

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 <i>BOBBY E. ROBERSON FOR MAYOR</i>			c. ID Number	
b. Mailing Address (include City, State and Zip Code) <i>235 EAST MAIN STREET WASHINGTON, NC 27889</i>			d. Date Filed <i>10-3-2023</i>	
			e. Phone Number <i>252-945-9695</i>	
2. Report Year <i>2023</i>	3. Period Start Date (mm/dd/yy) <i>07-10-2023</i>	4. Period End Date (mm/dd/yy) <i>09-27-2023</i>	5. Treasurer Full Name <i>BOBBY E. ROBERSON</i>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational 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"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		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		
8. Number of Fundraisers this Report <i>- 0 -</i>		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>UNITED BANK</i>		a. Financial Institution Full Name RECEIVED		
b. Purpose <i>CHECKING: ELECT BOBBY ROBERSON MAYOR</i>		b. Purpose OCT 03 2023 BEAUFORT COUNTY NC BOARD OF ELECTIONS		
c. Account Code <i>85</i>		c. Account Code		
d. Period Begin Balance \$ <i>Ø</i>		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 of Elections.				
<i>BOBBY E ROBERSON</i> Printed Name of Signer		<i>Arly E Roberson</i> Signature of Appointed Treasurer		<i>10-03-2023</i> Date
FOR OFFICE USE ONLY				
Date Received:	<i>10/3/23</i>	Employee:	<i>KAA</i>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	<i>10/4/23</i>	Employee:	<i>KAA</i>	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input checked="" type="checkbox"/> Signer has not received mandatory training
<p>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.</p>				

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
<i>Bobby Robinson for Mayor</i>			
Start of Election Cycle: January 1, <u>2023</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ <u>8,050.00</u>	\$ <u>8,050.00</u>	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ <u>8,050.00</u>	\$ <u>8,050.00</u>	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <u>2,707.61</u>	\$ <u>2,707.61</u>	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

Aggregated Contributions from Individuals

Page ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
<i>Bobby Peterson for Mayor</i>						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>7-12-2023</i>	\$ <i>1,000.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>7-31-2023</i>	\$ <i>1,000.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>7-31-2023</i>	\$ <i>100.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>8-01-2023</i>	\$ <i>100.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>8-01-2023</i>	\$ <i>1,000.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>8-25-2023</i>	\$ <i>250.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>8-25-2023</i>	\$ <i>100.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-14-2023</i>	\$ <i>1000.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-14-2023</i>	\$ <i>1000.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-14-2023</i>	\$ <i>250.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-14-2023</i>	\$ <i>200.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-14-2023</i>	\$ <i>200.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-19-2023</i>	\$ <i>50.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-19-2023</i>	\$ <i>300.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-19-2023</i>	\$ <i>1000.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		<i>check</i>		<i>9-19-2023</i>	\$ <i>500.00</i>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
4. Total only this Page					\$ <i>8,050</i>	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ <i>8,050</i>	

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Bobby E Roberson for mayor							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Steven C Lucas 125 Honey Pood Farm Washington, NC 27889 252-943-8200				RETIRED TEACHER		ALSO FINE PLUMBING	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				BEAUFORT CO SCHOOL AGRI TEACHER		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		check		7-12-2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Robert W Whitley 48 Duck View Trail Washington, NC 27889 252-975-5020				PRESIDENT CROWN STORAGE		MINI STORAGE	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CROWN-CLI CO STORAGE		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		check		7-31-2023		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM R LEARY PO BOX 954 CHOCOWINITY, 27817				RETIRED TREE FOREMAN PROD			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SHIFT PRODUCTION PAPER PRODUCTS		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>		check		07-31-2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Bobby Peterson for Mayor							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tracy W Mayo 214 Summer Haven Ln Washington, NC 252-721-3246 27889				President retail products		Cups, frames, ceramic products	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Main Street Collections Retail Kitchen		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		08-01-2023	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Doddie E Singleton 123 Tarheel Dr Washington, NC 27889 252-946-8779				retired office mgr.		street construction	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				B E Singleton earth work clearing, filling		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		08-01-2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Joe E Hum Taylor 200 E Water St Washington, NC 252-943-1638 27889				President Insurance		insurance	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				maria Ins. Agency Life, Car Ins		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		08-25-2023	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages						\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Bobby Roberson for Mayor							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
James A Hackney 101 Egret Way Washington, NC 252-975-2310				retired engineer			
				c. Employer's Name/Specific Field			
				Hackney/Bobby Works truck body designer		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		8-25-2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Wayne Woodard 122 Catnip Point Bath, NC 27808 252-943-7082				President, tree service			
				c. Employer's Name/Specific Field			
				Waynes Tree Service cutting trees		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		08-25-2023	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Steve Fuchs 125 Honey Pod Washington, NC 252-943-8200				retired teacher			
				c. Employer's Name/Specific Field			
				Beaufort Co. School Agri Teacher		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		09-14-2023	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Bossey Roseman for Mayor							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Matthew Wayne Jackson 110 Albemarle Drive Washington, NC 252-946-5726				Legal Council Attorney			
				c. Employer's Name/Specific Field			
				Social Services Legal Council Attorney		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		9-14-2023	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Victoria Palinsky Radak 113 South Harvey St. Washington, NC 252-940-8702				Administrative Volunteer		Doctor	
				c. Employer's Name/Specific Field			
				Volunteer Health Care Administrator		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		9-14-2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jack Mitchell 625 Shorewood Ave Washington, NC 252-946-2421				President Tractor Sales			
				c. Employer's Name/Specific Field			
				Mitchell Tractor Sales Sales & Repairs		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		09-14-2023	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Bobby Robinson for Mayor							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Patrick C. Stepper 414 Lodge Rd Washington, NC 27889 252-946-7700				President Real Estate			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Deputy clown East Real Estate		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		9-19-2023	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Caroleen Walker 144 Indian Trail Washington, NC 27889 252-975-3453				Vice President carpet sales			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Walker's carpet boards repairs		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		09-14-2023	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
E. Ross Boyer 106 Koblaley Lane Washington, NC 27889 252-943-7533				President lawn care			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Turffmgt Lawn Care Landscaping		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		9-14-2023	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Gobby Roberson for Mayor							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Michael D Weeks 219 Alderson Rd Washington, NC 252-721-0470				Weeks Budget Communication			
				c. Employer's Name/Specific Field			
				Weeks Communication TV & Radio sales		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		09-14-2003	\$1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$	
5. Total of ALL CRO-1210 Pages						\$ 8050.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Disbursements

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
<i>Bobby Robinson for Mayor</i>							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
<i>Lell Hookway Jones 1105 E 11 St Washington, NC 27889 252-214-3800</i>						<i>Facebook IT</i>	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>		<i>9-20-2023</i>	<i>\$ 450.⁰⁰</i>	<i>Facebook IT</i>		
	<i>112</i>			\$			
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	
<i>Washington Daily News Washington NC 617 Market Street 252-946-2144</i>						<i>Newspaper ad</i>	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>		<i>9-27-2023</i>	<i>\$ 250.⁰⁰</i>	<i>ad Newspaper</i>		
	<i>113</i>			\$			
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	
<i>Will James 204 Camelia Drive Washington, NC 27889 252-975-0642</i>							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>		<i>9-28-2023</i>	<i>\$ 358.⁰⁰</i>	<i>Sign Materials</i>		
	<i>114</i>			\$			
5. Total only this Page						\$	
6. 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. Purpose Codes: (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
<i>Bobby Roberson for Mayor</i>							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
<i>Will James 204 Camellia Drive Washington, NC 27889 252-975-0648</i>				<i>Bobby Roberson for Mayor</i>		<i>make signs frames</i>	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>		<i>8-28-2013</i>	<i>\$ 200.00</i>	<i>Signs/Install</i>		
	<i>109</i>			\$			
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	
<i>City of Washington 102 E 2nd St Washington, NC 27889 252-721-3949</i>						<i>Civic Center Rental</i>	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>		<i>9-7-2013</i>	<i>\$ 700.00</i>	<i>Rental Civic Ctr</i>		
	<i>110</i>			\$			
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	
<i>Will James 204 Camellia Drive Washington, NC 27889 252-975-0648</i>						<i>signs</i>	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>check</i>		<i>9-11-2013</i>	<i>\$ 140.00</i>	<i>install signs</i>		
	<i>111</i>			\$			
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Pages						\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
7. Purpose Codes (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
<i>Bobby Robinson for Mayor</i>						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
<i>Beaufort Co. Bd of Elections Cowell Farm Road Washington, NC 252-946-2321</i>			<i>Bobby Robinson</i>			
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>check</i>		<i>7-11-23</i>	<i>\$ 10.00</i>	<i>disc - elections</i>	
	<i>106</i>			\$		
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	
<i>Hedson Signs 248 S Bridge St Chocowinity, NC 252-944-8697</i>						
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>check</i>		<i>7-10-2023</i>	<i>\$ 200.00</i>	<i>signs</i>	
	<i>107</i>			\$		
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	
<i>Will Turner 204 Camelia Drive Washington, NC 252-975-0648</i>					<i>make sign stands</i>	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<i>check</i>		<i>8-18-2023</i>	<i>\$ 100.00</i>	<i>sign install</i>	
	<i>108</i>			\$		
5. Total only this Page						\$
6. 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. Purpose Codes - (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg ____ of ____

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Bobby Roseman for Mayor							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Litho Graphics 852 W 5th Street Washington, NC 27889 252-946-2640							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		9-26-2023	\$ 81.30	letters		
	115			\$			
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	
Litho Graphics 852 W. 5th St. Washington, NC 27889 252-946-2640							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,707.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		9-27-2023	\$ 226.31	envelopes 1,000		
	116			\$			
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	
				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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Pages						\$ 2,707.61	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							