

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

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	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 Gaylor [Signature] 01/02/2025
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
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

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
THE GAYLOR 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. 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"/>					\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GARY BARTLETT 209 CASHWELL DRIVE GOLDSBORO, NC 27534			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"/>					\$	
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
A. GLENN BARWICK 201 N GEORGE STREET GOLDSBORO, NC 27530			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"/>					\$	
4. Total only this Page					\$ 1,800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,847.50	

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE GAYLOR 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. Job Title/Profession		d. Comments	
TOM BROWN 306 S. CLAIBORNE STREET GOLDSBORO, NC 27530			ATTORNEY			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 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"/>					\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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			
			NOT WORKING		e. Election Sum to Date	
					\$ 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"/>					\$	
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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			
			NOT EMPLOYED		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		07/10/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 660.78	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,847.50	

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE GAYLOR 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. Job Title/Profession		d. Comments
WILL FAIRCLOTH 1708 E. MULBERRY STREET GOLDSBORO, NC 27530				VICE PRESIDENT		
				c. Employer's Name/Specific Field		
				JHA, INC.		
				e. Election Sum to Date		
				\$ 250.00		
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		08/01/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530				TEACHER		
				c. Employer's Name/Specific Field		
				WAYNE COUNTRY DAY SCHOOL		
				e. Election Sum to Date		
				\$ 1,136.72		
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	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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JUDY HARRISON 262 RICHARD SMITH ROAD FOUR OAKS, NC 27524				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	Credit Card		08/15/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,886.72	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1210)					\$ 6,847.50	

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

1. Contributor Full Name (and Fund If Applicable)						2. ID Number	
THE GAYLOR 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. 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"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
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"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
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"/>					\$		
4. Total only this Page						\$ 1,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)						\$ 6,847.50	

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE GAYLOR 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. 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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ADRIENNE NORTINGTON 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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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 only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1210)					\$ 6,847.50	

Contributions from Individuals

Pg 6 of 6

Amendment

☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
THE GAYLOR 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. Job Title/Profession		d. Comments	
BENJAMIN KYLE SAYLORS 109 OVERBROOK ROAD GOLDSBORO, NC 27534			REAL ESTATE APPRAISER			
			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"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
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			
			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"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on last 5 of Detailed Summary Page CRO-1210)					\$ 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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE							
3. Type of Disbursement (Please use separate CRO-1310 form for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Page Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACCUCOPY 322 N JOHN STREET GOLDSBORO, NC 27530				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,136.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	B	07/27/2023	\$ 74.72	15. PRINT MEDIA		
001	Check	B	07/27/2023	\$ 260.91	15. PRINT MEDIA		
4. Page Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACCUCOPY 322 N JOHN STREET GOLDSBORO, NC 27530				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,136.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	B	07/27/2023	\$ 282.89	15. PRINT MEDIA		
				\$			
4. Page Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CHAUNCEY DOUGLAS 37 HILL SHORE LANE CLAYTON, NC 27527				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 179.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	08/24/2023	\$ 179.90	33. Volunteer Gift		
				\$			
5. Total only this Page						\$ 798.42	
6. Total of ALL CRO-1310 Pages						\$ 10,772.27	
(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)							
7. Purpose Codes (List detailed expenditure code in (b.) above)							
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 (b.)							

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE							
3. Type of Disbursement (Please use separate CRO-1310 form for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CIENNA HOLLOWAY 506 KING DRIVE GOLDSBORO, NC 27530							
				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	
						\$ 7,250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	07/24/2023	\$ 3,500.00	21. GOTV - DOOR TO		
001	Check	O	08/03/2023	\$ 3,500.00	DOOR 21. GOTV-Door-to-Door		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
IAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860							
				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	
						\$ 145.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	A	08/10/2023	\$ 145.00	34. Consultant Media		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MEDIA PUBLISHING LLC 122 SOUTH BERKELEY BLVD SUITE 3 GOLDSBORO, NC 27534							
				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	
						\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	A	08/29/2023	\$ 150.00	15. Print Media		
				\$			
5. Total only this Page						\$ 7,295.00	
6. Total of ALL CRO-1310 Pages (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	
7. Purpose Codes (List detailed expenditure code in (k.) above)							
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							

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SOUTHEASTERN CANCER CARE 203 COX BLVD GOLDSBORO, NC 27534							
				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	
						\$ 64.85	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	O	08/23/2023	\$ 64.85	56. Charitable Donation		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530							
				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	
						\$ 2,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	B	08/09/2023	\$ 2,500.00	15. PRINT MEDIA		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WAYNE COUNTY BOARD OF ELECTIONS 309 E CHESTNUT STREET GOLDSBORO, NC 27530							
				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	
						\$ 114.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	07/11/2023	\$ 114.00	25. Filing Fee		
				\$			
5. Total only this Page						\$ 2,678.85	
6. Total of ALL CRO-1310 Pages (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	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
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(s)							

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						
3. Payee Information						
<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
4. Total only this Page					\$	71.44
5. Total of ALL CRO-1315 Pages					\$	71.44
<small>(Fill in amounts on last 15 of Detailed Expenditure Pages CRO-1315)</small>						
E - Salaries		B* - Printing		D - To Another Candidate		
				G - Political Party		
		J - Penalties		Q* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions

Pg 1 of 1 Amendment ☒ 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 Name (and Fund, if applicable)		2. ID Number	
THE GAYLOR 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	
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	d. Election Sum to Date	
	<input type="checkbox"/> Other Receipt Source	\$ 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	
		\$	
		\$	
4. 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	
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	d. Election Sum to Date	
	<input type="checkbox"/> Other Receipt Source	\$ 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	
		\$	
		\$	
4. Total only this Page		\$ 197.50	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 197.50	

CRO-1510

NC State Board of Elections

December 2007

Outstanding Loans

Amendment
Pg 1 of 1 ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)			2. Filing Period	
THE GAYLOR FOR GOLDSBORO COMMITTEE				
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
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		
		f. End Date (mm/dd/yyyy)		
c. Employer's Name/Specific Field		i. Original Loan Amount		
COMMUNITY CARE OF NORTH CAROLINA, INC.		\$ 500.00		
		j. Remaining Loan Balance		
		\$ 500.00		
g. Rate			h. Security Pledged	
%				
k. Full Name of Lending Institution			l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
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		
		f. End Date (mm/dd/yyyy)		
c. Employer's Name/Specific Field		i. Original Loan Amount		
COMMUNITY CARE OF NORTH CAROLINA, INC.		\$ 1,500.00		
		j. Remaining Loan Balance		
		\$ 1,500.00		
g. Rate			h. Security Pledged	
%				
k. Full Name of Lending Institution			l. Loan Number	
4. Total only this Page			5. Total of ALL CRO-1430 Pages <small>(This line must be on line 21 of Detailed Summary Page CRO-1430)</small>	
			\$ 2,000.00	
			\$ 2,000.00	