

# Disclosure Report Cover

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.

Amendment  
 Yes  No

## 1. Committee Information

a. Full Name

*JULIE Whitfield for Clerk*

c. ID Number

*JK1V95*

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

*102 S. Spruce Ave  
Goldsboro NC 27534*

d. Date Filed

*01/26/24*

e. Phone Number

*919-759-9997*

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	06/30/2024	Jody H. BRIDGERS

## 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  
 Quarterly  
 Pre-primary  
 Pre-election  
 Pre-runoff  
 Semi-annual  
 Mid Year  
 Year End  
 Final  
 Special

State/County  
 Organizational  
 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:

## 10. Special Report Name

## 8. Number of Fundraisers this Report

## 11. Account Information

a. Financial Institution Full Name

*FIRST CITIZENS BANK*

## 11. Account Information

a. Financial Institution Full Name

*RECEIVED  
WCBOE*

b. Purpose

*Committee Funds*

c. Account Code

*1*

b. Purpose

*JUL 26 2024*

c. Account Code

d. Period Begin Balance

*\$*

*BY*

d. Period Begin Balance

*\$ 1538,39*

## CERTIFICATION

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

*Jody H. BRIDGERS*

Printed Name of Signer

Signature of Appointed Treasurer

*01/26/2024*

Date

## FOR OFFICE USE ONLY

Date Received: 01/26/24

Employee: AB

### 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

JULIE WHITFIELD for Clerk

MID YEAR

JX1V95

Start of Election Cycle: January 1, 2022	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1558.39	\$
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 1390.52
6) Contributions from Individuals (CRO-1210)	\$	\$
7) Contributions from Political Party Committees (CRO-1220)	\$ 400.00	\$ 18936.64
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$ 1225.25
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 400 -	\$ 21552.41
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 470.00	\$ 18942.33
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$ 1121.69
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)	\$ 470 -	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1488.39	\$ 1488.39
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1225.25	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

# Contributions from Individuals

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Amendment  
 Yes  No

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

JULIE WHITFIELD FOR CLERK

JK1V95

Resident Address (include city, state & zip)

KENN THOMSON  
 120 Meadowlark Rd  
 Goldsboro NC 27534

b. Position/Title/Profession

Retired

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 100 -

d. Prior	e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount
<input type="checkbox"/>	1	CK		6/25/24	\$ 100 -
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

d. Prior	e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount
<input type="checkbox"/>	1	CK		3/17/24	\$ 300 -
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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

d. Prior	e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 400 -
					\$ 400 -

# Disbursements

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Amendment  
 Yes  No

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

**JULIE WHITFIELD FOR CLERK**

**JK1V95**

<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 &amp; Phone          (include city, state, &amp; zip)</p> <p><b>GRANTHAM VFD</b>          3430 US Hwy 135          Goldsboro NC 27530</p>		<p>b. Coordinated Committee Name</p> <p><b>OAKLAND VFD</b></p>		<p>d. Comments</p> <p><b>GRANTHAM VFD</b></p>	
		<p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>		<p>e. Election Sum to Date</p> <p><b>\$</b></p>	
e. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CK	0	01/16/2024	\$ 300-	<b>Donation / AD</b>
				\$	
<p><b>OAKLAND VFD</b>          617 OAKLAND Church Rd          PRINCETON NC 27569</p>		<p>c. Level Registered (Specify)</p> <p><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:</p>		<p>e. Election Sum to Date</p> <p><b>\$</b></p>	
1	CK	0	03/09/2024	\$ 30-	<b>EVENT DONATION</b>
				\$	
<p><b>WAYNE CHRISTIAN School</b>          1201 Posttown Rd          Goldsboro NC 27530</p>		<p>b. Coordinated Committee Name</p> <p><b>WAYNE CHRISTIAN School</b></p>		<p>e. Election Sum to Date</p> <p><b>\$</b></p>	
1	CK	0		\$ 140 -	<b>DONATION</b>
				\$	
				\$ 470 -	
<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>					

E - Salaries	B* - Printing	C - Publishing	D - To Another Candidate
F - Equipment	G - Political Party	H - Other Political Committee	I - To Another Political Committee
J - Penalties	K - Donations	L - Other	M - To Another Organization
O* Other	Q* - Donation to Legal Expense Fund	R - Other	S - To Another Organization

## Outstanding Loans

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**Amendment**

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

<p><b>JULIE WHITFIELD For Clerk</b></p> <p>Address of residence and place of phone (include city, state, &amp; zip)</p> <p>BOBBY Whitfield 760 Corbett Hill RD Mount OLIVE NC 28365</p>			
<p>b. Job Title/Profession</p> <p>Maintenance Tech</p>		<p>d. Comments</p>	
<p>c. Employer's Name/Specific Field</p> <p>Duke Energy</p>		<p>e. Start Date (mm/dd/yyyy) 02/28/22</p>	
Rate	Interest Paid Monthly	Original Loan Amount	Remaining Loan Amount
%		\$ 1225.25	\$ 1225.25
<p>Address of second institution (include city, state, &amp; zip)</p>			
<p>b. Job Title/Profession</p>		<p>d. Comments</p>	
<p>c. Employer's Name/Specific Field</p>		<p>e. Start Date (mm/dd/yyyy)</p>	
Rate	Interest Paid Monthly	Original Loan Amount	Remaining Loan Amount
%		\$	\$
<p>Address of third institution (include city, state, &amp; zip)</p>			
<p>b. Job Title/Profession</p>		<p>d. Comments</p>	
<p>c. Employer's Name/Specific Field</p>		<p>e. Start Date (mm/dd/yyyy)</p>	
Rate	Interest Paid Monthly	Original Loan Amount	Remaining Loan Amount
%		\$	\$
<p>Address of fourth institution (include city, state, &amp; zip)</p>			
<p>b. Job Title/Profession</p>		<p>d. Comments</p>	
<p>c. Employer's Name/Specific Field</p>		<p>e. Start Date (mm/dd/yyyy)</p>	
Rate	Interest Paid Monthly	Original Loan Amount	Remaining Loan Amount
%		\$	\$
<p>Address of fifth institution (include city, state, &amp; zip)</p>			
<p>b. Job Title/Profession</p>		<p>d. Comments</p>	
<p>c. Employer's Name/Specific Field</p>		<p>e. Start Date (mm/dd/yyyy)</p>	
Rate	Interest Paid Monthly	Original Loan Amount	Remaining Loan Amount
%		\$	\$