

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)	RECEIVED JAN 02 2025 WCBOE	d. Date Filed
702 PARK AVENUE GOLDSBORO, NC 27530	01/02/2025	
	e. Phone Number (919) 273-3084	

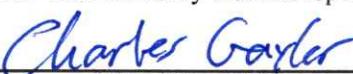
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	09/26/2023	10/23/2023	CHARLES PARSON GAYLOR IV

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	<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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 </td> <td> <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 </td> <td> <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 </td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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
Municipal	State/County	Referendum					
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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						

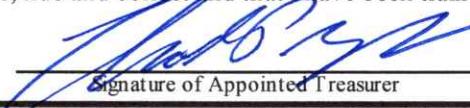
3. Account Information	3. Account Information
a. Financial Institution Full Name	a. Financial Institution Full Name
NORTH CAROLINA COMMUNITY FEDERAL CREDIT UNION	
b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	001
	d. Period Begin Balance
	\$
d. Period Begin Balance	

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



Printed Name of Signer



01/02/2025

Date

FOR OFFICE USE ONLY

Date Received: _____

Date Postmarked: _____

Date Scanned: _____

Date Data Entered: _____

Employee: _____

Employee: _____

Employee: _____

Employee: _____

Delivery Method

- Normal Mail
- Registered Mail
- Hand Delivered
- Electronically Filed
- 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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
THE GAYLOR FOR GOLDSBORO COMMITTEE	2023 Pre-Election		
Start of Election Cycle: January 1, 2023		Total this Reporting Period	
4) Cash on Hand at Start		\$ 9,670.33 \$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 75.00 \$ 1,076.00	
6) Contributions from Individuals	(CRO-1210)	\$ 4,335.03 \$ 41,327.53	
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)		\$ 4,410.03 \$ 44,403.53	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 7,947.60 \$ 37,801.08	
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)	\$ 88.62 \$ 360.81	
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)	\$ 1,135.03 \$ 1,332.53	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9,171.25 \$ 39,494.42	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,909.11 \$ 4,909.11	
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 **Amendment**

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

THE GAYLOR FOR GOLDSBORO COMMITTEE					
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	Check		10/02/2023	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Check		09/26/2023	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 75.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 75.00

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						Election Information	
THE GAYLOR FOR GOLDSBORO COMMITTEE						2012 GENERAL	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
PAUL D BRIDGERS JR 306 CASHWELL DRIVE GOLDSBORO, NC 27534			NO PROFESSION OR JOB TITLE c. Employer's Name/Specific Field NOT WORKING				
					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		09/26/2023	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
Contributor Information						Election Information	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
JIMMIE EDUMUNDSON 109 DUVAL DRIVE GOLDSBORO, NC 27530			NO JOB TITLE OR PROFESSION c. Employer's Name/Specific Field NOT EMPLOYED				
					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		09/30/2023	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
Contributor Information						Election Information	
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 \$ 1,354.06		
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	PRIMARY ELECTION NIGHT GATHERING	10/10/2023	\$ 217.34		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 717.34	
						\$ 4,335.03	

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					
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	
		ATTORNEY			
c. Employer's Name/Specific Field					
COMMUNITY CARE OF NORTH CAROLINA, INC.					
e. Election Sum to Date					
				\$ 2,577.15	
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	SPEEDWAY - POLL SNACKS	09/28/2023	\$ 12.42
<input type="checkbox"/>	001	In-Kind	JERSEY MIKE'S - POLL WORKER MEALS	09/28/2023	\$ 44.85
<input type="checkbox"/>	001	In-Kind	SMITHFIELD'S CHICKEN & BBQ - POLL WORKER	09/29/2023	\$ 46.37
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		ATTORNEY			
c. Employer's Name/Specific Field					
COMMUNITY CARE OF NORTH CAROLINA, INC.					
e. Election Sum to Date					
				\$ 2,577.15	
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	CARLIE C'S - POLL SNACKS	10/02/2023	\$ 48.70
<input type="checkbox"/>	001	In-Kind	KFC - POLL WORKER MEALS	10/05/2023	\$ 33.59
<input type="checkbox"/>	001	In-Kind	STAPLES - OFFICE SUPPLIES - STICKERS	10/09/2023	\$ 24.54
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		ATTORNEY			
c. Employer's Name/Specific Field					
COMMUNITY CARE OF NORTH CAROLINA, INC.					
e. Election Sum to Date					
				\$ 2,577.15	
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	GOTV - EZTEXTING.COM	10/10/2023	\$ 28.71
<input type="checkbox"/>	001	In-Kind	CHICK-FIL-A - POLL WORKER MEALS	10/10/2023	\$ 221.24
<input type="checkbox"/>	001	In-Kind	GOTV - EZTEXTING.COM	10/19/2023	\$ 90.38
					\$ 550.80
					\$ 4,335.03

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

Contributor Information		Contributor Information		Contributor Information	
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			
		c. Employer's Name/Specific Field			
		COMMUNITY CARE OF NORTH CAROLINA, INC.			
				e. Election Sum to Date	
				\$ 2,577.15	
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	GOTV - EZTEXTING.COM	10/21/2023	\$ 26.35
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information		Contributor Information		Contributor Information	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BRADFORD GURLEY 105 NORTH CLAIBORNE STREET GOLDSBORO, NC 27530		REALTOR			
		c. Employer's Name/Specific Field			
		BRAD GURLEY REAL ESTATE			
				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		10/14/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information		Contributor Information		Contributor Information	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
REX W HARRIS PO BOX 328 GOLDSBORO, NC 27533		NO PROFESSION OR JOB TITLE			
		c. Employer's Name/Specific Field			
		NOT WORKING			
				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		09/26/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Total Individual Contribution					\$ 726.35
Total Individual CRO 1210 Report					\$ 4,335.03
Detailed Summary Form CRO 1210					

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						2010 NUMBER
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			
			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		10/10/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
THE GAYLOR FOR GOLDSBORO COMMITTEE			b. Job Title/Profession	d. Comments		
JAMES MAXWELL III 238 RIDGEWOOD DRIVE GOLDSBORO, NC 27534			PRESIDENT			
			GOLDSBORO MILLING COMPANY			
			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		10/14/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
THE GAYLOR FOR GOLDSBORO COMMITTEE			b. Job Title/Profession	d. Comments		
FREDERIC MCCALL III 120 DOBBS PLACE GOLDSBORO, NC 27534			EMERGENCY MEDICAL SCIENCES COORDINATOR			
			WAYNE COMMUNITY COLLEGE			
			e. Election Sum to Date			
			\$ 840.54			
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	TENTS AND CHAIRS FOR POLLS	10/10/2023	\$ 340.54	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						\$ 1,090.54
						\$ 4,335.03

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						2010
						2010
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
SEELY NIXON 205 RANDALL LANE APT 5 GOLDSBORO, NC 27534			TEACHER			
						c. Employer's Name/Specific Field
						WAYNE COUNTY PUBLIC SCHOOLS
						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		10/01/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession			
JOHN B PARKER 210 MALLOY STREET SUITE 1 GOLDSBORO, NC 27534			CERTIFIED PUBLIC ACCOUNTANT			
						c. Employer's Name/Specific Field
						PARKER AND PARKER, PA
						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		10/05/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession			
JAMES SCOTT 1901 EAST WALNUT STREET GOLDSBORO, NC 27530			GENERAL CONTRACTOR			
						c. Employer's Name/Specific Field
						SCOTT CONSTRUCTION
						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		10/15/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						\$ 400.00
						\$ 4,335.03

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						Amendment	
						<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
HENRY SMITH 126 PINERIDGE LANE GOLDSBORO, NC 27534			ATTORNEY				
			c. Employer's Name/Specific Field				
			WARREN, KERR, WALSTON, TAYLOR & SMITH LLP				
			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		09/29/2023	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
JOHN MARSHALL SMITH 406 BIRCH DRIVE GOLDSBORO, NC 27534 (919) 738-5440						<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
JOHN MARSHALL SMITH 406 BIRCH DRIVE GOLDSBORO, NC 27534 (919) 738-5440			NO JOB TITLE OR PROFESSION				
			c. Employer's Name/Specific Field				
			NOT EMPLOYED				
			e. Election Sum to Date		\$ 2,550.00		
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		09/28/2023	\$ 150.00		
<input type="checkbox"/>	001	Check		10/16/2023	\$ 300.00		
<input type="checkbox"/>					\$		
CAROLYN SUTTON PO BOX 10682 GOLDSBORO, NC 27532						<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
CAROLYN SUTTON PO BOX 10682 GOLDSBORO, NC 27532			NO JOB TITLE OR PROFESSION				
			c. Employer's Name/Specific Field				
			NOT WORKING				
			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		10/05/2023	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 850.00	
						\$ 4,335.03	

Disbursements

Amendment

Pg 1 of 7 Yes No

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

Disbursements						
THE GAYLOR FOR GOLDSBORO COMMITTEE						
Type of Disbursement (Please mark one box 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						
<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:		\$ 4,584.66	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
001	Check	B	10/03/2023	\$ 2,132.81	15. Print Media	
				\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
BEA APPLEWHITE 205 VINEWOOD AVENUE 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:		\$ 150.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
001	Check	O	10/16/2023	\$ 150.00	22. GOTV - Poll Workers	
				\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
ANDREA BRASWELL 601 EAST SPRUCE 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:		\$ 150.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
001	Check	O	10/12/2023	\$ 150.00	22. GOTV - Poll Workers	
				\$		
Total Disbursements: \$ 2,432.81						
Total Disbursements: \$ 7,947.60						
(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)						
Disbursement Categories (Listed in detail on the back of this form)						
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 2 of 7 Yes No

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

Disbursements					
THE GAYLOR FOR GOLDSBORO COMMITTEE					
Type of Disbursement <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
Add			Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
CLIFTON BROADHURST 101 ROSEMARY CT. DUDLEY, NC 28333					
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	
				\$ 4,650.00	
f. Account Code		g. Form of Payment		h. Purpose Code	
001		Check		i. Date (mm/dd/yyyy)	
				j. Amount	
				\$ 1,500.00	k. Required Remarks
				\$	
Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
JAYLA COATES 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	
				\$ 125.00	
f. Account Code		g. Form of Payment		h. Purpose Code	
001		Check		i. Date (mm/dd/yyyy)	
				j. Amount	
				\$ 125.00	k. Required Remarks
				\$	
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	
				\$ 330.00	
f. Account Code		g. Form of Payment		h. Purpose Code	
001		Debit Card		i. Date (mm/dd/yyyy)	
				j. Amount	
				\$ 20.00	k. Required Remarks
				\$	
Add <input type="checkbox"/> Remove					
\$ 1,645.00					
Total Disbursements					
<input type="checkbox"/> This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses <input type="checkbox"/> This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm <input type="checkbox"/> This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures					
\$ 7,947.60					
Additional Codes (Enter codes not listed above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
<small>* Codes require detailed explanation in detailed summary page CRO-1100</small>					

Disbursements

Amendment

Pg 3 of 7 Yes No

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

<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<input type="checkbox"/> Print Media <input type="checkbox"/> Office Expenses <input type="checkbox"/> Other					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ELIZABETH LEWIS 104 SOUTH ALABAMA AVENUE GOLDSBORO, NC 27530		b. Coordinated Committee Name <input type="checkbox"/> Coordinated Committee Name		d. Comments <input type="checkbox"/> 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 \$ 150.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/17/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers
<input type="checkbox"/> Print Media <input type="checkbox"/> Office Expenses <input type="checkbox"/> Other					
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"/> Coordinated Committee Name		d. Comments <input type="checkbox"/> 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 \$ 1,250.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/02/2023	j. Amount \$ 600.00	k. Required Remarks 22. GOTV - Poll Workers
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/12/2023	j. Amount \$ 100.00	k. Required Remarks 22. GOTV - Poll Workers
<input type="checkbox"/> Print Media <input type="checkbox"/> Office Expenses <input type="checkbox"/> Other					
a. Full Name, Mailing Address & Phone (include city, state, & zip) MEDIA PUBLISHING LLC 122 SOUTH BERKELEY BLVD SUITE 3 GOLDSBORO, NC 27534		b. Coordinated Committee Name <input type="checkbox"/> Coordinated Committee Name		d. Comments <input type="checkbox"/> 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 \$ 450.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 09/27/2023	j. Amount \$ 150.00	k. Required Remarks 15. Print Media
f. Account Code 001	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 10/23/2023	j. Amount \$ 150.00	k. Required Remarks 15. Print Media - AD IN THE BUZZ
<input type="checkbox"/> Print Media <input type="checkbox"/> Office Expenses <input type="checkbox"/> Other					
g. Total of All 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)					
h. Total of All 1310 Pages (\$ 1,150.00)					
i. Total of All 1310 Pages (\$ 7,947.60)					
Legend 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 * Other					

Disbursements

Pg 4 of 7 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 Information						2. Disbursement	
THE GAYLOR FOR GOLDSBORO COMMITTEE							
3. Type of Disbursement (Please check one of the following categories)							
<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		
KATURA MOORE 511 CARDINAL 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		
					\$ 150.00		
5. Disbursement Details <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
DEMETRIUS MORGAN 116 WOODSIDE CIRCLE GOLDSBORO, NC 27530							
			c. Level Registered (Specify)				
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date		
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	\$ 150.00		
6. Disbursement Details <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
TARESSA ROBERTS 100 CROSSCUT PLACE GOLDSBORO, NC 27534							
			c. Level Registered (Specify)				
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	e. Election Sum to Date		
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	\$ 150.00		
7. Total Disbursements <input type="checkbox"/> Add <input type="checkbox"/> Remove							
						\$ 450.00	
8. Summary of Disbursements							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$ 450.00	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ 7,947.60	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
9. Disbursement Codes (List the following categories in the order)							
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							
* CRO-1100 contains detailed explanations of each category listed.							

Disbursements

Pg 5 of 7 Yes No

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

Disbursement Details					
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					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) CYNTHIA ROBINSON 508 KING DRIVE GOLDSBORO, NC 27530			b. Coordinated Committee Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	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 \$ 150.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/13/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
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"/> Add <input type="checkbox"/> Remove	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 \$ 5,462.31	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code B	i. Date (mm/dd/yyyy) 10/11/2023	j. Amount \$ 1,446.46	k. Required Remarks 15. Print Media - YARD SIGNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DISHANDA WEEKS 206 KELLER WAY DRIVE APT A-1 GOLDSBORO, NC 27530			b. Coordinated Committee Name <input type="checkbox"/> Add <input type="checkbox"/> Remove	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 \$ 150.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/16/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
13a. Total Disbursement - Page \$ 1,746.46					
13b. Total Disbursement - Page \$ 7,947.60					
13c. Total Disbursement - Page \$ 7,947.60					
13d. Disbursement Details (Listed below)					
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 6 of 7 Yes No

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

Disbursements					
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) WANDA WEEKS 1401 ST. JOHN STREET APT D GOLDSBORO, NC 27530			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 150.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/12/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers
Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) BRADRICK WILLIAMS 702 CLAIBORNE STREET GOLDSBORO, NC 27530			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 150.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/11/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers
Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JUDY WOOTEN 202 VINWOOD AVENUE GOLDSBORO, NC 27530			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 150.00	
f. Account Code 001	g. Form of Payment Check	h. Purpose Code O	i. Date (mm/dd/yyyy) 10/12/2023	j. Amount \$ 150.00	k. Required Remarks 22. GOTV - Poll Workers
Add Remove					
Grand Total Disbursements \$ 450.00					
Grand Total Disbursements \$ 7,947.60					
Amendments (See Detailed Report for additional information)					
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	
<small>** Candidates and Committees listed on the Detailed Report</small>					

Disbursements

Amendment
Pg 7 of 7 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 check one of the following types of Disbursement)</i> <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) ZAZZLE INC. 1200 CHESTNUT STREET MENLO PARK, CA 94025			b. Coordinated Committee Name <input type="checkbox"/> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 114.77	
f. Account Code 001	g. Form of Payment Debit Card	h. Purpose Code B	i. Date (mm/dd/yyyy) 10/17/2023	j. Amount \$ 73.33	k. Required Remarks 15. Print Media
l. Total only this Page \$ 73.33					
m. Total of All CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> \$ 7,947.60					
Legend <i>(Listed in order of code in (i) 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					

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

4. Non-Media Expenditures

Non-Media Expenditures					Amount	Description
<input type="checkbox"/> Add	001	Debit Card	O	10/17/2023	\$ 20.62	56. Charitable Donation
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Check	O	10/13/2023	\$ 50.00	22. GOTV - Poll Workers
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Draft	C	10/03/2023	\$ 3.20	27. Payment Processing Fee
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Draft	C	10/13/2023	\$ 14.80	27. Payment Processing Fee
<input type="checkbox"/> Remove						

5. Total of All CRO-1315 Pages

5. Total of All CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Form CRO-1315)</i>	\$ 88.62
	\$ 88.62

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

In-Kind Contributions

Amendment
Pg 1 of 2 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		Total	
a. Full Name, Mailing Address & Phone (include city, state, & zip) RHONDA GAYLOR 310 WEST WALNUT STREET GOLDSBORO, NC 27530		b. Type of Contributor <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	
		c. Comments d. Election Sum to Date \$ 1,354.06	
e. Description PRIMARY ELECTION NIGHT GATHERING FOOD		f. Date (mm/dd/yyyy) 10/10/2023	g. Fair Market Amount \$ 217.34
			\$
			\$
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		b. Type of Contributor <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	
		c. Comments d. Election Sum to Date \$ 2,577.15	
e. Description SPEEDWAY - POLL SNACKS		f. Date (mm/dd/yyyy) 09/28/2023	g. Fair Market Amount \$ 12.42
JERSEY MIKE'S - POLL WORKER MEALS		09/28/2023	\$ 44.85
SMITHFIELD'S CHICKEN & BBQ - POLL WORKER MEALS		09/29/2023	\$ 46.37
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084		b. Type of Contributor <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	
		c. Comments d. Election Sum to Date \$ 2,577.15	
e. Description CARLIE C'S - POLL SNACKS		f. Date (mm/dd/yyyy) 10/02/2023	g. Fair Market Amount \$ 48.70
KFC - POLL WORKER MEALS		10/05/2023	\$ 33.59
STAPLES - OFFICE SUPPLIES - STICKERS		10/09/2023	\$ 24.54
Total In-Kind Contributions		\$ 427.81	
Total of All CRO-1510 Pages		\$ 1,135.03	

In-Kind Contributions

Amendment
Pg 2 of 2 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		
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084	<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 \$ 2,577.15
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
GOTV - EZTEXTING.COM	10/10/2023	\$ 28.71
CHICK-FIL-A - POLL WORKER MEALS	10/10/2023	\$ 221.24
GOTV - EZTEXTING.COM	10/19/2023	\$ 90.38
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CHARLES PARSON GAYLOR IV 702 PARK AVENUE GOLDSBORO, NC 27530 (919) 273-3084	<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 \$ 2,577.15
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
GOTV - EZTEXTING.COM	10/21/2023	\$ 26.35
		\$
		\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
FREDERIC MCCALL III 120 DOBBS PLACE GOLDSBORO, NC 27534	<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 \$ 840.54
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
TENTS AND CHAIRS FOR POLLS	10/10/2023	\$ 340.54
		\$
		\$
Total In-Kind Value	\$ 707.22	
Total of All CRO-1215 Pages (Total of all CRO-1215 pages)	\$ 1,135.03	

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	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/10/2023
			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	
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	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		COMMUNITY CARE OF NORTH CAROLINA, INC.	01/20/2023
			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	
m. Total Outstanding Balance		\$ 2,000.00	
n. Total of ALL CRO-1430 Pages <small>(Total of all CRO-1430 pages for this reporting period CRO-1430)</small>		\$ 2,000.00	

CRO-1430

NC State Board of Elections

December 2007