Disclosure Report Co	Amendment Yes No					
Use this form for general report and committee information, must be signed and submitted along with other detailed for Do not use this form to update information.						
1. Committee Information						
a. Full Name	a ID Number					
the Campaign to Flect Jennifer Cashilo b. Mailing Address (include City, State and Zip Code)			8 - 104 0604			
	d. Date Filed					
4975 Stonington Wroton-Salem	e. Phone Number					
	1336)9863035					
2. Report Year 3. Period Star	t Date (mm/dd/yy) 4. Period		rer Full Name			
2023 01101120			iter Castilla			
6. Type of Committee (Check (port (check only one type of re	port from one category)			
Candidate Campaign Par	Municipal	State/County	Referendum			
	Gerendum Organization		Organizational			
Legal Expense Fund	nt Fundraiser Thirty-five da		Pre-referendum			
Logar Expense Fund	Pre-primary	First	Final			
7. Type of Fund (if applicable,	check one) Pre-election	Second	Supplemental Final			
Booster Fund	Semi-annual	Third	Annual			
Building Fund	I	Fourth	Special			
	Mid Yea					
Other:	Year En	1110 1002	10. Special Report Name			
8. Number of Fundraisers this	Panort Final	Year End				
A Trumber of Fundraisers tims	Report Special	Final				
0		Special				
			[-]			
11. Account Information		11. Account Information				
11. Account Information a. Financial Institution Full Name		11. Account Information a. Financial Institution Full Name				
a. Financial Institution Full Name Alkanau Tederal (ned	t Union	a. Financial Institution Full Name				
a. Financial Institution Full Name Alkany Federal (12) b. Purpose	c. Account Code					
a. Financial Institution Full Name Alkanau Tederal (ned	t Union c. Account Code	a. Financial Institution Full Name				
a. Financial Institution Full Name Alkany Federal (12) b. Purpose	c. Account Code 2022 - C d. Period Begin Balance	a. Financial Institution Full Name	c. Account Code			
a. Financial Institution Full Name Alkany Federal (12) b. Purpose	2022-C	a. Financial Institution Full Name	c. Account Code d. Period Begin Balance			
a. Financial Institution Full Name Alkany Federal (12) b. Purpose	d. Period Begin Balance	a. Financial Institution Full Name	c. Account Code			
a. Financial Institution Full Name Alvancy Federal (red b. Purpose COMPOI ON Funds CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha	d. Period Begin Balance \$44.48 d is in compliance with all applit no funds are commingled with	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22	d. Period Begin Balance			
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a. Financial Institution Full Name A VALUE FOR THE COMPOSE COMPOSE CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and that report is complete, true and correct	d. Period Begin Balance \$ 44.48 d is in compliance with all applit no funds are commingled with and that I have been mained by	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed fithe C State Board of Elections.	d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this			
a. Financial Institution Full Name A VALUE FOR THE COMPOSE CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signeral Statutes.	d. Period Begin Balance \$ 44.48 d is in compliance with all applit no funds are commingled with and that I have been mained by	b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed fithe C State Board of Elections.	d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this			
a. Financial Institution Full Name A Purpose COMPOI ON Funds CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe FOR OFFICE USE ONLY	d. Period Begin Balance \$ 44.48 d is in compliance with all applit no funds are commingled with and that I have been trained by	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed fithe C State Board of Elections. attent of Appointed Treasurer ce:	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this Date Date			
a. Financial Institution Full Name A Purpose COMPOI ON Funds CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe FOR OFFICE USE ONLY Date Received:	d. Period Begin Balance \$ 44.48 d is in compliance with all applit no funds are commingled with and that I have been trained by Employ	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed fithe CC State Board of Elections. atturn of Appointed Treasurer ce: Del ce:	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 unds. I further certify that this Date ivery Method Normal Mail			
a. Financial Institution Full Name A Purpose COMPOI ON Funds CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	d. Period Begin Balance \$ 44.48 d is in compliance with all applit no funds are commingled with and that I have been mained by Employ Employ Employ Employ Employ	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed fithe C State Board of Elections. attur of Appointed Treasurer ee: ee:	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training			
a. Financial Institution Full Name AVADOR FOR ONE COMPOSION Funds CERTIFICATION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signe FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form can	d. Period Begin Balance \$ 44.48 d is in compliance with all applit no funds are commingled with and that I have been trained by Employe	b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed fithe C State Board of Elections. attent of Appointed Treasurer ce: ce: ce: ce: cettee information such as the com	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this Livery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasurer			
a. Financial Institution Full Name A VALUE FOR A COMPOSITION I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form can assistant to the Note of Signer Composition of Signer Composition of the Note of Signer Composition of Signer	d. Period Begin Balance \$ 44.48 d is in compliance with all applit no funds are commingled with and that I have been trained by Employe Employe	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22 prohibited or other non-disclosed fithe CC State Board of Elections. atturn of Appointed Treasurer ce: ce:	c. Account Code d. Period Begin Balance \$ B & 22D-22M of Chapter 163 ands. I further certify that this ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training mittee address, treasurer, tion			

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

		Report	3. ID Number
The Campaign to Elect	Mid,	Year	
Start of Election Cycle: January 1, <u>2033</u>)	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$46.48	\$ 175.00
RECEIPTS			10
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ O	\$ 0
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 910.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 250.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 800.00
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)	\$ O	\$ ()
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	s 0	s O
11c) Outside Sources of Income	(CRO-1250)	s Ŏ	\$ O
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	\$ ()
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1	11d and 11e)		\$ 1940.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ ()	\$ 1913.52
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ ()	\$ O
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ ()	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0	s O
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0	s O
17) In-Kind Contributions	(CRO-1510)	\$ ()	s ()
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ Ď	\$ 1913.52
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18	\$ 46.48	\$ 46.48
ADDITIONAL INFORMATION			
	(CRO-1330)	\$ ()	
	(CRO-1430)	\$ ()	The State of the
	(CRO-1610)	\$ 0	
	(CRO-1620)	\$ 0	
	(CRO-1720)	\$ 0	
	(CRO-1710)	\$ 0	\$ 0
	(CRO-1440)	\$ 0	\$ ()
	(CRO-2220)	\$ Q	\$ ()
28) Contributions to be Refunded ((CRO-1215)	\$ ()	\$