

# 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		
THE GAYLOR FOR GOLDSBORO COMMITTEE			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
702 PARK AVENUE GOLDSBORO, NC 27530	RECEIVED 01/02/2025		
	e. Phone Number (919) 273-3084		

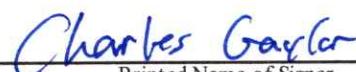
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	07/01/2023	08/29/2023	CHARLES PARSON GAYLOR IV

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 checked="" 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 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			

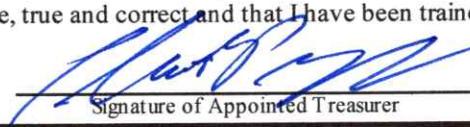
3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION	
b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	001
d. Period Begin Balance	
\$	
d. Period Begin Balance	
\$	

## 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

  
Charles Gaylar

Printed Name of Signer

  
Signature of Appointed Treasurer

01/02/2025

Date

## FOR OFFICE USE ONLY

Date Received:	Employee:	Delivery Method
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input 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

<b>1. Committee Full Name (and Fund if applicable)</b> THE GAYLOR FOR GOLDSBORO COMMITTEE	<b>2. Type of Report</b> 2023 Thirty-five-day	<b>3. ID Number</b>
<b>Start of Election Cycle: January 1, 2023</b>		<b>Total this Reporting Period</b>
<b>4) Cash on Hand at Start</b>		\$ 12,516.83 \$ 0.00
<b>RECEIPTS</b>		
<b>5) Aggregated Contributions from Individuals</b>	<i>(CRO-1205)</i>	\$ 0.00 \$ 750.00
<b>6) Contributions from Individuals</b>	<i>(CRO-1210)</i>	\$ 6,847.50 \$ 29,592.50
<b>7) Contributions from Political Party Committees</b>	<i>(CRO-1220)</i>	\$ 0.00 \$ 0.00
<b>8) Contributions from Other Political Committees</b>	<i>(CRO-1230)</i>	\$ 0.00 \$ 0.00
<b>9) Loan Proceeds</b>	<i>(CRO-1410)</i>	\$ 0.00 \$ 2,000.00
<b>10) Refunds/Reimbursements to the Committee</b>	<i>(CRO-1240)</i>	\$ 0.00 \$ 0.00
<b>11) Other Receipt Sources</b>		
<b>11a) Interest on Bank Accounts</b>	<i>(CRO-1250)</i>	\$ 0.00 \$ 0.00
<b>11b) Contributions from Not-For-Profit Organizations</b>	<i>(CRO-1250)</i>	\$ 0.00 \$ 0.00
<b>11c) Outside Sources of Income</b>	<i>(CRO-1250)</i>	\$ 0.00 \$ 0.00
<b>11d) Legal Expense Fund - Other Sources</b>	<i>(CRO-1270)</i>	\$ 0.00 \$ 0.00
<b>11e) Exempt Purchase Price Sales</b>	<i>(CRO-1265)</i>	\$ 0.00 \$ 0.00
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>		\$ 6,847.50 \$ 32,342.50
<b>EXPENDITURES</b>		
<b>13) Disbursements</b>		
<b>13a) Operating Expenditures</b>	<i>(CRO-1310)</i>	\$ 10,772.27 \$ 23,581.71
<b>13b) Contributions to Candidates/Political Committees</b>	<i>(CRO-1310)</i>	\$ 0.00 \$ 0.00
<b>13c) Coordinated Party Expenditures</b>	<i>(CRO-1310)</i>	\$ 0.00 \$ 0.00
<b>14) Aggregated Non-Media Expenditures</b>	<i>(CRO-1315)</i>	\$ 71.44 \$ 240.17
<b>15) Loan Repayments</b>	<i>(CRO-1420)</i>	\$ 0.00 \$ 0.00
<b>16) Refunds/Reimbursements from the Committee</b>	<i>(CRO-1320)</i>	\$ 0.00 \$ 0.00
<b>17) In-Kind Contributions</b>	<i>(CRO-1510)</i>	\$ 197.50 \$ 197.50
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 11,041.21 \$ 24,019.38
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 8,323.12 \$ 8,323.12
<b>ADDITIONAL INFORMATION</b>		
<b>20) Non-Monetary Gifts Given to Other Committees</b>	<i>(CRO-1330)</i>	\$ 0.00
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	<i>(CRO-1430)</i>	\$ 2,000.00
<b>22) Debts and Obligations owed by the Committee</b>	<i>(CRO-1610)</i>	\$ 0.00
<b>23) Debts and Obligations owed to the Committee</b>	<i>(CRO-1620)</i>	\$ 0.00
<b>24) Account Transfers Within the Committee</b>	<i>(CRO-1720)</i>	\$ 0.00
<b>25) Administrative Support</b>	<i>(CRO-1710)</i>	\$ 0.00 \$ 0.00
<b>26) Forgiven Loans</b>	<i>(CRO-1440)</i>	\$ 0.00 \$ 0.00
<b>27) 48-Hour Notice Reports Sum</b>	<i>(CRO-2220)</i>	\$ 0.00 \$ 0.00
<b>28) Contributions to be Refunded</b>	<i>(CRO-1215)</i>	\$ 0.00 \$ 0.00

# Contributions from Individuals

Pg 1 of 6  Yes  No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
PHILIP BADDOUR JR 125 PINERIDGE LANE GOLDSBORO, NC 27534			ATTORNEY		
			c. Employer's Name/Specific Field		
			BADDOUR, PARKER, HINE, & HALE PC		
			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"/>	001	Check		08/28/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
GARY BARTLETT 209 CASHWELL DRIVE GOLDSBORO, NC 27534					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			CONSULTANT		
			c. Employer's Name/Specific Field		
			SELF EMPLOYED		
			e. Election Sum to Date		
			\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Credit Card		07/25/2023	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
A. GLENN BARWICK 201 N GEORGE STREET GOLDSBORO, NC 27530					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			COMMERCIAL REALTOR		
			c. Employer's Name/Specific Field		
			BERKSHIRE HATHAWAY HOME SERVICES		
			e. Election Sum to Date		
			\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		07/21/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total Individual Contribution					\$ 1,800.00
Total Individual CRO 1205 Page					\$ 6,847.50

# Contributions from Individuals

Pg 2 of 6  Yes  No

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

Contributor Information					
THE GAYLOR FOR GOLDSBORO COMMITTEE			Filing Date		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
TOM BROWN 306 S. CLAIBORNE STREET GOLDSBORO, NC 27530		ATTORNEY			
c. Employer's Name/Specific Field		e. Election Sum to Date			
NOT EMPLOYED		\$ 750.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Check		08/17/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
MARTHA BRYAN 1808 SALEM CHURCH RD GOLDSBORO, NC 27530			NO JOB TITLE OR PROFESSION		
c. Employer's Name/Specific Field			e. Election Sum to Date		
NOT WORKING			\$ 60.78		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	In-Kind	FOOD FOR A MEET AND GREET EVENT IN	08/14/2023	\$ 60.78
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
MARY ANN DUDLEY 1302 EVERGREEN AVENUE GOLDSBORO, NC 27530			NO JOB TITLE OR PROFESSION		
c. Employer's Name/Specific Field			e. Election Sum to Date		
NOT EMPLOYED			\$ 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"/>	001	Check		07/10/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total for this Page					\$ 660.78
Subtotal of All CRO-1210 Pages					\$ 6,847.50

# Contributions from Individuals

Pg 3 of 6  Yes  No

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

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>THE GAYLOR FOR GOLDSBORO COMMITTEE</b>					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b> VICE PRESIDENT	<b>d. Comments</b>	
WILL FAIRCLOTH 1708 E. MULBERRY STREET GOLDSBORO, NC 27530			<b>c. Employer's Name/Specific Field</b> JHA, INC.	<b>e. Election Sum to Date</b> \$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	001	Check		08/01/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b> TEACHER	<b>d. Comments</b>	
RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530			<b>c. Employer's Name/Specific Field</b> WAYNE COUNTRY DAY SCHOOL	<b>e. Election Sum to Date</b> \$ 1,136.72	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	001	In-Kind	SUPPLIES AND FOOD FOR MEET AND GREET	08/14/2023	\$ 136.72
<input type="checkbox"/>	001	Check		08/29/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Job Title/Profession</b> NO JOB TITLE OR PROFESSION	<b>d. Comments</b>	
JUDY HARRISON 262 RICHARD SMITH ROAD FOUR OAKS, NC 27524			<b>c. Employer's Name/Specific Field</b> NOT WORKING	<b>e. Election Sum to Date</b> \$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	001	Credit Card		08/15/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>f. Total Only this Page</b>					\$ 1,886.72
<b>g. Total of ALL CRO 1210 Pages (If the sum of all of these is less than \$500,000)</b>					\$ 6,847.50

# Contributions from Individuals

Pg 4 of 6  Yes  No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
NEIL HINE 1700 EAST WALNUT STREET GOLDSBORO, NC 27530			VICE PRESIDENT AND CORP. SECRETARY		
			c. Employer's Name/Specific Field		
			HINE SITE WORK, INC.		
			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"/>	001	Check		08/15/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
ELIZABETH JONES 130 E WALNUT STREET GOLDSBORO, NC 27530			ESTHETICIAN		
			c. Employer's Name/Specific Field		
			SKIN THERAPY DAY SPA		
			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"/>	001	Check		07/19/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
LINDA JORDAN 1104 EAST MULBERRY STREET GOLDSBORO, NC 27530			NO JOB TITLE OR PROFESSION		
			c. Employer's Name/Specific Field		
			NOT WORKING		
			e. Election Sum to Date		
			\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	001	Credit Card		07/30/2023	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total Individual Contribution					\$ 1,600.00
Total Individual Contribution for Political Party					\$ 6,847.50

# Contributions from Individuals

Pg 5 of 6  Yes  No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
STUART MCMILLAN					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
STUART MCMILLAN 701 PARK AVENUE GOLDSBORO, NC 27530		PILOT			
		c. Employer's Name/Specific Field			
		AMERICAN AIRLINES			
				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"/>	001	Check		07/01/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
ADRIENNE NORTHINGTON					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ADRIENNE NORTHINGTON 2506 PINENEEDLES ROAD GOLDSBORO, NC 27534		NO JOB TITLE OR PROFESSION			
		c. Employer's Name/Specific Field			
		NOT WORKING			
				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"/>	001	Check		08/25/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
NANCY NORWOOD					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
NANCY NORWOOD 216 RIDGEWOOD DRIVE GOLDSBORO, NC 27534		NO JOB TITLE OR PROFESSION			
		c. Employer's Name/Specific Field			
		NOT WORKING			
				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"/>	001	Check		07/26/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total Individual Payment					\$ 700.00
5. Total of All CRO-1210 Reports (This line must be on line 6 of individual statement of the CRO-1205)					\$ 6,847.50

# Contributions from Individuals

Pg 6 of 6  Yes  No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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	
BENJAMIN KYLE SAYLORS 109 OVERBROOK ROAD GOLDSBORO, NC 27534		REAL ESTATE APPRAISER			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
c. Employer's Name/Specific Field		SAYLORS REAL ESTATE APPRAISALS, LLC		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"/>	001	Check		08/17/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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	
SUSAN STACKHOUSE 700 BEECH STREET GOLDSBORO, NC 27530		NO JOB TITLE OR PROFESSION			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
c. Employer's Name/Specific Field		NOT WORKING		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"/>	001	Check		08/23/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>5. Total of All CRO-1210 Pages</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
\$ 200.00					
\$ 6,847.50					

# Disbursements

Amendment

Pg 1 of 3  Yes  No

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

<b>THE GAYLOR FOR GOLDSBORO COMMITTEE</b>					
<b>3. Type of Disbursement (Please check all that apply. See back of form for detailed description)</b>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
ACCUCOPY 322 N JOHN STREET GOLDSBORO, NC 27530			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 2,136.94
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
001	Check	B	07/27/2023	\$ 74.72	15. PRINT MEDIA
001	Check	B	07/27/2023	\$ 260.91	15. PRINT MEDIA
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
ACCUCOPY 322 N JOHN STREET GOLDSBORO, NC 27530			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>  \$ 2,136.94
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
001	Check	B	07/27/2023	\$ 282.89	15. PRINT MEDIA
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>					
<b>b. Coordinated Committee Name</b>					
<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
<b>e. Election Sum to Date</b>  \$ 179.90					
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
001	Check	O	08/24/2023	\$ 179.90	33. Volunteer Gift
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</b>					
<b>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</b>					
<b>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</b>					
<b>14. Disburse Categories (List detailed expenditure codes on line 13 above)</b>					
A* - Media E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses	
				D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund	

# Disbursements

Amendment

Pg 2 of 3  Yes  No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
<b>3. Type of Disbursement</b> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Disbursement Details</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  CIENNA HOLLOWAY 506 KING DRIVE GOLDSBORO, NC 27530		<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 7,250.00	
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 07/24/2023	<b>j. Amount</b> \$ 3,500.00	<b>k. Required Remarks</b> 21. GOTV - DOOR TO DOOR
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 08/03/2023	<b>j. Amount</b> \$ 3,500.00	<b>k. Required Remarks</b> 21. GOTV-Door-to-Door
<b>5. Disbursement Details</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  IAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860		<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 145.00	
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> A	<b>i. Date (mm/dd/yyyy)</b> 08/10/2023	<b>j. Amount</b> \$ 145.00	<b>k. Required Remarks</b> 34. Consultant Media
<b>6. Disbursement Details</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  MEDIA PUBLISHING LLC 122 SOUTH BERKELEY BLVD SUITE 3 GOLDSBORO, NC 27534		<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 150.00	
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> A	<b>i. Date (mm/dd/yyyy)</b> 08/29/2023	<b>j. Amount</b> \$ 150.00	<b>k. Required Remarks</b> 15. Print Media
<b>7. Total Disbursements</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove \$ 7,295.00					
<b>8. Total of All Line 1-10 Pages</b> (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) \$ 10,772.27					
<b>9. Purpose Codes</b> (Listed in order of priority from left to right)					
A* - Media E - Salaries I - Postage O* Other	B* - Printing F* - Equipment J - Penalties	C* - Fundraising G - Political Party K* - Office Expenses	D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund		

# Disbursements

Amendment

Pg 3 of 3  Yes  No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE																					
<b>3. Type of Disbursement (Please check one)</b> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  SOUTHEASTERN CANCER CARE 203 COX BLVD GOLDSBORO, NC 27534			<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 64.85																	
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 08/23/2023	<b>j. Amount</b> \$ 64.85	<b>k. Required Remarks</b> 56. Charitable Donation																
<b>4. PRINT MEDIA</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove																					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530			<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 2,500.00																	
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> B	<b>i. Date (mm/dd/yyyy)</b> 08/09/2023	<b>j. Amount</b> \$ 2,500.00	<b>k. Required Remarks</b> 15. PRINT MEDIA																
<b>5. FILING FEES</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove																					
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  WAYNE COUNTY BOARD OF ELECTIONS 309 E CHESTNUT STREET GOLDSBORO, NC 27530			<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 114.00																	
<b>f. Account Code</b> 001	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 07/11/2023	<b>j. Amount</b> \$ 114.00	<b>k. Required Remarks</b> 25. Filing Fee																
<b>6. OTHER EXPENSES</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove																					
\$ 2,678.85																					
<b>7. TOTAL OF ALL DISBURSEMENTS</b> <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>																					
<b>8. Disbursement Codes (See detailed explanation code in the sidebar)</b> <table border="0"> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="4">O* Other</td> </tr> </table>						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			
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																					
<b>9. Codes for detailed explanation of expenditure codes in detail</b>																					

# Aggregated Non-Media Expenditures

Page 1 of 1 **Amendment**  Yes  No

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

THE GAYLOR FOR GOLDSBORO COMMITTEE						
<b>3. Payment Method</b>						
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Check	O	08/11/2023	\$ 30.00	56. Charitable Donation
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card	B	08/23/2023	\$ 41.44	15. PRINT MEDIA
<b>4. Payment Method Total</b>						
\$ 71.44						
<b>5. Payment Method Total</b>						
\$ 71.44						
<b>B* - Printing</b>			<b>D - To Another Candidate</b>			
E - Salaries			G - Political Party			
J - Penalties			<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						

CRO-1315

NC State Board of Elections

December 2009

## 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.

THE GAYLOR FOR GOLDSBORO COMMITTEE			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor		c. Comments
	MARTHA BRYAN 1808 SALEM CHURCH RD GOLDSBORO, NC 27530	<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	
		\$	60.78
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
FOOD FOR A MEET AND GREET EVENT IN DISTRICT 1	08/14/2023	\$	60.78
		\$	
		\$	
THE GAYLOR FOR GOLDSBORO COMMITTEE			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor		c. Comments
	RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530	<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	
		\$	1,136.72
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
SUPPLIES AND FOOD FOR MEET AND GREET EVENT IN DISTRICT 1	08/14/2023	\$	136.72
		\$	
		\$	
Total on this Page		\$	197.50
Total of All CRO-1510 Pages (This form must be filed on Form 1215 if In-Kind Contributions were or will be refunded within 7 days)		\$	197.50

# Outstanding Loans

Pg 1 of 1  Yes  No

Amendment

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

THE GAYLOR FOR GOLDSBORO COMMITTEE			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	e. Start Date (mm/dd/yyyy) 01/10/2023
		COMMUNITY CARE OF NORTH CAROLINA, INC.	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 500.00	\$ 500.00
k. Full Name of Lending Institution		l. Loan Number	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		ATTORNEY	e. Start Date (mm/dd/yyyy) 01/20/2023
		COMMUNITY CARE OF NORTH CAROLINA, INC.	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 1,500.00	\$ 1,500.00
k. Full Name of Lending Institution		l. Loan Number	
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		\$ 2,000.00	
S. Total of All CRO-1430 Pages <small>including the number of a detailed statement of each loan)</small>		\$ 2,000.00	

CRO-1430

NC State Board of Elections

December 2007