

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	c. ID Number	
WEEKS FOR GOLDSBORO COMMITTEE		
b. Mailing Address (include City, State and Zip Code)	d. Date Filed	
PO BOX 407 GOLDSBORO, NC 27534	07/25/2024	
	e. Phone Number (919) 920-5189	

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	FORREST C PHILLIPS III

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

3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
FIRST CITIZENS BANK	RECEIVED
b. Purpose	c. Account Code
FOR RECEIPTS AND EXPENSES	888
	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

Forrest C. Phillips III

Printed Name of Signer

Forrest C. Phillips III

Signature of Appointed Treasurer

07/25/2024

Date

FOR OFFICE USE ONLY

Date Received:	01/29/24	Employee:	87	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<input type="checkbox"/> 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.

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
WEEKS FOR GOLDSBORO COMMITTEE	2024 Mid Year Semi-Annual	
Start of Election Cycle: January 1, 2024		Total this Reporting Period
4) Cash on Hand at Start		\$ 1,691.34
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 40.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 40.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 690.68
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 1,000.66
17) In-Kind Contributions	(CRO-1510)	\$ 40.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,731.34
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00
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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

Aggregated Contributions from Individuals AmendmentPage 1 of 1 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			
WEEKS FOR GOLDSBORO COMMITTEE					
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	888	In-Kind	Google GMAIL	01/01/2024	\$ 12.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	888	In-Kind	Wix WIX.Com WEBSITE	01/12/2024	\$ 28.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 40.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 40.00

CRO-1205

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 1 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) WEEKS FOR GOLDSBORO COMMITTEE		2. ID Number																											
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 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 30%;">b. Coordinated Committee Name</td> <td style="width: 30%;">d. Comments</td> </tr> <tr> <td rowspan="2">Campaign Connections 3801 Lake Boone Trail Suite 255 RALEIGH, NC 27607 (919) 834-8994</td> <td colspan="2" style="border-top: none;">c. Level Registered (Specify)</td> </tr> <tr> <td style="border-top: none;"><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td style="border-top: none;">e. Election Sum to Date \$ 690.68</td> </tr> <tr> <td style="border-top: none;">f. Account Code</td> <td style="border-top: none;">g. Form of Payment</td> <td style="border-top: none;">h. Purpose Code</td> <td style="border-top: none;">i. Date (mm/dd/yyyy)</td> <td style="border-top: none;">j. Amount</td> <td style="border-top: none;">k. Required Remarks</td> </tr> <tr> <td>888</td> <td>Check</td> <td>O</td> <td>01/12/2024</td> <td>\$ 690.68</td> <td>CAMPAIGN CONSULTANT /</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td></td> </tr> </table>				a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	Campaign Connections 3801 Lake Boone Trail Suite 255 RALEIGH, NC 27607 (919) 834-8994	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 \$ 690.68	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	888	Check	O	01/12/2024	\$ 690.68	CAMPAIGN CONSULTANT /					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																											
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888	Check	O	01/12/2024	\$ 690.68	CAMPAIGN CONSULTANT /																								
				\$																									
5. Total only this Page \$ 690.68																													
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>																													
7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i>																													
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)																													

Refunds/Reimbursements From the Committee Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable) WEEKS FOR GOLDSBORO COMMITTEE		2. ID Number		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) RICK WEEKS 313 Pineland Drive GOLDSBORO, NC 27534 (919) 709-8392		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality	h. Original Receipt Date 10/18/2023	
b. Job Title/Profession ACCOUNTANT		c. Employer's Name/Specific Field SELF	f. Purpose Code L	
			j. Election Sum to Date \$ 0.00	
k. Account Code 888	l. Form of Payment Check	m. Required Remarks <i>(Leave blank for general remarks)</i>	n. Date (mm/dd/yyyy) 02/15/2024	o. Amount \$ 1,000.66
4. Total only this Page 5. Total of ALL CRO-1320 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 1,000.66
6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

Amendment
Pg 1 of 1 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	
WEEKS FOR GOLDSBORO COMMITTEE			
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	c. Comments	
Aggregated Individual Contribution	<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	d. Election Sum to Date	
		\$	40.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Google GMAIL	01/01/2024	\$	12.00
Wix WIX.Com WEBSITE	01/12/2024	\$	28.00
		\$	
4. Total only this Page		\$	40.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	40.00

CRO-1510

NC State Board of Elections

December 2007