

# Disclosure Report Cover

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

Amendment

Yes

No

a. Full Name		c. ID Number
Elect Craig Uzzell District 6 County Commissioner		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
506 Mill Rd. GOLDSBORO NC 27534		1.13.25
		e. Phone Number
		(919) 738-5295

2. Report Year	3. Period Start Date (month/day)	4. Period End Date (month/day)	5. Treasurer Full Name
2024	7.1.24	1.13.25	EARL CRAYNOR UZZELL JR (CRAIG)

6. Type of Committee (Check One)		7. Type of Election		8. Type of Term / Committee End Date			
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum	
<b>7. Type of Fund</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund  <input type="checkbox"/> Other:		<input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
						<b>8. Term / Committee End Date</b> <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Special	

9. Financial Institution		10. Account	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SOUTHERN BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
GENERAL OPERATING ACCOUNT	1234		d. Period Begin Balance
	\$ 26.65		

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Earl Craynor Uzzell Jr

Printed Name of Signer

Earl Craynor Uzzell Jr

Signature of Appointed Treasurer

1-13-26

Date

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

### Delivery Method

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

CANDIDATE/COMMITTEE INFORMATION		REPORT PERIOD	AMENDMENT
Elect Craig Uzzell District 6 County Commissioner		Second Quarter	
Start of Election Cycle:	January 1, 2024	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 26.65	\$ 0
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0	\$ 0
6) Contributions from Individuals (CRO-1210)		\$ 0	\$ 10,700.55
7) Contributions from Political Party Committees (CRO-1220)		\$ 0	\$ 0
8) Contributions from Other Political Committees (CRO-1230)		\$ 0	\$ 0
9) Loan Proceeds (CRO-1410)		\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0	\$ 0
11c) Outside Sources of Income (CRO-1250)		\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0	\$ 0
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0	\$ 10,700.55
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 0	\$ 848.35
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0	\$ 0
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0	\$ 0
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0	\$ 0
15) Loan Repayments (CRO-1420)		\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 26.65	\$ 26.65
17) In-Kind Contributions (CRO-1510)		\$ 0	\$ 9,925.55
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 74.72	\$ 10,700.55
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0	
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0	
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0	
25) Administrative Support (CRO-1710)		\$ 0	\$ 0
26) Forgiven Loans (CRO-1440)		\$ 0	\$ 0
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)		\$ 0	\$ 0

# Refunds/Reimbursements From the Committee

Pg 1 of 1  Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 12-8-2002	
Earl Craynor Uzzell Jr. 506 Mill Rd Goldsboro NC 27534		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 26.65	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
Director of Operations		Wayne County Public Schools		Office Supplies	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Money Order		Closed out account		1.13.25	\$ 26.65
3. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 2	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$	
3. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$	
4. Total amount this Page					
\$					
5. Total amount all pages					
\$					
L - Returned to Contributor P* - Reimbursement of In-Kind O* Other		M - Overpayment for Service		N - Exceeded Contribution Limit	