Disclosure Report Co Use this form for general report Do not use this form to update in	and committee in	ıformation, ı	nust be sig	ned and su	bmitted alo	Amendment Yes No ong with other detailed forms.
1. Committee Information		28711	\$ 6 4 A 8			4,75,300,000,700,700,800
a. Full Name	Elect E	unice (	gmpl	$\infty$		c. ID Number
b. Mailing Address (include City, Sta						d. Date Filed
5743 antietam	-Dr					7/10/2024
Winston Salem	. NID 20	117/				e. Pflode Number
					1-1-	336918 4238
2. Report Year 3. Period Star	l Date (num/dd/yy)	4, Period I	End Date (	mm/dd/yy)	5. Treasur	er Full Name
2024 2/18/	24	3/5	-124		Chenit	
6. Type of Committee (Check (					type of repo	ort from one category)
Candidate Campaign Part	ty Mur	nicipal		ate/County		Referendum
PAC Ref	erendum 🔲	Organizationa	1	Organizati	onal	Organizational
Independent Expenditure I Join	nt Fundraiser	Thirty-five da	у	Quarterly		Pre-referendum
Legal Expense Fund		Pre-primary		First		Final
		Pre-election		Secon	nd	Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff		Third		Annual
Booster Fund		Şemi-annual		Fourt	h	Special
Building Fund		Mid Yea	r	Semi-annu	al	
		Year End		Mid Y	Year	10. Special Report Name
Other:		Final		Year	End	
8. Number of Fundraisers this	Report	Special		Final		1
				Special		
11. Account Information		I DETERMINE	11. Accou	nt Inform	ation	
a. Financial Institution Full Name			a. Financial			
Wells Farso						
b. Purpose	c. Account Code		b. Purpose			c. Account Code
0	CARRO	Α				- 2
Campaign	20202					4-6
10	d. Period Begin Bal	ance				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.

Printed Name Signer	Cherita Johnson Signature of Appointed Treasurer	7/9/2024 Date
OR OFFICE USE ONLY		
Date Received:	Employee:	Delivery Method  Normal Mail
Date Postmarked:	Employee:	Registered Mail Hand Delivered
Date Scanned:	Employee:	☐ Electronically Filed
Date Data Entered:	Employee:	☐ Signer has not received mandatory training
The NY		

**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			
1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
COMMITTED TO Elect Kinice Campbe	( G	2	5CQ7Y7
Start of Election Cycle: January 1, 2024	1	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 07.64	\$ 107.64
RECEIPTS	400		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 8	\$ (2)
6) Contributions from Individuals	(CRO-1210)	\$ 7,900	\$ 9,000
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 0
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 8
9) Loan Proceeds	(CRO-1410)	\$ 8	\$ 87
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 65	\$ 0
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 08	\$ 27
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0	\$ 8
11c) Outside Sources of Income	(CRO-1250)	\$	\$ 62
11d) Legal Expense Fund - Other Sources	(CRO-1270)	s	\$
44.5	(CRO-1265)	\$ 8	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1			\$ 9,600
EXPENDITURES	re una rre)	\$ 73-100	1 3 01,1000
13) Disbursements		F - 1 1 1 2 2 4 1 5 2	THE STATE OF THE STATE OF
13a) Operating Expenditures	(CRO-1310)	\$ 3,1074.88	\$ 5329.24
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	s Ø
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 3 2 9 4 60	\$ 3.294.66
15) Loan Repayments	(CRO-1420)	\$ 8	\$
to D. C. I m. L. L	(CRO-1320)	\$ 0	\$ 8
1 W T T T T T T T T T T T T T T T T T T	(CRO-1510)	\$	\$ 150.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	1	\$ FIDIA IST	\$ 2872.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtractions		\$ 938.10	\$ 833.74
ADDITIONAL INFORMATION			
	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	CRO-1430)	\$	Pice product
22) Debts and Obligations owed by the Committee	CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	CRO-1620)	\$	
(4) Account Transfers Within the Committee	CRO-1720)	\$	
5) Administrative Support	CRO-1710)	\$	\$
6) Forgiven Loans	CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	CRO-2220)	\$	\$
8) Contributions to be Refunded (C		\$ 200	\$ 200

		rom Individu individual contribut		P contributions un	g of der \$50 if form C	RO	Amendment  Yes No  1205 is not used
1. Con	mnittee Full Na	me (and Fund if ap	plicable)	المساوات والم			ID Number
(E	mmitte	to Elect	Eunice	Campbe	211	5	CG7/7
	tributor Inform			Add 🔲 Re			
	Name, Mailing Add de city, state, & zip			b. Job Title/Prof		d. (	Comments
1	ide city, state, a zip			Keti	Name of the last o		
25		nolda Rd		c. Employer's Na	ome/Specific Field	L	
14	CNA	DAIN				e. E	dection Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ntion	j. Date (mm/dd/yy)		Dias
П		Alasak	i. In-ixing pestri	paou .	J. Date (min/dd/yy)	yy)	k. Amount
<u> </u>		Check			215815	4	\$ 6,000
							\$
							\$
	tributor Inform			Add Re	move		
	ame, Mailing Addr le city, state, & zip)			b. Job Title/Profe	ssion	d. C	omments
				House K	moins		
	TORKET	tarper		c. Employer's Na			
LIC	15 / Gar	den CT		NC Atrium			
W	SNC	27/04		e e			ection Sum to Date
f. Prior	a Account Code	L E. CD	1. * ***			\$	400
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
		Chark			22124		\$ 400
							\$
							\$
	ributor Informa			Add Rer	nove		
	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Co	mments
10,1	rand C	amobel (		c. Employer's Nan	Z incitia Field		
	43 AM	ct m C	8	- zmproyer s rvan	e specific Field		- 1
1 1		27/06	-	1124 60	11)S	. Ele	ection Sum to Date
LU				CHID		\$	900
	g. Account Code	h. Form of Payment	i. In-Kind Descripti	ion	j. Date (mm/dd/yyyy	) [	c. Amount
		Check			2/20/24		s 900
					. 1		\$
						1	\$
. Tota	l only this Pa	ige				\$	7,500
		<b>O-1210 Pages</b>		1864			1100
		of Detailed Summary Pa	ge CRO-1100)		WILL STREET	\$	1

<b>Contributions to be Reimbursed</b>			Pg of	Amendment
Use this form to report Contributions of \$1,000 or le	ess to be	reimbursed w	vithin 7 days	
Reimbursements must be disclosed on the Refunds/  1. Committee Full Name	Reimbur	sements Form	(CRO-1320).	
A	1	A		2. ID Number
Committee to Elect	Eun			5C9747
3. Contributor Information			Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name	& Mailing Address	s of the Reimbursee
				paign check is written)
Leslie Baker 2536 Reynolda Rd		Sa	me	
W-S, NC 27/06				
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Campaign Contribution	21	28/202	14 Check	\$ 200.00
3. Contributor Information		Add 🔲	Remove	
Full Name & Mailing Address of the Payee		Full Name	& Mailing Address	of the Reimbursee
(the original vendor)		(the person	to whom the campa	aign check is written)
a. Contribution Description	U. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
3. Contributor Information		Add 🔲 F	Remove	
Full Name & Mailing Address of the Payee (the original vendor)		Full Name &	Mailing Address	of the Reimbursee
the original vendor)		(the person t	to whom the campa	ign check is written)
a. Contribution Description	1			
. Continuation Description	b. Date	(mm/dd yyyy)	c. Credit Card Y/N	d. Amount
				\$
. Contributor Information			emove	
full Name & Mailing Address of the Payee the original vendor)		Full Name &	Mailing Address o	f the Reimbursee
200 CATALON VERMON		the person to	o whom the campai	ign check is written)
Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
				\$
. Total only this Page	IR.			\$

5. Total of ALL CRO-1215 Pages

\$

Disbursements	Pg	. 1	of	(0	Amendment  Yes
* 41 0	U. C				

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

	d coordinated party t		ter Waller				
1. Committee	Full Name (and Fu	nd if applicable	)	1		993	2. ID Number
Commit	4ee to El	at Ei	mice	2 Car	npholl		5CG747
3. Type of Disl	bursement (Plea:	se use separate (	RO-1310	forms for			
Operating Exp	penses Co	ontributions to Candi	dates/Politi	cal Committee		oordina	ted Party Expenditures
4. Payee Infor		90.4		Add	Remove		
a. Full Name, N	Mailing Address & P	hone		b. Coordinat	ted Committee Na	ne	d. Comments
(include city, state	e, & zip)						
) indo	Lounge			- In .	1 10 2N 84 N		
3571 W	readows Gl.	enct		Federal	stered (Specify)  County		
1		_		State	Munici	panty:	e. Election Sum to Date
Clenma		27012				1	\$ 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	Check	R	41	12/24	\$ 625	S	int Printing
			1	1	\$		0
4. Payee Inform	nation	eli leasire anno		Add 🔲	Remove		
	ing Address & Phone		Brown B.	The state of the latest of the	ed Committee Nan	ne ne	d. Comments
(include city, sta	-				THE RESERVE OF THE PARTY OF THE		
Dulla	112001						
Ortona	y ward			c. Level Regis	tered (Specify)		
3921	Hardwar	2 St		Federal	County:		/, \
	1 1011 2000			State	Municip	ality:	e. Election Sum to Date
00 -	c 21/05	T					\$ 1,000
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	um/dd/yyyy)	j. Amount	k. Re	quired Remarks
	CVECK		211	8/24	\$ 500	16	ad Canvasins
			11	-	\$		
1. Payee Inform	ation			Add 🔲	Remove		
	ng Address & Phone	CHIEDELLA			d Committee Nam	. 1	d. Comments
(include city, state			F	o. Cool animic	o Committee Manie	-	. Comments
12:11		Standard Commence of Colors and C					
Dritter	104 Ward		1	. Level Regist	ered (Specify)		
79211	Hordinand	CI		Federal Federal	County:		
3131	1 1011 EULOC	- 00		State	Municipa Municipa	lity: e	. Election Sum to Date
USW		5					\$ 1,500
Account Code	g. Form of Payment	h. Purpose Code	i. Date (m.	m/dd/yyyy) j	. Amount	k. Rec	uired Remarks
\	mech		22	5 1	500	100	1 Canvasina
- 1				9			0
. Total only this	Pone						. 120=
. Fotal Othy take			THE RESERVE				\$ 1,025
PIR I W M I W W						EB	2 2 28
. Total of ALL							
(This line goes in la	ine 13a of Detailed Sum						s 2/ 14.80
(This line goes in li (This line goes in li	ine 13a of Detailed Sum ine 13b of Detailed Sum	mary Page CRO-110	00 if Contri	b to Candidate	es/Political Comm)		\$ 36014.80
(This line goes in li (This line goes in li (This line goes in li	ine 13a of Detailed Sum ine 13b of Detailed Sum ine 13c of Detailed Sum	mary Page CRO-110 mary Page CRO-110	00 if Contri 00 if Coordi	b to Candidate inated Party E.	es/Political Comm)		\$3614.80
(This line goes in li (This line goes in li (This line goes in li Purpose Co	ine 13a of Detailed Sum ine 13b of Detailed Sum ine 13c of Detailed Sum des (List detailed o	mary Page CRO-110 mary Page CRO-110 Expenditure code	00 if Contri 00 if Coordi in (h.) at	b to Candidate inated Party E. Oove)	s/Political Comm) xpenditures)		\$3614.80
(This line goes in li (This line goes in li (This line goes in li Purpose Co *-Media	ine 13a of Detailed Sum ine 13b of Detailed Sum ine 13c of Detailed Sum des (List detailed B* - Printin	mary Page CRO-110 mary Page CRO-110 expenditure code g	00 if Contri 00 if Coordi in (h.) at C* - Fun	b to Candidate inated Party E. pove) draising	rs/Political Comm) expenditures) D - To A	nothe	r Candidate
(This line goes in li (This line goes in li (This line goes in li Purpose Co *-Media - Salaries	ine 13a of Detailed Sum ine 13b of Detailed Sum ine 13c of Detailed Sum des (List detailed of B* - Printin F* - Equipn	mary Page CRO-110 mary Page CRO-110 expenditure code g nent	00 if Contri 00 if Coordi in (h.) at C* - Fun G - Politi	b to Candidate inated Party E. pove) idraising cal Party	s/Political Comm) xpenditures) D - To A H* - Ho	nothe	Public Office Expenses
(This line goes in li (This line goes in li (This line goes in li Purpose Co *-Media	ine 13a of Detailed Sum ine 13b of Detailed Sum ine 13c of Detailed Sum des (List detailed B* - Printin	mary Page CRO-110 mary Page CRO-110 expenditure code g nent	00 if Contri 00 if Coordi in (h.) at C* - Fun G - Politi	b to Candidate inated Party E. pove) draising	s/Political Comm) xpenditures) D - To A H* - Ho	nothe	

Die	hu	rsei	men	ite
1715				163

Pg 2 of 4 Amendment No

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

	Full Name (and Fun					2. ID Number
- 65				0.		560747
	reflec to					
3. Type of Dist		use separate Cl		A DOMESTIC OF THE PARTY OF THE	MALE THE VALUE OF THE PARTY OF	
Operating Exp		ntributions to Candid			The second section is the second	ordinated Party Expenditures
4. Payee Inform		ENSURE SOLLAR	100	Add	Remove	la Gamera
	failing Address & Ph	ione		b. Coordinat	ted Committee Nam	e d. Comments
(include city, state				-		1
Face Br	ok er way			c. Level Regi	istered (Specify)	<del></del>
	11/01/			Federal	County:	
1/ Hach	it was			State	Municipa	ality: e. Election Sum to Date
<b>'</b>						\$ 10.00
						10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Required Remarks
	Carc	A	13/0	124	\$ 400	
		1 11	100	100	\$	
/ D 1.0	40			444		
4. Payee Inform				Add	Remove	A Comments
a. Full Name, Man (include city, sta	ling Address & Phone			b. Coordinat	ed Committee Name	e d. Comments
Tranc	esco's			c. Level Regis	stered (Specify)	
0120	Comer	~ Ple 1	. Y	☐ Federal	County:	
130	3 harming Ci	2		State	Municipa	ality: e. Election Sum to Date
W-S	Grameri He 27/0 (336)3	20 017	<b>o</b>			\$
	(336)3	17-3223	-			
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
		0	2/	26/2024	\$ 51.24	
					\$	
4. Payee Inform	nation			Add	Remove	
	ing Address & Phone	ARTHUR ENGLIS			ed Committee Name	d. Comments
(include city, sta						
- 1.	- 1					
oritetia	y Wand ardwood S			c. Level Regis	stered (Specify)	
3021 L	and wood 5			Federal	County:	
2121 1	Mr Close C			State	Municipa Municipa	lity: e. Election Sum to Date
WSI	10 2110					\$ 500
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remarks
		2	21	11/201	\$ 50)	
			04	11/27	300	
					\$	
5. Total only th	is Page					\$555,24
6. Total of ALL	CRO-1310 Pages	12814 E 51				0.1 %
(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	ating Expense	s)	. 2/ -/4.00
_	line 13b of Detailed Sum	-				3 XO17
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	00 if Coor	dinated Party I	Expenditures)	
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)		
A* - Media	B* - Printin			ndraising	<b>D</b> - To A	Another Candidate
E - Salaries	F* - Equipm	_		tical Party		lding Public Office Expenses
I - Postage	J - Penaltie			fice Expens		nation to Legal Expense Fund
O* Other	25 7 182 12 12 12 12 12 12 12 12 12 12 12 12 12	7		1971 SCTU		
<ul> <li>Codes requir</li> </ul>	e detailed explanation	on in required r	emarks	field (k)	CIA DENIE	TOTAL PROPERTY PROPERTY.

Disbursen	aents
-----------	-------

Amendment

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

	Full Name (and Fu			E-V, North	August Market		2. ID Number
Comm	Hee to El	115		amph	011		508747
3. Type of Dis	bursement (Pleas	e use separate C				sburs	ement.)
Operating Ex		ntributions to Candi				A STREET, STRE	ated Party Expenditures
4. Payee Infor	rmation			Add	Remove	ive and	
	Mailing Address & Pl	none		b. Coordina	ted Committee Na	me	d. Comments
(include city, stat	te, & zip)						
Hobby	Lobby				gistered (Specify)		
3775	OXfordP	7		Federal State	County Munici		e. Election Sum to Date
Limster	Sclenu 1	C					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	Card	0	pala	9/2024	\$56.16	B	ank-TShirts
					\$		
4. Payee Infor				Add 🔲	Remove		
	iling Address & Phone			b. Coordinat	ted Committee Nar	ne	d. Comments
(include city, sta							
Cartri	dge Supers Willwood St	1000					
Car an	cx made	s (C) (C)		c. Level Regi	istered (Specify)		
14lda Br	x Tlwood St			State	County:	- 1	. Til. 42 . G . 4 . D . 4
1 3 6 4 0	27103	237. UUS 1	860	State	Municip	ranty:	e. Election Sum to Date
f. Account Code							\$
. Account Code	g. Form of Payment	h. Purpose Code	I. Date (r	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	land	13	34	24	585·59	100	NK
			1 (1		\$		
4. Payee Inform				Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Nam	e c	d. Comments
(include city, sta	-						
trance	esco's ramercy Pl 20105		- }	T 10 1			
937,0	SCO S	110	-	C. Level Kegis	tered (Specify)		
420 6	ramercy T	KU1	- 1	State	County:		
WSNC	20105	100.000	ŀ	C. State	Municipa	inty: e	. Election Sum to Date
	334	377-333	2				\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	m/dd/yyyy)	i. Amount	k. Reo	puired Remarks
	Cond	$\circ$	7/11	21/	\$57.38	١	0
	Carre -		2/4/	24	0 1 0	IUM	htor Canvasers
2003 4 W 45					\$		
. Total only th		33.45.65 1.134	1000				\$ 199.13
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sumn	nary Page CRO-110	0 if Opera	ting Expenses	;)		. ? / 7/1,88
(This line goes in	line 13b of Detailed Sumn	nary Page CRO-110	0 if Contr	ib to Candidat	es/Political Comm)		\$3674.88
	line 13c of Detailed Sumn				Expenditures)		
Purpose Co	des (List detailed e	xpenditure code	in (h.) al	bove)		00	
* - Media	B* - Printing	3	C* - Fur	ndraising			er Candidate
- Salaries	F* - Equipm			ical Party	Н* - Но		Public Office Expenses
- Postage * Other	J - Penalties	]	K* - Off	ice Expense			n to Legal Expense Fund
	detailedt	William San		- cyy	7 ST. SA. ST. SA.		
Comes require	detailed explanation	n in required re	marks fi	eld (k)			

Disburse	ments				Pg 4 0	1	Amendment
		es from the comm	ittee for	operating ex	Pg o	of 🛴	Yes No to candidate/political
committees an	id coordinated party	expenditures		operating on	rponses, contribu	1110113	to candidate/pointical
	Full Name (and Fu						2. ID Number
The state of the s	free to El		-				5 c @ 7 y 7
3. Type of Dis		se use separate (	RO-131	O forms for	and the same of th	-	
4. Payee Infor		ontributions to Candi	dates/Poli		Remove Co	ordina	ted Party Expenditures
	Mailing Address & P	hone	_	-	ted Committee Nan	ne	d. Comments
(include city, stat		1					
	sook T			c. Level Regi	istered (Specify)	_	
	cker Way			☐ Federal	County:		
Mento	Park, C	A 9406	5	State	Municip	ality:	e. Election Sum to Date
( 1/2/1/1/2	, , , ,						\$ 8,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	Card	+	2/2	6/2024	\$ 6.00	A	ds
					\$		
4. Payee Inform				Add	Remove	1032	
a. Full Name, Mai (include city, sta	ling Address & Phone			b. Coordinate	ed Committee Name	e (	d. Comments
Faceb							
					stered (Specify)		
Hac	Ker Way	_		Federal State	County:		Till at all and
Menlo	Park C.	A 9402	5	State	Municipa		. Election Sum to Date
				L			\$ 2,00
Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		k. Req	uired Remarks
-	Card	I A	0/0	(S) dux 4	\$ 2.00		
					\$		
4. Payee Inform	nation ing Address & Phone				Remove		
(include city, stat				b. Coordinated	I Committee Name	d.	Comments
Faceh	mk						
1 11			[	c. Level Regist			
1 Hack	er way	11A a -		Federal State	County:  Municipali	tu: a	Election Sum to Date
mento	ook er way Pk Ca 91	4025			Wameipan	.y. e.	111 00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	um/dd/yyyy) j.	Amount	. Regu	ired Remarks
	Card	A	3/2	2/24 \$			_
			71.	\$	0.75		
. Total only thi	s Page			FINE TO THE	CONTRACTOR IN	\$	10.05
Total of ALL	CRO-1310 Pages					4	10.75
(This line goes in l (This line goes in l	ine 13a of Detailed Sum ine 13b of Detailed Sum	nary Page CRO-110 nary Page CRO-110	0 if Opera 0 if Contro	ting Expenses) ib to Candidate:	s/Political Comm)	\$	3674.88

(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

I - Postage

J - Penalties

H\* - Holding Public Office Expenses

O\* Other

K\* - Office Expenses

Q\* - Donation to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (k) CRO-1310

NC State Board of Elections

December 2009

					~	Amondment
Disburse	ments				Pg (	of Amendment No
Use this form	to report expenditur	es from the com	mittee for	r operating o	expenses, contrib	butions to candidate/political
committees ar	nd coordinated party	expenditures				1
1. Committee	Full Name (and F	ind if applicable	e)	_		2. ID Number
The state of the s	1. Hee to	Elect	Ein		mabel	5097Y7
3. Type of Di	-	se use separate				hisbursement.)
Operating E  4. Payee Info	The second secon	Contributions to Cana		The same of the sa		Coordinated Party Expenditures
	Mailing Address & I	Oh o a a		Add [	Remove	
(include city, star	•	THORE .		b. Coordin	ated Committee Na	d. Comments
1 al a	\ S	nd 00		-		
manna	of Super Ce Hanes Mill	71402		c. Level Re	gistered (Specify)	
320 E.	Hanes Mill'	RL.		Federa	I Count	y:
	t botto s print	.—		State	☐ Munic	ipality: e. Election Sum to Date
1						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i Data	(mm/dd/yyyy	)	h p - t - xp
	Cond		- l	(minduyyyy	\$97.53	k. Required Remarks
	Luc	10	15/4	112029	10	In the state of the
			/		\$	
4. Payee Infor				Add	Remove	
a. Full Name, Ma (include city, st	iling Address & Phone			b. Coordina	ted Committee Na	me d. Comments
				-		
Sheet	, Salen N			c. Level Peo	istered (Specify)	
1 directors	Rapul	IC		Federal	-	
WASICIU	) Oute po 1			☐ State	Municip	
						\$
f. Account Code	g. Form of Payment	h Dirmoss Code	le n			
. Actuall Code	1	h. Purpose Code	L Date	mm/dd/yyyy)	7	k. Required Remarks
	(and	0	4/	8	\$ 56.03	Car Committees
			1		\$	1979
4. Payee Inform	nation	LEGIL BURNINGS	200	Add $\square$	Remove	
	ing Address & Phone				ed Committee Nam	ne d. Comments
(include city, sta	te, & zip)					ar connected
					stered (Specify)	
				Federal	County:	
				State	Municipa	ality: e. Election Sum to Date
						\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
Total only th	Page	of the state of the state of			\$	
		NAME OF THE OWNER OWNER OF THE OWNER OWNE			ox Y Ext	\$ 146.56
	CRO-1310 Pages	I Facility				57174 88
(Inis line goes in )	line 13a of Detailed Sum	mary Page CRO-11	00 if Opera	ating Expense	s)	\$ _'/4</td
(This line goes in	line 13b of Detailed Sum line 13c of Detailed Sum	mary rage UKU-11	uu if Conti	rb to Candida	tes/Political Comm)	

## 7. Purpose Codes (List detailed expenditure code in (h.) above)

A\* - Media

B\* - Printing

C\* - Fundraising

D - To Another Candidate

E - Salaries I - Postage

F\* - Equipment

G - Political Party

J - Penalties

O\* Other

K\* - Office Expenses

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (k) CRO-1310

NC State Board of Elections

December 2009

Disbursements	ursements
---------------	-----------

Pg	6	of	6	Amendment  Yes	☐ No
				CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE	I SECTEDIAL MAST PROP

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

I. Committee	Full Name (and Fu	nd if applicable	)			2. ID Number
Commi	Her to E	lect Euni	(4	Camp	bely	5C P717
3. Type of Dis		se use separate (				Disbursement.)
Operating Ex	The state of the s	ontributions to Candi	G	The second	M. Carlotte Co. Ca	Coordinated Party Expenditures
4. Payce Info				] Add [	Remove	
	Mailing Address & P	hone		b. Coordin	ated Committee N	arne d. Comments
(include city, stat				_		
Call	Hub	-1 - 70	10	c. Level Re	gistered (Specify)	
240/1	man Ave	Ste 171	00	Federa		:y:
1. (010	ut Calif	urnia		☐ State	☐ Munic	cipality: e. Election Sum to Date
Malli		9178	39			\$ 100.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy		k. Required Remarks
	Card	A	311	12024	\$ 100.00	textine-
			*	7	\$	0
. Payee Infor	mation	Entres de la lacologia de la composition		Add [	Remove	SIS SET TERRETARY THE
	iling Address & Phone			100000000000000000000000000000000000000	ted Committee Na	me d. Comments
(include city, sta	ate, & zip)					Specimental approximate approximate for the last decided as the la
Call	Huch			<u></u>		
Cari	Lemon Ave	C+1 74	168	The same of the sa	istered (Specify)	
340 0	plean itte	916		Federal State	County Munici	
Waln	at, Califa	rnig 9	789	State	INIUMCi	
ilica se il iciti	and the second					\$ 25.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	J. Amount	k. Required Remarks
	Card	A	314	12024	\$ 25.00	TAYING.
					\$	0
Payee Inform	nation	Sive South Curille	П	Add $\square$	Remove	
	ling Address & Phone				ed Committee Nan	ne d. Comments
(include city, stat	4. 0t.)					
/\ \	te, & zip)					ac a. Comments
HURCH		2NC				d. Comments
Hudacu	Openation		,	-	stered (Specify)	
7819 K	Openational S		1	Federal	County:	
7819 K	Openational S		1	-		
7819 K	Openation		1	Federal	County:	
7819 K	CRACE SOLO NO SOLO NO NO SOLO NO SOLO NO SOLO NO SOLO SOL	Service? 6	1	Federal State	County:	pality: c. Election Sum to Date
7819 K	Jational S	Service? 6	1	Federal State	County:	sality: c. Election Sum to Date \$ / 0 / 3 k. Required Remarks
7819 K	CRACE SOLO NO SOLO NO NO SOLO NO SOLO NO SOLO NO SOLO SOL	Service? 6	1	Federal State	County: Municip  j. Amount  \$   0   3	e. Election Sum to Date  \$ / 0 / 3
7819 K Freensb Account Code	Opena III	Service? 6	1	Federal State	County: Municip	ality: e. Election Sum to Date \$ 1013 k. Required Remarks Radio Ads
7819 K	Opena Sational Sational Sociol NC S	Service? 6	1	Federal State	County: Municip  j. Amount  \$   0   3	sality: c. Election Sum to Date \$
7819 K Freelish Account Code Total only thi	CRO-1310 Pages	h. Purpose Code	i. Date (o	Federal State  Mm/dd/yyyy)	i. Amount  \$   O   3	ality: e. Election Sum to Date \$ 1013 k. Required Remarks Radio Ads
7819 K Account Code Total only thi Total of ALL This line goes in the	GRAGES  COLONICS  G. Form of Payment  C. C	h. Purpose Code A mary Page CRO-110	i. Date (u	Federal State  Mm/dd/yyyy)  1/24  atting Expense.	County: Municip  j. Amount  \$   0   3	k. Required Remarks  Solution Ads
789 R  Teles b  Account Code  Total only thi  Total of ALL  This line goes in the line goes	g. Form of Payment  Crown of Payment  Is Page  CRO-1310 Pages  line 13a of Detailed Summitine 13b of Detailed Summitine 15b of D	h. Purpose Code  A  mary Page CRO-110 mary Page CRO-110	i. Date (u	Federal State  Manual State  M	County: Municip  j. Amount  \$   O   3  \$  tes/Political Comm	k. Required Remarks  Solve Ads
7899 K	g. Form of Payment  CRO-1310 Pages line 13a of Detailed Summitine 13b of Detailed Summitine 13c	h. Purpose Code  Mary Page CRO-110  mary Page CRO-110  mary Page CRO-110	i. Date (m	Federal State  Mad/yyyy)  1/24  State  State  State	County: Municip  j. Amount  \$   O   3  \$  tes/Political Comm	k. Required Remarks  Solve Ads
7896 Tell Solution Code Total only the Total of ALL This line goes in the This line goes	g. Form of Payment  Crown of Payment  Is Page  CRO-1310 Pages  line 13a of Detailed Summitine 13b of Detailed Summitine 15b of D	h. Purpose Code  A  mary Page CRO-110 mary Page CRO-110 mary Page CRO-110 expenditure code	i. Date (u  O if Opera  O if Contr.  O if Coord  in (h.) a	Federal State  Manual State  M	County:  Municip  J. Amount  S   O   3  S  s)  tes/Political Comm, Expenditures)	sality: c. Election Sum to Date  \$ 1013  k. Required Remarks  \$ 300 Ads  \$ 300 Ads
Total only the Total of ALL This line goes in It Th	g. Form of Payment  CRO-1310 Pages line 13a of Detailed Summitine 13c	h. Purpose Code  A  mary Page CRO-110 mary Page CRO-110 expenditure code g	i. Date (u  O if Opera  O if Contr  O if Coord  in (h.) a  C* - Fur	Federal State  Mad/yyyy)  1/24  State  State  State	County:  Municip  J. Amount  S   O   3  ss  tes/Political Comm, Expenditures)	sality: c. Election Sum to Date  \$ 1013 k. Required Remarks  \$ 3074  Another Candidate
Total only the Total of ALL This line goes in the Chis line goes i	g. Form of Payment  CRO-1310 Pages line 13a of Detailed Summine 13c of Detailed Summine 13c of Detailed Summine 13c of Detailed Summine 13c of Pages  List detailed e  B* - Printing	h. Purpose Code  A  mary Page CRO-110 mary Page CRO-110 expenditure code g nent	i. Date (u  O if Opera  O if Contr  O if Coord  in (h.) a  C* - Fur  G - Polit	Federal State  State  Manual Annual A	County:  Municip  J. Amount  S   O   3  ss  tes/Political Comm. Expenditures)  D - To A  H* - He	sality: c. Election Sum to Date  \$
Total only the Total of ALL This line goes in the This line goes i	g. Form of Payment  C PO 1310 Pages line 13a of Detailed Summine 13c of Detail	h. Purpose Code  A  mary Page CRO-110 mary Page CRO-110 expenditure code g nent	i. Date (u  O if Opera  O if Contr  O if Coord  in (h.) a  C* - Fur  G - Polit  K* - Off	Federal State  State  Manual State  State  Manual State  State  State  Manual State  State  Manual S	County:  Municip  J. Amount  S   O   3  ss  tes/Political Comm. Expenditures)  D - To A  H* - He	sality: e. Election Sum to Date  \$ 10 13  k. Required Remarks  \$ 30 Ads  \$ 30 74

Aggregated	Non-Media	<b>Expenditures</b>
11551 054104	1 1011-1vicula	Expenditures

Amendment
☐ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) 2. ID Number									
Comm	Committee to Elect Eurice Campbell 509747								
3. Payee Information									
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
Add Remove				•	\$				
Add Remove		Card	0	2/21/2024	\$ 40.04	695			
Add Remove		Card	0	2120/2024	\$ 18.28	Food			
Add Remove		Card	O	3/7/2024	\$ 15.28	Food			
Add Remove		Card	0	3/7/2024	\$02.03	Gas			
Add Remove		Curd	0	3/6/2024		Gas			
Add Remove		Card	0	3/6/2024	\$ 9.41	Food			
Add Remove		Card	0	3/6/2024	\$ 20.20	Gas			
Add Remove		Card	0	3 5 2024	\$ 18.90	Food			
Add Remove		Card	0	314/2024		Food-			
Add Remove		Cord	Ò		\$ 5,88	Food			
Add Remove		Cord	0	3/4/2024	\$ 40.00	Gas			
Add Remove	:	Card	0	3/1/2024	\$ 10.04	Food			
Add Remove		Card	0	2/28/2024	\$ 40.03	Gas			
Add Remove		Card	0	2/27/2024	\$ 48.53	Frod			
Add Remove		and	5	3/2/2024	\$ 27.50	5			
Add Remove		Carl	5	2120/2021	\$ 28.50				
Add Remove				7 9 7	\$	1			
Add Remove					\$				
Add Remove					\$				
	aly this Page				\$394.66				
	ALL CRO-1				\$ 2394	166			
		etailed Summary Page C letailed expenditu		charre)	3011				
	B* - ]	Printing	C* - Fundra	ising D-To	Another Candidate				
E - Salarie I - Postage	- 72	Equipment	G - Political I		olding Public Off	ice Expenses			
O* - Othe	r	nalties	K* - Office I		onations to Legal	Expense Fund			
* Codes r	equire detailed	explanation in re	equired remar	ks field (g)					
RO-1315		NC State	Board of Elections	19700-		Dagambas 2000			

Aggregated	Non-Media	<b>Expenditures</b>
666	- 1022 - 1200	mare processed on

Amendment
☐ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Commit	tee Full Name (	and Fund if applies	ible)		2. ID Number	
3. Payee In	formation					
	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove		(bsh		03/05/2024	\$ 20	POIS
Add		11.56				10110
Remove		('asn		03/05/2024	\$ 50	POLISIE
Add Remove		Cash		03/05/2024	\$ 50	13015
☐ Add ☐ Remove		Posh		08/05/2024	\$	10215
Add		A		05/01/2009	50	THOUSE THE
Remove		(asn		D3/05/2024	\$ 50	ROIS
Add Remove		Cash	0	03/05/2024	\$ 50	PAIS
Add		Acres		77 17	\$ 50	1/2/2
Remove Add		COST		03/05/2024	50	KO10 C
Remove		Cash		12/05/2024	\$ 50	KOISON
Add Remove		. (ash		03/05/2004	\$ 0	10118 -
Add		1110	~	OS/OS/CULT	0	10-10
Remove		IGSI		03/05/2024	\$ 50	1015
Add Remove		('ash)	0	03/05/2024	\$ 50	Polk
Add Remove		Posh		~2/nc/2020	\$ (7)	DAVE.
Add		7/400	8	25/05/009	0 6	T Dalla
Remove Add		Lash		03/05/2024	\$ 50	110115
Remove		Lash	0	03/05/2024	\$ 50	POIS
Add Remove		Theh	0	-shopped	\$ 50	Dale
Add		451		03/05/2024		KOL
Remove		Lash	(_)	03/05/2024	\$ 50	LOIS
Add Remove		/bch	$\sim$	D2:05 12024	\$ 20	Dale
Add		[47.7	$\sim$			TAP -
Remove		lash		03/05/224	\$ 50	tols
Add Remove		l'ash		02/2024	s 50	0015
Add			<u> </u>	05/01/2029		10
Remove		(ash)		63/05/2024	\$ 50	POIS
	ly this Page				\$ 1,000	
. Total of	ALL CRO-1	315 Pages			\$ 3 3 91	1.60
		etailed Summary Page (		1	307	
Lurpose	B*-	detailed expendit Printing	C* Fundra	ising D - To	Another Candidat	
E - Salarie	s F*-	Equipment	G - Political I	Party H*-H	olding Public Of	
I - Postage	J - Pe	nalties	K* - Office I		onations to Lega	Expense Fund
O* - Othe						
* Codes re	equire detailed	l explanation in r	equired remar te Board of Elections	ks field (g)		December 2009

Page Oof Y Yes No	Page Sof 4	Amendment ☐ Yes ☐ No
-------------------	------------	----------------------

Aggregated Non-Media Expenditures
Optional form used to report NC Non-Media Expenditures of \$50 or less.

		and Fund if applica	2. ID Number			
	nformation					
A. Amend Add	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Remove		Cash		03/05/924	\$ 50	Pos
Add		lich	7	13/25/204	\$ 70	000
Remove Add		1951		03/05/2024	5.0	11015
Remove		Lash		03/05/2024	\$ 50	POIS
Add Remove		Cash	(A)	08/05/2024	\$ 55	Dalla
Add		1/20	X	1 1 1 1	6 2	1811
Remove Add		(asr)		03/05/2024	\$ 50	MIS
Remove		(ach		12/05/2024	\$ 50	Palls
Add Remove		(ash		03/05/2024	\$20	10116
Add		CASTI	X	03/05/2024		1 1015
Remove		Cash	- 2	03/05/2024	\$ < 0	LINIS
Add Remove		Cach		03/05/2024	\$ (7)	DXIS
Add		Theh	X	1111	\$	100
Remove Add		(48/1		03/05/2024	* 50	POIS
Remove		lash		08/5/7024	\$ 50	Pak
Add Remove		Arch		12/5/2/2/	\$ ( )	Pulc
Add		(40)	X	03/3/2004	20	KOID
Remove Add		(ash		08/5/2024	\$ 50	Palls
Remove		Pash		3/4/24	\$ 570	Sign Move
Add		91	7	3/4/24	\$ (1)	C Mayo
Remove Add		(4SB)	X	5/7/01		DIEW HOVE
Remove		(45/)	U	3/4/24	\$ 50	Ism move
Add Remove		1800	()	3/4/24	\$ 50	Sign Move Sign Move
Add		1400	0	3/11/21/	\$ (1)	
Add Add		401	$\rightarrow$	3/4/24	\$ 5.0	Sign Move
Remove		145/	0	3/4/24	\$ 50	Sign Move
Add Remove		Cash		3/4/24	s (7)	Signmore
	aly this Page			)///27	\$ 1,700	DIGNITIONE
	ALL CRO-1	315 Pages				11.10
This line mu	st be on line 14 of L	etailed Summary Page (			\$ 559	4.66
Purpose	Codes (List	detailed expendit	ure code in (d)	above)		CONTRACTOR OF CONTRACTOR
E - Salarie	es F*-	Printing Equipment	C* - Fundra G - Political I		Another Candida	ate Francisco
- Postage O* - Othe	J - Pe	enalties	K* - Office I	expenses Q* - D	olding Public () onations to Lega	al Expense Fund
		l explanation in r	equired remen	ke field (m)		
20-1315	The second	Prominention III I	e Board of Floations	no metu (g)		

Ā	ggregated	Non-	Media	Ex	nenditu	res
	ggregateu	TAOH-	wicuta	LIA	hemmin	II C2

Page of Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Commit	tee Full Name (	and Fund if applica	2. ID Number			
3. Payee Ir						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove		(ash		3/4/24	\$50	CONICSMS
Add Remove		Tach	0	3/4/24	\$ 50	Sign Dittur
Add Remove		Tich	6)	3/4/24	\$ (2)	O Perkus
Add		(481)	198	5/7/27	20	JKN HERUP
Remove		(GS)		3/4/24	\$ 50	Sign Pictup
Add Remove		Tush	(()	3/4/24	\$ 50	Simple Up
Add Remove		Tush	(1)	3/4/24	\$ 20	Rich Return
Add		Mech	M	0/4/216	\$ 60	(C) Oct 10
Remove Add		1005	1	5/1/24	90	SKNIKLU
Remove		Lash		3/4/24	\$ 50	Sien Pick Up
Add Remove		Asch		3/4/24	\$ 500	PANJOSIOS
Add		177212	7	11/1/01	\$ 200	7
Remove		Caskl	- K	3/4/24	450	GNVGSMS
Add Remove		/bsh		3/1/24	\$ 0	Canyasma
Add Remove		Anch	0	3/1/24	\$ 0	Candonia
Add		Hach	8	3/2001	\$ 60	Carova Sirie
Remove Add		640		2/29/24	50	Calvasine
Remove		Chish		2/29/24	\$ 50	CONVISIA
Add Remove		l'ash		3/29/24	\$ 50	Survey taken
Add Remove		1/sch	8	3/29/24	\$ 60	Surventaken
Add		Tlech	7	211 11	\$ 50	0311
Remove Add		Garage Contract of the Contrac	~	3/24/24		Shivey takes
Remove Add		(MSV)	- Q	3/22/24	\$ 50	Durvey Takor
Remove		lash		3/22/24	\$ 50	Survey taking
Add Remove		Pash		3/2/024	\$ 50	SURVEY FORD
	ly this Page		and the Walter		\$ 1.00()	Court yes Tilled
	ALL CRO-1	1315 Pages			1144	0.1.1.1
(This line mu	st be on line 14 of L	Detailed Summary Page	CRO-1100)		\$ 23	94:66
	Codes (List	detailed expendit	ure code in (d)	above)		
E - Salarie	B* -	Printing Equipment	C* - Fundra G - Political l		Another Candida	
1 - Postage	J - Pe	enalties	K* - Office I		lolding Public Of onations to Lega	I Evnance Fund
O* - Othe	r				onacions to rega	r Evhense rana
* Codes r	equire detaile	d explanation in r	equired remar	ks field (g)		