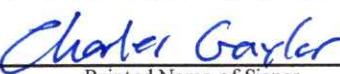
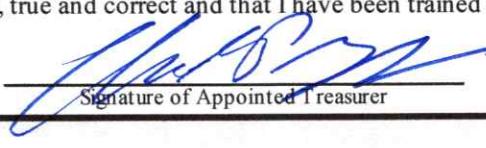


Disclosure Report Cover

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 THE GAYLOR FOR GOLDSBORO COMMITTEE | | c. ID Number | | |
| b. Mailing Address (include City, State and Zip Code) 702 PARK AVENUE GOLDSBORO, NC 27530 | | d. Date Filed 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 | 08/30/2023 | 09/25/2023 | 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 <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input checked="" 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 | 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 | 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 |
| 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 | 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 | | | | |
|  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

| | | | |
|--|--|------------------------------------|---------|
| 1. Committee Full Name (and Fund if applicable) THE GAYLOR FOR GOLDSBORO COMMITTEE | 2. Type of Report 2023 Pre-Primary | 3. ID Number | |
| Start of Election Cycle: January 1, 2023 | | Total this Reporting Period | |
| 4) Cash on Hand at Start | | \$ 8,323.12 \$ 0.00 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 251.00 \$ 1,001.00 | |
| 6) Contributions from Individuals | (CRO-1210) | \$ 7,400.00 \$ 36,992.50 | |
| 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) | | \$ 7,651.00 \$ 39,993.50 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 6,271.77 \$ 29,853.48 | |
| 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) | \$ 32.02 \$ 272.19 | |
| 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) | \$ 0.00 \$ 197.50 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 6,303.79 \$ 30,323.17 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 9,670.33 \$ 9,670.33 | |
| 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 |

Aggregated Contributions from Individuals Page 1 of 1 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

| EX-1205 CRO-1205 CRO-1100 CRO-1100 CRO-1100 CRO-1100 | | | | | |
|---|------------------------|---------------------------|-------------------------------|-----------------------------|------------------|
| THE GAYLOR FOR GOLDSBORO COMMITTEE | | | 2023 | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add | 001 | Credit Card | | 09/21/2023 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 001 | Credit Card | | 08/30/2023 | \$ 1.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 001 | Check | | 08/30/2023 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 001 | Check | | 08/30/2023 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 001 | Cash | | 09/17/2023 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | 001 | Cash | | 09/17/2023 | \$ 50.00 |
| <input type="checkbox"/> Remove | | | | | |
| 4. Total only this Page | | | | | \$ 251.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 251.00 |

CRO-1205

NC State Board of Elections

April 2007

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

| Contributor Information | | | | | | Amendment | |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|--|
| | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete | |
| THE GAYLOR FOR GOLDSBORO COMMITTEE | | | | | | | |
| | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| MUNROE BEST JR 809 MILL ROAD GOLDSBORO, NC 27534 | | | DEVELOPER | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | M BEST AND SONS, LLC | | | | |
| | | | | | e. Election Sum to Date | | |
| | | | | | \$ 1,250.00 | | |
| 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 | | 09/13/2023 | \$ 750.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| Contributor Information | | | | | | Amendment | |
| | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| JAMES BRYAN 1808 SALEM CHURCH ROAD GOLDSBORO, NC 27530 | | | PRESIDENT | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | SW PROMOTIONS | | | | |
| | | | | | 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 | Check | | 09/25/2023 | \$ 300.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| Contributor Information | | | | | | Amendment | |
| | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| DAVID BYRD 506 ABINGTON PLACE GOLDSBORO, NC 27534 | | | PRESIDENT | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | SCOUT LIMITED, 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 | Credit Card | | 09/20/2023 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| Total for this Page | | | | | | \$ 1,550.00 | |
| Total for All 3 Prior Pages | | | | | | \$ 7,400.00 | |
| Form 1210, Amendment to Form CRO-1205, 09/01/00 | | | | | | | |

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

| | | | | | |
|---|------------------------|---------------------------|---|---|------------------|
| 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 NO JOB TITLE OR PROFESSION | d. Comments | |
| THOMAS FRANKLIN JR 705 E. BEECH STREET GOLDSBORO, NC 27530-2918 | | | c. Employer's Name/Specific Field NOT EMPLOYED | | |
| | | | | e. Election Sum to Date \$ 2,000.00 | |
| 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 | | 09/21/2023 | \$ 1,000.00 |
| <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 PRESIDENT | d. Comments | |
| ANDREW JERNIGAN 1204 PARK AVENUE B GOLDSBORO, NC 27530 | | | c. Employer's Name/Specific Field JERNIGAN FURNITURE | | |
| | | | | 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 | Credit Card | | 08/30/2023 | \$ 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 ATTORNEY | d. Comments | |
| DAVID LAMBETH 2501 DAWN CIRCLE GOLDSBORO, NC 27534 | | | c. Employer's Name/Specific Field UNC CHAPEL HILL | | |
| | | | | e. Election Sum to Date \$ 150.00 | |
| 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 | | 09/19/2023 | \$ 150.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 1,250.00 |
| 5. Total of All CRO-1210 Pages <i>(This line must be on Line 6 of Detailed Summary page CRO-1205)</i> | | | | | \$ 7,400.00 |

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

| THE GAYLOR FOR GOLDSBORO COMMITTEE | | | | | |
|---|-----------------|--------------------|---|----------------------|-------------------------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| ERNEST MANSOUR JR 1810 EVERGREEN AVENUE GOLDSBORO, NC 27530 | | | OWNER | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | MANSOUR DEVELOPERS | | |
| | | | | | 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 | Check | | 09/19/2023 | \$ 300.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| FREDERIC MCCALL III 120 DOBBS PLACE GOLDSBORO, NC 27534 | | | EMERGENCY MEDICAL SCIENCES COORDINATOR | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | WAYNE COMMUNITY COLLEGE | | |
| | | | | | 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 | | 09/20/2023 | \$ 500.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| DAWN MCDONALD 1704 E WALNUT STREET GOLDSBORO, NC 27530 | | | TEACHER | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | WAYNE COUNTRY DAY SCHOOL | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 150.00 |
| 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 | | 09/19/2023 | \$ 150.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| Total Individual Donations | | | | | \$ 950.00 |
| Subtotal of All Individual Donations (This amount is for the 6 or 12 month period ending 09/19/2023) | | | | | \$ 7,400.00 |

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 | | | | | |
|---|-----------------|--------------------|-----------------------------------|---|-------------|
| <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 | |
| ADRIENNE NORTHINGTON 2506 PINENEEDLES ROAD GOLDSBORO, NC 27534 | | | NO JOB TITLE OR PROFESSION | e. Election Sum to Date \$ 200.00 | |
| | | | c. Employer's Name/Specific Field | | |
| | | | NOT WORKING | | |
| 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 | | 09/13/2023 | \$ 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 | |
| DAVID PERRY 1906 E. WALNUT STREET GOLDSBORO, NC 27530 | | | PRESIDENT | e. Election Sum to Date \$ 2,500.00 | |
| | | | c. Employer's Name/Specific Field | | |
| | | | GOLDSBORO BUILDERS SUPPLY | | |
| 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 | | 09/13/2023 | \$ 2,500.00 |
| <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 | |
| ALLISON PLATT 203 N SLOCUMB STREET GOLDSBORO, NC 27530 | | | LANDSCAPE ARCHITECT | e. Election Sum to Date \$ 100.00 | |
| | | | c. Employer's Name/Specific Field | | |
| | | | REGENERATION BY DESIGN | | |
| 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 | | 09/03/2023 | \$ 100.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only for Prior | | | | | \$ 2,700.00 |
| 5. Total of All CRO-1210 Pages <small>Form may be on the back of Double Sided Print, Total CRO-1210</small> | | | | | \$ 7,400.00 |

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

| CANDIDATE / EXCUSE HERE | | | | | | CANDIDATE / EXCUSE HERE | |
|---|-----------------|--------------------|-----------------------------------|----------------------|-----------|-------------------------|--|
| THE GAYLOR FOR GOLDSBORO COMMITTEE | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | d. Comments | | | |
| RANDALL SAULS 103 SOUTH GEORGE STREET GOLDSBORO, NC 27530 | | | ATTORNEY | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | SAULS TITLE | | | | |
| | | | 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 | | 08/31/2023 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| CANDIDATE / EXCUSE HERE | | | | | | CANDIDATE / EXCUSE HERE | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | d. Comments | | | |
| WES SEEGARS 743 LAKE WACKENA ROAD GOLDSBORO, NC 27534 | | | NO JOB TITLE OR PROFESSION | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | NOT EMPLOYED | | | | |
| | | | 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 | | 09/21/2023 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| CANDIDATE / EXCUSE HERE | | | | | | CANDIDATE / EXCUSE HERE | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | d. Comments | | | |
| JAMES STACKHOUSE 710 PARK AVENUE GOLDSBORO, NC 27530-3835 | | | NO JOB TITLE OR PROFESSION | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | NOT EMPLOYED | | | | |
| | | | e. Election Sum to Date | \$ 200.00 | | | |
| 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 | | 09/25/2023 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| Total Amount this Page | | | | | | \$ 700.00 | |
| S. Total of All CRO 1205 Reports (Use the number on the CRO 1205 for the CRO 1205) | | | | | | \$ 7,400.00 | |

Contributions from IndividualsPg 6 of 6 Yes No**Amendment**

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 | | EX-1210 | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) THOMAS SUDDARTH 424 VILLAGE DRIVE GOLDSBORO, NC 27534 | | b. Job Title/Profession SENIOR VICE PRESIDENT | d. Comments |
| | | c. Employer's Name/Specific Field STATE EMPLOYEES CREDIT UNION | e. Election Sum to Date \$ 250.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description |
| <input type="checkbox"/> | 001 | Credit Card | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| | | | \$ 250.00 |
| h. In-Kind Description i. Total Amount ii. Total Amount | | | \$ 7,400.00 |

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 4 Yes No

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

| 1. General Information | | | | | | Amendment |
|--|--------------------|-----------------|--|-------------------------|----------------------|-------------------------------------|
| THE GAYLOR FOR GOLDSBORO COMMITTEE | | | | | | |
| 3. Type of Disbursement | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Purpose Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | d. Comments | | |
| ACCUOPY 322 N JOHN 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 | | |
| | | | | \$ 2,451.85 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 001 | Check | B | 09/07/2023 | \$ 282.89 | 15. Print Media | |
| | | | | \$ | | |
| 5. Purpose Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | d. Comments | | |
| BIG BLUE COUCH MEDIA LLC 219 N JOHN 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 | | |
| | | | | \$ 320.25 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 001 | Check | A | 09/05/2023 | \$ 320.25 | 34. Consultant Media | |
| | | | | \$ | | |
| 6. Purpose Information | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | d. Comments | | |
| JODY BRITT 545 EDWARDS STORE ROAD MT OLIVE, NC 28365 | | | | | | |
| | | | 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 | | |
| | | | | \$ 900.00 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 001 | Check | A | 09/11/2023 | \$ 900.00 | 15. Print Media | |
| | | | | \$ | | |
| 7. Total Disbursements | | | | | | \$ 1,503.14 |
| 8. Total Disbursements (continued) | | | | | | \$ 6,271.77 |
| (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) | | | | | | |
| 9. Purpose Codes (List detailed purpose codes from (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 | | | | | | |
| * Cross-refer to detailed explanation in Detailed Summary Page CRO-1100 | | | | | | |

Disbursements

Amendment

Pg 2 of 4 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 | | | | | | | | | | | | | | | |
| 3. Type of Disbursement <i>(Please indicate the 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. Party Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333</td> <td>b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="2"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="3" rowspan="2"> e. Election Sum to Date \$ 3,150.00 </td> </tr> </table> | | | | | | a. Full Name, Mailing Address & Phone (include city, state, & zip) CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333 | b. Coordinated Committee Name | d. Comments | | | 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 \$ 3,150.00 | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333 | b. Coordinated Committee Name | d. Comments | | | | | | | | | | | | | |
| 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 \$ 3,150.00 | | | | | | | | | | | | | |
| | | | | | f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | | | | |
| 001 | Check | A | 09/11/2023 | \$ 150.00 | 15. Print Media | | | | | | | | | | |
| | | | | \$ | | | | | | | | | | | |
| 5. Party Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) CARLIE C'S IGA 1805 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27530</td> <td>b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="2"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="3" rowspan="2"> e. Election Sum to Date \$ 13.20 </td> </tr> </table> | | | | | | a. Full Name, Mailing Address & Phone (include city, state, & zip) CARLIE C'S IGA 1805 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27530 | b. Coordinated Committee Name | d. Comments | | | 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 \$ 13.20 | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) CARLIE C'S IGA 1805 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27530 | b. Coordinated Committee Name | d. Comments | | | | | | | | | | | | | |
| 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 \$ 13.20 | | | | | | | | | | | | | |
| | | | | | f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | | | | |
| 001 | Debit Card | I | 09/25/2023 | \$ 13.20 | | | | | | | | | | | |
| | | | | \$ | | | | | | | | | | | |
| 6. Party Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) IAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860</td> <td>b. Coordinated Committee Name</td> <td colspan="3">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="2"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="3" rowspan="2"> e. Election Sum to Date \$ 310.00 </td> </tr> </table> | | | | | | a. Full Name, Mailing Address & Phone (include city, state, & zip) IAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860 | b. Coordinated Committee Name | d. Comments | | | 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 \$ 310.00 | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) IAMJAXRAAH STUDIO LLC 5 BRIAR PATCH ROAD NEWTON, NJ 07860 | b. Coordinated Committee Name | d. Comments | | | | | | | | | | | | | |
| 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 \$ 310.00 | | | | | | | | | | | | | |
| | | | | | f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | | | | |
| 001 | Debit Card | A | 09/04/2023 | \$ 165.00 | 34. Consultant Media | | | | | | | | | | |
| | | | | \$ | | | | | | | | | | | |
| 7. Total Disbursements <input type="checkbox"/> 8. Total Disbursements <input type="checkbox"/> 9. Total Disbursements <input type="checkbox"/> | | | | | | | | | | | | | | | |
| <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> | | | | | | | | | | | | | | | |
| 10. Purpose Codes <i>(Ex: detailed description code in the 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 | | | | | | | | | | | | | | | |
| 11. Other <i>(Check, require detailed explanation in the above)</i> | | | | | | | | | | | | | | | |

Disbursements

Amendment

Pg 3 of 4 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 | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) NADINE MCEACHERN 206 GERALD LANE GOLDSBORO, NC 27530 | | | b. Coordinated Committee Name <input type="checkbox"/> <input type="checkbox"/> | | d. Comments 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 \$ 550.00 |
| | | | f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | |
| | | | 001 | Check | O 09/25/2023 \$ 300.00 22. GOTV - Poll Workers |
| | | | | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) AILEEN ROWE 913 E. ELM STREET GOLDSBORO, NC 27530 | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530 | | | b. Coordinated Committee Name <input type="checkbox"/> <input type="checkbox"/> | | d. Comments 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 \$ 2,750.00 |
| | | | f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | |
| | | | 001 | Check | O 09/25/2023 \$ 2,500.00 22. GOTV - Poll Workers |
| | | | | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530 | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530 | | | b. Coordinated Committee Name <input type="checkbox"/> <input type="checkbox"/> | | d. Comments 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 \$ 4,015.85 |
| | | | f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks | | |
| | | | 001 | Check | B 09/07/2023 \$ 1,515.85 15. Print Media |
| | | | | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530 | | | | | |
| c. Form of Payment (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) | | | | | |
| d. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ 4,315.85 | | | | | |
| c. Form of Payment (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) | | | | | |
| d. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ 6,271.77 | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) SW PROMOTIONS, LLC 601-A NORTH JAMES STREET GOLDSBORO, NC 27530 | | | | | |
| 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 | | | | | |
| <small>* Cross reference detailed explanations in the Detailed Summary Page CRO-1100</small> | | | | | |

Disbursements

Amendment

Pg 4 of 4 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 | | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name c. Level Registered (Specify) | | d. Comments e. Election Sum to Date \$ 124.58 | | | |
| WIX.COM LTD 100 GANSEVOORT ST. NEW YORK, NY 10014 | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | | | |
| f. Account Code 001 | | | g. Form of Payment Draft | | h. Purpose Code C | i. Date (mm/dd/yyyy) 09/23/2023 | j. Amount \$ 124.58 | k. Required Remarks 27. Payment Processing Fee |
| \$ Total only on this page | | | | | | \$ 124.58 | | |
| 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) | | | | | | \$ 6,271.77 | | |
| 7. Expenditure Codes (Expenditure codes are defined in the above) | | | | | | | | |
| 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 | | |

CRO-1310

NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Amendment
 Yes No
Page 1 of 1

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

THE GAYLOR FOR GOLDSBORO COMMITTEE

| <input type="checkbox"/> Add | 001 | Check | B | 08/30/2023 | \$ 32.02 | 15. PRINT MEDIA |
|---------------------------------|-----|-------|---|------------|----------|-----------------|
| <input type="checkbox"/> Remove | | | | | \$ | 32.02 |
| | | | | | \$ | 32.02 |

| B* - Printing | D - To Another Candidate |
|---------------|--------------------------------------|
| E - Salaries | 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

Outstanding Loans

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.

| | | | |
|--|----------------------------|---|---|
| THE GAYLOR FOR GOLDSBORO COMMITTEE | | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession ATTORNEY | d. Comments |
| CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084 | | c. Employer's Name/Specific Field COMMUNITY CARE OF NORTH CAROLINA, INC. | e. Start Date (mm/dd/yyyy) 01/10/2023 |
| g. Rate % | h. Security Pledged | i. Original Loan Amount \$ 500.00 | j. Remaining Loan Balance \$ 500.00 |
| k. Full Name of Lending Institution | | l. Loan Number | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession ATTORNEY | d. Comments |
| CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084 | | c. Employer's Name/Specific Field COMMUNITY CARE OF NORTH CAROLINA, INC. | e. Start Date (mm/dd/yyyy) 01/20/2023 |
| g. Rate % | h. Security Pledged | i. Original Loan Amount \$ 1,500.00 | j. Remaining Loan Balance \$ 1,500.00 |
| k. Full Name of Lending Institution | | l. Loan Number | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| 2. Total Outstanding Loans | | \$ 2,000.00 | |
| 3. Total of All CRO-1430 Pages <small>(Total of all CRO-1430 pages, including this page)</small> | | \$ 2,000.00 | |

CRO-1430

NC State Board of Elections

December 2007