

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.

a. Full Name	RECEIVED	c. ID Number
Team White		
b. Mailing Address (Include City, State and Zip Code)	OCT 30 2024	d. Date Filed
204 Hardinwood Drive Goldsboro, NC 27534	WCBOE	
e. Phone Number		

2024	07/01/2024	09/08/2024	Debra D. Bailey	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Municipal <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 type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> State/County <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"/> Referendum <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
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:				

a. Financial Institution Full Name	a. Financial Institution Full Name
Southern Bank	
b. Purpose	c. Account Code
All Campaign Donations and Expenses	021
d. Period Begin Balance	\$ 31.93
b. Purpose	c. Account Code
d. Period Begin Balance	\$

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.

Debra D. Bailey
Printed Name of Signer

Debra D. Bailey
Signature of Appointed Treasurer

10/27/2024
Date

FOR OFFICE USE ONLY

Date Received: 10/30/24

Employee: 18t

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Team White	Final	
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 31.93	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$
6) Contributions from Individuals	(CRO-1210)	\$
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)	\$ 0.00	\$ 2975.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 31.93
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)	\$ 31.93	\$ 2975.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0.00	\$ 0.00
ADDITIONAL 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)	\$

Disbursements

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

Team White

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Steve Smith
1010 E. Mulberry Street
Goldsboro, NC 27530

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
021	Cash	A	09/06/2004	\$ 31.93	GOTV - Poll Worker
				\$	

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

b. Coordinated Committee Name

c. Level Registered (Specify)

Federal County:
 State Municipality:

d. Comments

e. Election Sum to Date

\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

\$ 31.93

(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)

\$

31.93

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			