

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Amendment

☐ Yes ☐ No

## 1. Committee Information

a. Full Name

Committee to Elect Eunice Campbell

c. ID Number

505747

b. Mailing Address (include City, State and Zip Code)

5743 Antietam Dr  
Winston Salem NC 27106

d. Date Filed

7/10/2024

e. Phone Number

3369184238

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

2/18/24

4. Period End Date (mm/dd/yy)

3/5/24

5. Treasurer Full Name

Chenita Johnson

6. Type of Committee (Check One)

- ☒ Candidate Campaign  
☐ PAC  
☐ Independent Expenditure  
☐ Legal Expense Fund  
☐ Party  
☐ Referendum  
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ Booster Fund  
☐ Building Fund  
☐ Other:

8. Number of Fundraisers this Report

9. Type of Report (check only one type of report from one category)

- | Municipal                                    | State/County                            | Referendum                                  |
|--|---|---|
| <input type="checkbox"/> Organizational      | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Thirty-five day     | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Pre-primary         | <input type="checkbox"/> First          | <input type="checkbox"/> Final              |
| <input type="checkbox"/> Pre-election        | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Pre-runoff          | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Semi-annual         | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special            |
| <input checked="" type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual    |   |
| <input type="checkbox"/> Year End            | <input type="checkbox"/> Mid Year       |   |
| <input type="checkbox"/> Final               | <input type="checkbox"/> Year End       |   |
| <input type="checkbox"/> Special             | <input type="checkbox"/> Final          |   |
|  | <input type="checkbox"/> Special        |   |

10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

Wells Fargo

b. Purpose

Campaign

c. Account Code

EC2020

d. Period Begin Balance

\$107.64

## 11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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 of Signer

Chenita Johnson  
Signature of Appointed Treasurer

7/5/2024  
Date

## FOR OFFICE USE ONLY

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

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

### Delivery Method

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

Date Postmarked: \_\_\_\_\_

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

Date Scanned: \_\_\_\_\_

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

Date Data Entered: \_\_\_\_\_

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

- ☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment

☐ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report	3. ID Number
Committee to Elect Eunice Campbell		Q2	5CQ7V7
Start of Election Cycle: January 1, 2024		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 107.64	\$ 107.64
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0	\$ 6.00	
6) Contributions from Individuals (CRO-1210)	\$ 7,900	\$ 9,000	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 7,900	\$ 9,600	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 3,674.88	\$ 5329.24	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 3,394.66	\$ 3,394.66	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 150.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 7,069.54	\$ 8,873.90	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 938.10	\$ 833.74	
<b>ADDITIONAL INFORMATION</b>			
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)	\$	\$ 0	
26) Forgiven Loans (CRO-1440)	\$	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$ 0	
28) Contributions to be Refunded (CRO-1215)	\$ 200	\$ 200	

# Contributions from Individuals

Pg 1 of 1 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	
Committee to Elect Eunice Campbell					5C6717	
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	
Leslie Baker 2536 Rapolda Rd WS NC 27106			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Retired		\$ 6,600	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		2/28/24	\$ 6,600	
<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	
Wilbert Harper 41051 Gordon Ct WS NC 27104			House keeping			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NC Atrium		\$ 400	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		2/21/24	\$ 400	
<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	
Richard Campbell 5743 Antietam Dr WS NC 27106			Driver			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			City of WS		\$ 900	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		2/20/24	\$ 900	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 7,900	
5. Total of ALL CRO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						



# Contributions to be Reimbursed

Pg 1 of 1

Amendment  
☐ Yes ☐ No

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

<b>1. Committee Full Name</b>		<b>2. ID Number</b>	
Committee to Elect Eunice Campbell		SC0747	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
Leslie Baker 2536 Reynolda Rd W-S, NC 27106		Same	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
Campaign Contribution	8/28/2024	check	\$ 200.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>Full Name &amp; Mailing Address of the Payee (the original vendor)</b>		<b>Full Name &amp; Mailing Address of the Reimbursee (the person to whom the campaign check is written)</b>	
<b>a. Contribution Description</b>	<b>b. Date (mm/dd/yyyy)</b>	<b>c. Credit Card Y/N</b>	<b>d. Amount</b>
			\$
<b>4. Total only this Page</b>			\$
<b>5. Total of ALL CRO-1215 Pages</b> (This line goes in line 28 of Detailed Summary Page CRO-1100)			\$

# Disbursements

Pg 1 of 6 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) <u>Committee to Elect Eunice Campbell</u>						2. ID Number <u>5C0747</u>
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) <u>Linda Young</u> <u>3571 Meadows Glen CT</u> <u>Clemmons NC 27012</u>				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:		\$ <u>0</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<u>Check</u>	<u>B</u>	<u>4/12/24</u>	\$ <u>625</u>	<u>Shirt Printing</u>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Brittney Ward</u> <u>3931 Hardwood St</u> <u>WS NC 27105</u>				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:		\$ <u>1,000</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	<u>Check</u>	<u>E</u>	<u>2/18/24</u>	\$ <u>500</u>	<u>Lead Canvassing</u>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Brittney Ward</u> <u>3931 Hardwood St</u> <u>WS NC 27105</u>				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:		\$ <u>1,500</u>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>1</u>	<u>Check</u>	<u>E</u>	<u>2/25</u>	\$ <u>500</u>	<u>Lead Canvassing</u>	
				\$		
5. Total only this Page						\$ <u>1,625</u>
6. Total of ALL CRO-1310 Pages						\$ <u>3,674.88</u>
(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)						

# Disbursements

Pg 2 of 6 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	
Committee to Elect Eunice Campbell						560797	
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	
Face Book 1 Hacker Way							
				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:		\$ 12.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Card	A	3/5/24	\$ 4.00			
				\$			
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	
Francesco's 930 Gramerry Plc Ln W-S, NC 27105 (336) 377-3332							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" 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		
		0	2/26/2024	\$ 51.24			
				\$			
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	
Brittney Ward 3931 Hardwood St WS NC 27105							
				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:		\$ 500	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		E	2/11/24	\$ 500			
				\$			
5. Total only this Page						\$ 555.24	
6. Total of ALL CRO-1310 Pages						\$ 3674.88	
(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)							



# Disbursements

Pg 3 of 6 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) <i>Committee to Elect Eunice Campbell</i>						2. ID Number <i>508717</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) <i>Hobby Lobby 3775 Oxford Rd Winston Salem NC</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>Card</i>	<i>C</i>	<i>02/29/2024</i>	<i>\$56.16</i>	<i>Blank - T-Shirts</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Cartridge SuperStore 4666 Knollwood St WS NC 27103 336 448 1862</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>Card</i>	<i>B</i>	<i>3/4/24</i>	<i>\$85.59</i>	<i>Link</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Francisco's 930 Gramercy Pk LN WS NC 27105 336 377-3332</i>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>Card</i>	<i>C</i>	<i>3/4/24</i>	<i>\$57.38</i>	<i>lunch for canvassers</i>		
				\$			
5. Total only this Page						\$ <i>199.13</i>	
6. Total of ALL CRO-1310 Pages						\$ <i>3674.88</i>	
(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)							

# Disbursements

Pg 4 of 6 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) <u>Committee to Elect Eunice Campbell</u>						2. ID Number <u>5C07Y7</u>	
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) <u>Facebook</u> <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <u>8.00</u>	
f. Account Code	g. Form of Payment <u>Card</u>	h. Purpose Code <u>A</u>	i. Date (mm/dd/yyyy) <u>2/26/2024</u>	j. Amount \$ <u>6.00</u>	k. Required Remarks <u>Ads</u>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Facebook</u> <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <u>2.00</u>	
f. Account Code	g. Form of Payment <u>Card</u>	h. Purpose Code <u>A</u>	i. Date (mm/dd/yyyy) <u>2/23/2024</u>	j. Amount \$ <u>2.00</u>	k. Required Remarks		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Facebook</u> <u>1 Hacker Way</u> <u>menlo Pk Ca 94025</u>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <u>14.95</u>	
f. Account Code	g. Form of Payment <u>Card</u>	h. Purpose Code <u>A</u>	i. Date (mm/dd/yyyy) <u>3/22/24</u>	j. Amount \$ <u>2.95</u>	k. Required Remarks		
				\$			
5. Total only this Page						\$ <u>10.95</u>	
6. Total of ALL CRO-1310 Pages						\$ <u>3674.88</u>	
(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)							



# Disbursements

Pg 5 of 6 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	
Committee to Elect Eunice Campbell						500977	
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	
Walmart Super Center 320 E Hanes Mill Rd							
				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		
	Card	D	3/4/2024	\$90.53	Walmart Super Center Food		
				\$			
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	
Sheetz Winston Salem NC							
				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		
	Card	D	4/18	\$56.03	Cost of [unclear]		
				\$			
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						\$ 146.56	
6. Total of ALL CRO-1310 Pages						\$ 3674.88	
(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)							

# Disbursements

Pg 6 of 6 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	
Committee to Elect Eunice Campbell						SC 0717	
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	
Call Hub 340 Lemon Ave Ste 7468 Walnut, California 91789							
				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:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Card	A	3/1/2024	\$ 100.00	texting		
				\$			
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	
Call Hub 340 Lemon Ave, Ste 7468 Walnut, California 91789							
				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:		\$ 25.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Card	A	3/4/2024	\$ 25.00	Texting		
				\$			
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	
Audacy Operations 7819 National Service Rd Greensboro NC 27409							
				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:		\$ 1013	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	A	3/4/24	\$ 1013	Radio Ads		
				\$			
5. Total only this Page						\$ 1138	
6. Total of ALL CRO-1310 Pages						\$ 3674.88	
(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)							



# Aggregated Non-Media Expenditures

Page 1 of 4

Amendment  
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) <u>Committee to Elect Eunice Campbell</u>	2. ID Number <u>5C0747</u>
--	-------------------------------

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
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	2/21/2024	\$ 40.04	Gas
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	2/20/2024	\$ 18.28	Food
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/7/2024	\$ 15.28	Food
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/7/2024	\$ 20.03	Gas
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/6/2024	\$ 20.14	Gas
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/6/2024	\$ 9.41	Food
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/6/2024	\$ 20.20	Gas
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/5/2024	\$ 18.90	Food
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/4/2024	\$ 30.43	Food
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/4/2024	\$ 5.88	Food
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/4/2024	\$ 40.00	Gas
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	3/1/2024	\$ 10.04	Food
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	2/28/2024	\$ 40.03	Gas
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	0	2/27/2024	\$ 48.53	Food
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	J	3/20/2024	\$ 27.50	
<input type="checkbox"/> Add <input type="checkbox"/> Remove		Card	J	2/20/2024	\$ 28.00	
<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 \$ 394.66

5. Total of ALL CRO-1315 Pages \$ 3394.66  
(This line must be on line 14 of Detailed Summary Page CRO-1100)

6. Purpose Codes (List detailed expenditure code in (d) above)			
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (g)



Page 2 of 4

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

December 2009

Page 3 of 4

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

December 2009



Page 4 of 4

☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

## 2. ID Number

### 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
<input type="checkbox"/> Add		Cash	0	3/4/24	\$ 50	CanVasms
<input type="checkbox"/> Remove		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Add		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Remove		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Add		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Remove		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Add		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Remove		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Add		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Remove		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Add		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Remove		Cash	0	3/4/24	\$ 50	Sign pickup
<input type="checkbox"/> Add		Cash	0	3/4/24	\$ 50	CanVasms
<input type="checkbox"/> Remove		Cash	0	3/4/24	\$ 50	CanVasms
<input type="checkbox"/> Add		Cash	0	3/1/24	\$ 50	CanVasms
<input type="checkbox"/> Remove		Cash	0	3/1/24	\$ 50	CanVasms
<input type="checkbox"/> Add		Cash	0	2/29/24	\$ 50	CanVasms
<input type="checkbox"/> Remove		Cash	0	2/29/24	\$ 50	CanVasms
<input type="checkbox"/> Add		Cash	0	3/29/24	\$ 50	Survey taken
<input type="checkbox"/> Remove		Cash	0	3/29/24	\$ 50	Survey taken
<input type="checkbox"/> Add		Cash	0	3/29/24	\$ 50	Survey taken
<input type="checkbox"/> Remove		Cash	0	3/22/24	\$ 50	Survey taken
<input type="checkbox"/> Add		Cash	0	3/22/24	\$ 50	Survey taken
<input type="checkbox"/> Remove		Cash	0	3/22/24	\$ 50	Survey taken
<input type="checkbox"/> Add		Cash	0	3/22/24	\$ 50	Survey taken

\$ 1.00 L

\$ 3394.66

**(This line must be on line 14 of Detailed Summary Page CRO-1100)**

E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (g)