code

MAR 21 2024

d. Period Begin Balance

\$ 0

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 of Elections.

Betty F. Johnson

Printed Name of Signer

Betty F. Johnson

Signature of Appointed Treasurer

2/29/2024

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____

Employee: _____

Signer has not received
mandatory training

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

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

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

Detailed Summary

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

Amendment
 Yes No

Report		3.15 Number
Re-Elect Coram For Wayne		HK 18 V2
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 0	\$ 6
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 228.67	\$ 1112.80
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 228.67	\$ 1112.80
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 228.67	\$ 1112.80
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 228.67	\$ 1112.80
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0
NON-MONETARY INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Contributions from Individuals

Amendment

Pg _____ of _____ Yes No

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

Re-Elect Coram for Wayne

H K18 V2

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Constance Coram 507. Cardinal Drive Goldsboro, NC 27534 919-223-8124		Register of Deeds	
		c. Employer's Name/Specific Field	
		e. Election Sum to Date	\$ 884.13

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		01/03/2024	\$ 200.00
<input type="checkbox"/>	1	Credit Card		9/2/2024	\$ 28.67
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	
		e. Election Sum to Date	\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	
		e. Election Sum to Date	\$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 228.67

\$ 228.67

Disbursements

Amendment

Pg _____ of _____ Yes No

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

Re-Elect Coram For Wayne

HK18V2

<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>City of Goldsboro Goldsboro, NC 27530</p>		<p>b. Coordinated Committee Name</p> <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>		<p>d. Comments</p> <p>e. Election Sum to Date \$ 285.00</p>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	H	01/05/2024	206.00	MLK Cerebration Donation
				\$	
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>Impress Me 333 N Spruce Ave (Goldsboro) NC 27534</p>		<p>b. Coordinated Committee Name</p> <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>		<p>d. Comments</p> <p>e. Election Sum to Date \$ 84.87</p>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1.	C/C (check)	B	01/02/2024	28.67	Custom signs
				\$	
<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p>		<p>b. Coordinated Committee Name</p> <p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>		<p>d. Comments</p> <p>e. Election Sum to Date \$</p>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
					\$ 228.67
<p>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</p> <p>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</p> <p>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</p>				<p>\$ 228.67</p>	

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			