		must be signed and submi	itted along with other detailed forms.			
Do not use this form to update information.						
1. Committee Information						
a. Full Name		4	c. ID Number			
The Campaign to	88-1040604					
b. Mailing Address (include City, Stat	d. Date Filed					
4975 Stonington Winston-Salem,	e. Phone Number					
wington-schem,	132) 9810-2035					
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period	End Date (mm/dd/vv) 5. 7	Treasurer Full Name			
2003 CH121	-	12/2022	ennifer Costilla			
6. Type of Committee (Check (			e of report from one category)			
Candidate Campaign Part		State/County	Referendum			
	erendum Organization					
	nt Fundraiser	I—	Pre-referendum			
Legal Expense Fund	Pre-primary	First	Final			
	Pre-election	Second	Supplemental Final			
7. Type of Fund (if applicable,		Third	Annual			
Booster Fund	Semi-annual	Fourth	Special			
Building Fund	Mid Ye	<b>-</b>	_ special			
<b>—</b>	Year En	I	10. Special Report Name			
Other:	Final	Year End				
8. Number of Fundraisers this		Final				
Of I valence of I mid and I	Inchort	Special				
U			N			
11. Account Information			0.00			
		11. Account Information	The state of the s			
a. Financial Institution Full Name	- 1.5 45	a. Financial Institution Full	Name			
	Ovalit Union		Name			
a. Financial Institution Full Name Alegacy Federal	Oredit Union	a. Financial Institution Full	Name			
a. Financial Institution Full Name  Alegacy Federal  b. Purpose	Ovedit Union c. Account Code		Name			
a. Financial Institution Full Name Alegacy Federal	c. Account Code	a. Financial Institution Full	C. Account Code			
a. Financial Institution Full Name  Alegacy Federal  b. Purpose		a. Financial Institution Full	Name			
a. Financial Institution Full Name  Alegacy Federal  b. Purpose	c. Account Code	a. Financial Institution Full	C. Account Code			
a. Financial Institution Full Name  Alegacy Federal b. Purpose  Campaign  Funds	c. Account Code  OOD - C  d. Period Begin Balance	a. Financial Institution Full	c. Account Code d. Period Begin Balance			
a. Financial Institution Full Name  Alegacy Federal b. Purpose  Campaign  Funds  CERTIFICATION	c. Account Code  ODD - C  d. Period Begin Balance  \$	a. Financial Institution Full b. Purpose	c. Account Code d. Period Begin Balance			
a. Financial Institution Full Name  Alegacy Federal  b. Purpose  COMPCIGN  FUNDS  CERTIFICATION  I certify that the Committee or Funds	c. Account Code  ODD - C  d. Period Begin Balance  \$  and is in compliance with all app	a. Financial Institution Full b. Purpose licable provisions of Article	c. Account Code  d. Period Begin Balance  \$ 22A, 22B & 22D-22M of Chapter 163			
a. Financial Institution Full Name  Alegacy Federal b. Purpose  COMPAIGN FUNDS  CERTIFICATION I certify that the Committee or Funds of the NC General Statutes and the	c. Account Code  ODD - C  d. Period Begin Balance  s ond is in compliance with all app at no funds are commingled with	a. Financial Institution Full b. Purpose  licable provisions of Article n prohibited or other non-dis	c. Account Code  d. Period Begin Balance  \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this			
a. Financial Institution Full Name  Alegacy Federal  b. Purpose  COMPCIGN  FUNDS  CERTIFICATION  I certify that the Committee or Funds	c. Account Code  ODD - C  d. Period Begin Balance  s ond is in compliance with all app at no funds are commingled with	a. Financial Institution Full b. Purpose  licable provisions of Article n prohibited or other non-dis	c. Account Code  d. Period Begin Balance  \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this			
a. Financial Institution Full Name  Alegacy Federal b. Purpose  COMPAIGN FUNDS  CERTIFICATION I certify that the Committee or Funds of the NC General Statutes and the	c. Account Code  ODD - C  d. Period Begin Balance  s ond is in compliance with all app at no funds are commingled with	a. Financial Institution Full b. Purpose  licable provisions of Article n prohibited or other non-dis	c. Account Code  d. Period Begin Balance  \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this			
a. Financial Institution Full Name  ALECACI FOR SOLUTION  D. Purpose  COMPAIGN  Funds  CERTIFICATION  I certify that the Committee or Funds of the NC General Statutes and the report is complete, true and correct the solution of the NC General Statutes and the solution of the NC General Statutes and the solution of the NC General Statutes and correct the solution of the NC General Statutes and the solution of the NC General Statutes and the solution of the NC General Statutes and correct the solution of the NC General Statutes and correct the solution of the NC General Statutes and the Statutes and Statutes	d. Period Begin Balance  that is in compliance with all appear no funds are commingled with an and that I have been trained by	b. Purpose  licable provisions of Article prohibited or other non-district the NC State Board of Electrical Prohibited States Stat	c. Account Code  d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions.			
a. Financial Institution Full Name  ALECACIA FOR COMPAIGN  b. Purpose  COMPAIGN  Funds  CERTIFICATION  I certify that the Committee or Funds the NC General Statutes and the report is complete, true and correct the Compaign of Sign Printed Name of Sign Printed N	d. Period Begin Balance  that is in compliance with all appear no funds are commingled with an and that I have been trained by	a. Financial Institution Full b. Purpose  licable provisions of Article n prohibited or other non-dis	c. Account Code  d. Period Begin Balance  \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this			
a. Financial Institution Full Name  ALECACI FOR SOLUTION  D. Purpose  COMPAIGN  Funds  CERTIFICATION  I certify that the Committee or Funds of the NC General Statutes and the report is complete, true and correct the solution of the NC General Statutes and the solution of the NC General Statutes and the solution of the NC General Statutes and correct the solution of the NC General Statutes and the solution of the NC General Statutes and the solution of the NC General Statutes and correct the solution of the NC General Statutes and correct the solution of the NC General Statutes and the Statutes and Statutes	d. Period Begin Balance  that is in compliance with all appear no funds are commingled with an and that I have been trained by	b. Purpose  licable provisions of Article prohibited or other non-district the NC State Board of Electrical Prohibited States Stat	c. Account Code  d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this etions.  Class Date			
a. Financial Institution Full Name  ALECACIA FOR COMPAIGN  b. Purpose  COMPAIGN  Funds  CERTIFICATION  I certify that the Committee or Funds the NC General Statutes and the report is complete, true and correct the Compaign of Sign Printed Name of Sign Printed N	d. Period Begin Balance  that is in compliance with all appear no funds are commingled with an and that I have been trained by	b. Purpose  licable provisions of Article to prohibited or other non-district the NC State Board of Electronic and Electronic a	c. Account Code  d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this ctions.			
a. Financial Institution Full Name  ALECACIA FOR VOLUMENTALIS  D. Purpose  COMPCION  FUNDS  CERTIFICATION  I certify that the Committee or Funds of the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete, true and correct for the NC General Statutes and the report is complete.	d. Period Begin Balance  that is in compliance with all appear no funds are commingled with all and that I have been trained by the standard of the standard o	b. Purpose  licable provisions of Article in prohibited or other non-distributed of Electric the NC State Board of Electric	c. Account Code  d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this etions.  Delivery Method Normal Mail Registered Mail			
a. Financial Institution Full Name  Alegacy Federal b. Purpose  COMPAIGN  Funds  CERTIFICATION  I certify that the Committee or Funds of the NC General Statutes and the report is complete, true and correct in the Committee of Sign For OFFICE USE ONLY  Date Received:	c. Account Code  d. Period Begin Balance  substitute of the compliance with all appear no funds are commingled with and that I have been trained by the compliance with all appear and that I have been trained by the compliance with all appears and that I have been trained by the compliance with all appears and that I have been trained by the compliance with all appears and the compliance	b. Purpose  dicable provisions of Article in prohibited or other non-district the NC State Board of Electricature of Appointed Treasurer  yee:  yee:	c. Account Code  d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this citions.  Delivery Method Normal Mail			
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a. Financial Institution Full Name  ALCOLUTE CEVAL  b. Purpose  COMPACION  FUNDS  CERTIFICATION  I certify that the Committee or Fund of the NC General Statutes and the report is complete, true and correct is complete. The same of Sign FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:	c. Account Code  d. Period Begin Balance  such that I have been trained by the Emplo  Emplo  Emplo  Emplo	b. Purpose  licable provisions of Article in prohibited or other non-district the NC State Board of Electronic transposition of Appointed Treasurer  yee:  yee:  yee:	c. Account Code  d. Period Begin Balance \$ 22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this etions.  Class Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed  Signer has not received mandatory training			
a. Financial Institution Full Name  ALCOLUTE CONDENS  b. Purpose  COMPCION  FUNDS  CERTIFICATION  I certify that the Committee or Funds  of the NC General Statutes and the report is complete, true and correct the complete of the NC General Statutes and the report is complete, true and correct the complete of Sign Printed Name of Sign FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form care	c. Account Code  d. Period Begin Balance  such that I have been trained by the Emplo  Emplo  Emplo  Emplo	b. Purpose  licable provisions of Article prohibited or other non-dis the NC state Board of Elect mature of Appointed Treasurer  yee: yee: yee: yee:	c. Account Code  d. Period Begin Balance \$  22A, 22B & 22D-22M of Chapter 163 sclosed funds. I further certify that this etions.  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed  Signer has not received mandatory training the committee address, treasurer,			

**Disclosure Report Cover** 

Amendment

☐ Yes

## 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		Report	3. ID Number	
The Campaign to Elect lennifer Castillo	319	duil	88-104ava4	
Start of Election Cycle: January 1, <u>2022</u>		Total this Reporting Perior	Total this d Election Cycle	
4) Cash on Hand at Start		\$ 0	\$ 0	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ ()	\$ 0	
6) Contributions from Individuals	(CRO-1210)	\$ 525.00	\$ 535.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 250.00	\$ 250.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 650.00	\$ 650.00	
9) Loan Proceeds	(CRO-1410)	\$ 0	s 0	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ <b>D</b>	s D	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ D	\$ 0	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ O	s 0	
11c) Outside Sources of Income	(CRO-1250)	\$ O	\$ D	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ <b>O</b>	\$ 0	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ O	\$ D	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 1425.00	\$ 1425.00	
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1250.00	\$ 1250.00	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	<b>\$</b> 0	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$ <b>O</b>	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ <b>O</b>	\$	
15) Loan Repayments	(CRO-1420)	\$ 0	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ <b>O</b>	\$	
17) In-Kind Contributions	(CRO-1510)	\$ <b>\( \)</b>	\$	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15		\$ 1250 00	\$1250.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18	\$ 175.00	\$ 175.00	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ <u>()</u>		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ <u>C</u>		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ D		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0		
24) Account Transfers Within the Committee	(CRO-1720)	\$ D		
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0	
26) Forgiven Loans	(CRO-1440)	\$ D	\$ 0	
	(CRO-2220)	s D	\$ <u>D</u>	
28) Contributions to be Refunded	(CRO-1215)	\$ ()	\$ \( \)	

		rom Individua		Pg contributions und		<u>3</u>	Amendment  Yes No  1205 is not used
	mittee Full Nam	er pour form er	_	ID Number			
The	Carrossi		Q	O LOULA DIL			
11 K	- amon	an to Elect C		DIIUM		Ц	0-10-1000
CONTRACTOR OF THE	tributor Informa			The state of the s	move	1	
	ame, Mailing Addre			b. Job Title/Profes		d. C	Comments
(include city, state, & zip)  by (include city, state, & zip)  Cose Marager							
c Employer's Name/Specific Field							
104 Nathan Ave. Experiment in							
MM	ston-Salem	n, NC 27107		Soll Bol	iance,Inc.	e. E	lection Sum to Date
133	10) 986- 3	2025		2012 1161	iui icyli ze	\$	100.00
-		h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy		k. Amount
	7677-						\$ 50 00
<u> </u>	01000-0	cash			04/12/203		30.00
ഥ	avaa-C	cash			OHIS BOOK	<u>a</u>	\$ 50.00
							\$
THE PERSONAL	ributor Informa			Add Rer	move		
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. C	Comments
(includ	le city, state, & zip)			hotived			
hut	n Stentz			c. Employer's Nan	na/Specific Field		
202	3 livitext	nd village s	)Y.		ne/Specific Field		
Nevr	JU Same	ord Village C		Alu		e. El	lection Sum to Date
133	) -مامار (ما	0944				\$	50.00
			i. In-Kind Descrip	ition	j. Date (mm/dd/yyy	<b>y</b> )	k. Amount
	9039-C	Check			द्यव्यक्तिम्	7	s 50.00
							\$
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3. Cont	ributor Informa	ation	U	Add Ren	nove		
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. C	omments
_	le city, state, & zip)			Drosider	H		
GOI	yle Ander	120U		c. Employer's Nan			
1900	8 Found	hy DA.		Wington S			
[1]W	oling -rate	m, NC 27	IN a			e. El	lection Sum to Date
AQU		amail com		Mam	1951	\$	50.00
f. Prior		To the same of the	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	<b>y</b> )	k. Amount
	2033-C	Act Blue			RIOSISO		\$ 50.00
							\$
							\$
4. Tota	al only this Pa	age			KIET TO THE	\$	300.00
		RO-1210 Pages				+	
		of Detailed Summary Pa	an CPO LIAN			\$ 1	522.00

Contributions from Individuals  Use this form to report individual contributions over \$50 or or	Pg	<u>a</u> of <u>3</u>	Amendment Yes No
Use this form to report individual contributions over \$50 or c  1. Committee Full Name (and Fund if applicable)	Ontributions unde	er \$50 ii ioiiii Ci	2. ID Number
The Campaian to Elect Jennife	er Castille	<b>)</b>	88-1040604
The second secon	Add Ren	nove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profes	sion	d. Comments
(include city, state, & zip)	Teacher	,	
Jeffvey Shu	c. Employer's Nan	ne/Specific Field	
8578 Stypes Ferry Rd. Clemmons, NC 27012	mustan-Sa		e. Election Sum to Date
	Forsyth Co	MIN	\$ 25.00
(336) 712-5818	3Cn	0015	1.00.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	otion	j. Date (mm/dd/yy) M29/202	\$ 25 A
		O IEMI INCO	\$
			\$
3. Contributor Information	Add Ren	nove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profess	sion	d. Comments
(include city, state, & zip)	DIAS ANI	ministratu	
DOVO Silver	c. Employer's Nam		
1 2 4 - Walder 27707	NCAVES (	I same	e. Election Sum to Date
Durham NC 27707	MCHAD A		(MA)
(336) US dos		• • • • • • • • • • • • • • • • • • • •	30.W
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
1 aba-C HG blue		10/11/1202	
			\$
			\$
3. Contributor Information	Add Rem		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profess	sion	d. Comments
Jennifer Castillo	c. Employer's Nam	OVOQLY	
IN MATTER ALE		~	
104 Nathan Ave. Winsten-Salem, NC 27107	Experimen Self-Relia	T 161	e. Election Sum to Date
(336) 986- 3035			\$ 350.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
- 2002-C VISA		10/14/202	2 \$ 250.00
			\$
			\$
4. Total only this Page			\$ 300.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		rom Individua individual contribution	eg 3 of 3	<u>5</u> RO 1	Amendment  Yes No  205 is not used		
		ne (and Fund if app			4	1	D Number
Th	re Campa	aion to El	ect Jenn	ifer co	ollite	8	8-1040L004
3. Cont	ributor Inform	ation		Add R	emove	1113	
	ame, Mailing Addr			b. Job Title/Pro	fession	d. C	comments
	le city, state, & zip)			Hamas	2.01/20		
EME	wald bow	uman ut Heights um, NC 27	RA	c. Employer's N	lame/Specific Field		
1,37	NOTE SOL	ar regris	10,	AIU		e. E	lection Sum to Date
000		MAN' NO 2-1	10.1	10111		4	0E 05
しか	700 (ax	- 2434				7	92.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	уу)	k. Amount
	2003-C	Act Blue	,		10/21/202	2	\$ 25.00
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(includ	e city, state, & zip)						
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3. Cont	ributor Inform	ation	hop gill	Add Re	emove		
a. Full Na	me, Mailing Addr	ess & Phone		b. Job Title/Prof	fession	d. C	omments
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e n. t.	A4 Cl- I-	l. r. en			In many constant	\$	
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	<b>(y)</b>	k. Amount
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4 Tota	al only this P	ane				Φ.	JE NA

5. Total of ALL CRO-1210 Pages

	ons from Politica	•		of _	Yes	□ No
	to report contributions		party			
1. Committee F	Full Name (and Fund if	applicable)	0 0		2. ID Number	
The C	movin to	Elect Jeny	iter Last	16	191-88	0604
3. Contributor	ing Address & Phone		Add Re	move	h Commonts	
(include city, sta					b. Comments	
	hic Women in coscint St. Salem, NC 27	of Forsuth				
15/10 DIO	recipt st	S. 194081	1			
1010 PH	Solom All 27	107			c. Election Sum to D	ate
(336) (0	34-50AD	10 /			\$ 250.0	O
d. Account Code	e. Form of Payment	f. In-Kind Descript	ion	g. Date (mm/dd/yyy	y) h. Amount	
2032-C	Check			09/30/202	\$250.	00
					\$	
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3. Contributor	Information		Add Rei	move		
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(include city, star	te, & zip)					
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					\$	
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					\$	
4. Total only	this Page	18,000 11,000			\$ 250 00	,
	LL CRO-1220 Page	S				
	on line 7 of Detailed Cumme				\$ 250.00	

Amendment

	ons from Other			_	Yes No
	report contributions from		ferendum or PA	Committees	
1. Committee F	full Name (and Fund if	applicable)	1		2. ID Number
The Co	impaign to E	tect Jennil	er Casti	110	88-10400A
3. Contributor				nove	OS DITEMPOSITATION
a. Full Name, Mail (include city, stat	ing Address & Phone		b. Type of Commi	ttee PAC	d. Comments
		20010-	Referendum	L IAC	
1,50	4. baker Can	ipaign	c. Level Registere		
M YCH	1,25th St.		Federal  State	County:  Municipality:	e. Election Sum to Date
	Salem, NC a	27105	Ja State	iviame spanty.	\$ IDO-00
	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	100
3133-C	Check			10/17/2020	\$ 100.00
					\$
					\$
3. Contributor			Add Rer	nove	
24	ing Address & Phone		b. Type of Commi		d. Comments
(include city, stat			Candidate Referendum	☐ PAC	
	sse Committe		c. Level Registered		
PO BOX	15306		Federal Federal	County: Forsy	-ll
wington-	15306 Salem, NC 2	7113	State	Municipality:	e. Election Sum to Date
	15-7877				\$ 900.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy	j. Amount
J-660 E	Oneck			Eselviloi	1 800.00
					\$
					\$
3. Contributor			Add Ren		D. HERRINA SYSTEM
a. Full Name, Mail (include city, stat	ing Address & Phone		b. Type of Commit	PAC PAC	d. Comments
			Referendum	<b></b>	
Paul Ca	ul 20262 - Salem, NC 2		c. Level Registered		
PO BOX 3	909109		Federal State	County:	e. Election Sum to Date
WINSTON	- Salem, NC 2	7120	State	With Cipanty.	
(55U) 5	15-8809				\$ 250,00
	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy	
avar-C	Act Blue			10/14/3030	+ \$ 250.00
					\$
					\$
4. Total only thi					s 550.00
	CRO-1230 Pages	ry Page (RO-1100)			\$ 650.00

Amendment

## Amendment **Contributions from Other Political Committees** ☐ No Yes Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number 3. Contributor Information b. Type of Committee a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Candidate PAC Progressive Caucus of NC Democratic Party Referendum c. Level Registered (Specify) Federal County: 2059 Carriage Way State Municipality: e. Election Sum to Date chapel HilliNC 27517 . Account Code h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount LEDELOGIO \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate □ PAC Referendum c. Level Registered (Specify) Federal County: ☐ State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Committee d. Comments (include city, state, & zip) Candidate □ PAC Referendum c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount

Disbursem	ents				Pg \	r 1	Amendment  Yes No
	report expenditures	from the commit	tee for c	perating exp	penses, contribu	tions t	And in the control of the control
committees and coordinated party expenditures							
1. Committee F	'ull Name (and Fund	d if applicable)				m	2. ID Number 88-1040(004
The Ca	The Campaian to Elect Jennifer Castillo						
3. Type of Disb		use separate CI				- "	
Operating Exp		tributions to Candid		-		ordinate	ed Party Expenditures
4. Payee Inform	nation ailing Address & Pho	ana	Ш	Add	Remove ed Committee Nam		1 Community
(include city, state,	•	one		b. Coordinate	ed Committee Nan	ie j	d. Comments
Govilla G	MADICS TO	r		T 10	1 (0 *8)		
2000	Salem, NC	1		Federal	stered (Specify)  County:		
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MINAUN-	Salem, NC	27107				- 1	. 1 = 0 >>
(554)	210 213						\$ 6000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	1 1 10 10	k. Re	equired Remarks
9039-C	VISH	<b>b</b>	101	33 200	\$ 400.00	Cov	modian materials
2033-C	Debit	15	10/14	13033	\$ 250.00	Can	modian materials
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	ing Address & Phone			b. Coordinate	ed Committee Nam	ne o	d. Comments
(include city, stat							
Next Dia	ital Print nacker Hill C Salem, NC			a Lavel Danie	(Airea) Learne		
11512	7 11211 X N. 3	10		Federal	stered (Specify)  County:		
M CICH	races mills	N ,		State	Municip	ality:	e. Election Sum to Date
MINEUM.	Salem, NC	. 27106		_	<u> </u>		0/0000
(376) OB	6-5446						\$ 600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
3133-C	VISA	P	10/10	C60611	\$ 1000.00	140	ard Sians
5,10					\$		9
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	ng Address & Phone				ed Committee Nam	e lá	d. Comments
(include city, stat	-						
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							\$ 1250.00 \$ 1250.00
	CRO-1310 Pages					TOP TO	10
	line 13a of Detailed Sum line 13b of Detailed Sum					,	s 1250.00
	line 13c of Detailed Sum					"	
	odes (List detailed				enpenunui es j		
A* - Media	B* - Printir			andraising	D To	Anoth	ner Candidate
E - Salaries	F* - Equip			itical Party			g Public Office Expenses
I - Postage	J - Penaltie			ffice Expens			on to Legal Expense Fund
O* Other				-	_		J
* Codes requir	e detailed explanation	on in required r	emarks	field (k)			