

Disclosure Report Cover

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

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

1. Committee Information	
a. Full Name	c. ID Number
Committee to Elect Eunice Campbell	SC0747
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
5743 Antietam Dr. Winston-Salem, NC 27106	2-26-2024
	e. Phone Number
	3369184258

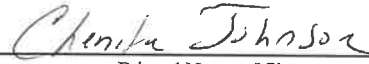

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	11-1-2024	2-17-2024	Cherita Johnson

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<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
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input checked="" type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Wells Fargo			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign	EC2020		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 75,000		\$

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.



 Date: 2-26-2024

Printed Name of Signer: Cherita Johnson
 Signature of Appointed Treasurer: _____
 Date: 2-26-2024

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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	10 10	500747	
Start of Election Cycle: January 1, 2024	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 75.00	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 600.00	\$ 600.00	
6) Contributions from Individuals (CRO-1210)	\$ 1100.00	\$ 1100.00	
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)	\$ 1841.00	\$ 1841.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1658.36	\$ 1658.36	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$ 150.00	\$ 150.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1808.36	\$ 1808.36	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 107.64	\$ 107.64	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0	\$	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0	\$	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0	\$	
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)	\$ 0	\$	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Eunice Campbell				50777	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		2-9-2024	\$ 10.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		2-9-2024	\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	CASH		2-5-2024	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2-9/2024	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2-9/2024	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/5/2024	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/5/2024	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/01/2024	\$ 50.00
<input checked="" type="checkbox"/> Add	-1	Cash		2/6/2024	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/6/2024	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/11/2024	\$ 25.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/13/2024	\$ 50.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/13/2024	\$ 20.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/17/2024	\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash		2/17/2024	\$ 40.00
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$
<input type="checkbox"/> Add					
<input type="checkbox"/> Remove	1	Cash			\$
4. Total only this Page					\$ 600
5. Total of ALL CRO-1205 Pages					\$ 600
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

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					5CQ747	
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
Ernest H. Pitt 183 Pembroke Ridge CT Bermuda Run, NC 27006				Retired		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 500.00
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		1-24-2024	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Debra Jeter 300 Buraeburn Dr. Winston-Salem, NC 27127				Retired		
				c. Employer's Name/Specific Field		
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CASH		1/26/2024	\$ 150.00	
<input type="checkbox"/>	1	Cash		1/30/2024	\$ 50.00	
<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
Jermeka Logan 840 Pittsboro St. Apt. 302 Winston-Salem, NC 27127				Student Services		
				c. Employer's Name/Specific Field		
				WSSU		e. Election Sum to Date
						\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CASH		1-24-2024	\$ 50.00	
<input type="checkbox"/>		Cash		2/8/2024	\$ 50.00	
<input type="checkbox"/>		Cash		2/16/2024	\$ 50.00	
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages					\$ 1,100	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	5CQ7Y7

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	
Antonio McCoy 2845 Bon Air Ave. Winston-Salem NC 27105		owner			
		c. Employer's Name/Specific Field			
		Mc Howard Business Coaching		e. Election Sum to Date	
				\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CASH		1-31-2024	\$ 50.00
<input type="checkbox"/>	1	Cash		2-04/2024	\$ 50.00
<input type="checkbox"/>		Cash		2-7/2024	\$ 50

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	
Tangela Malloy 724 Copperline Dr. Garner, NC 27529		Purchase Manager			
		c. Employer's Name/Specific Field			
		Wake Tech		e. Election Sum to Date	
				\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CASH		1-22-2024	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Leon Ash 19013 Strongford Dr. Macomb, MI 48044		Sales Manager			
		c. Employer's Name/Specific Field			
		PepsiCo		e. Election Sum to Date	
				\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Cash		1-7-2024	\$ 50.00
<input type="checkbox"/>	1	Cash		1/14/2024	\$ 50.00
<input type="checkbox"/>	1	Cash		1/28/2024	\$ 50.00

4. Total only this Page	\$ 350
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 1,100

Aggregated Non-Media 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) <u>Committee to Elect Eunice Campbell</u>	2. ID Number <u>5CQ747</u>
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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	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Add		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Add		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Add		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Add		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Add		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove		Cash	O	01/26/2024	\$ 50	Canvassing
<input type="checkbox"/> Add		Check	F	02/01/2024	\$ 37.98	door bags.
<input type="checkbox"/> Remove		Cash	O	2/12/2024	\$ 50	Canvassing
<input type="checkbox"/> Add		Cash	O	2/12/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove		Cash	J	2/15/2024	\$ 350	
<input type="checkbox"/> Add		Cash	O	2/16/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove		Cash	O	2/16/2024	\$ 100	Canvassing
<input type="checkbox"/> Add		Cash	O	2/16/2024	\$ 100	Canvassing
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	

4. Total only this Page	\$ <u>661.48</u>
5. Total of ALL CRO-1315 Pages <small>(This line must be on line 14 of Detailed Summary Page CRO-1100)</small>	\$ <u>1658.36</u>

6. Purpose Codes (List detailed expenditure code in (d) above)

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* - Donations to Legal Expense Fund

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

Aggregated Non-Media Expenditures

Page 1 of 2

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Eunice Campbell	2. ID Number SC0777
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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			J	10/26/2024	\$ 6.00	
<input type="checkbox"/> Remove			J	02/02/2024	\$ 2.50	
<input type="checkbox"/> Add			J	02/07/2024	\$ 2.50	
<input type="checkbox"/> Remove			O	01/29/2024	\$ 2.14	Coffee
<input type="checkbox"/> Add			O	01/29/2024	\$ 20.32	food
<input type="checkbox"/> Remove			O	02/05/2024	\$ 6.31	food
<input type="checkbox"/> Add			O	02/05/2024	\$ 21.81	Gas
<input type="checkbox"/> Remove			O	02/08/2024	\$ 6.41	food
<input type="checkbox"/> Add			J	2/12/2024	\$ 2.50	
<input type="checkbox"/> Remove			O	02/14/2024	\$ 6.73	food
<input type="checkbox"/> Add			O	02/15/2024	\$ 40.00	Gas
<input type="checkbox"/> Remove			J	01/26/2024	\$ 2.95	
<input type="checkbox"/> Add			J	01/26/2024	\$ 2.95	
<input type="checkbox"/> Remove			J	02/02/2024	\$ 3.50	
<input type="checkbox"/> Add			J	02/12/2024	\$ 2.95	
<input type="checkbox"/> Remove			O	02/07/2024	\$ 50	Canvassing
<input type="checkbox"/> Add			O	02/07/2024	\$ 50	Canvassing
<input type="checkbox"/> Remove			O	02/07/2024	\$ 50	Canvassing
<input type="checkbox"/> Add			O	07/07/2024	\$ 30	Canvassing
<input type="checkbox"/> Remove					\$	

4. Total only this Page	\$ 308.51
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5. Total of ALL CRO-1315 Pages <small>(This line must be on line 14 of Detailed Summary Page CRO-1100)</small>	\$ 1658.36
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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)

7

In-Kind Contributions

Pg ____ of ____

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Eunice Campbell		SC0747	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Louie Poore 2407 Cherokee LN # Winston-Salem, NC 27103		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Facebook Video
			d. Election Sum to Date
			\$ 150.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Facebook Video		2-9-2024	\$ 150.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$

Disbursements

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					509747	
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	
Super Cheap Signs 9200 Waterford Center Blvd #100 Austin, TX 78758			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	1-26-2024	\$321.70	Company Signs	
				\$		
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	
Next Day Flyers 435 N. Midland Ave Saddle Brook, NJ 07663			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	1-26-2024	\$107.28	Push Cards	
				\$		
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	
Banners on the Cheap 11525 A Stonehollow Dr #100 Austin, TX 78758			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	B	1-26-2024	\$48.86		
				\$		
5. Total only this Page					\$ 477.84	
6. Total of ALL CRO-1310 Pages					\$ 16,581.36	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

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						5CG747	
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	
Banners On the Cheap 11529A Stonchollow Dr # 100 Austin TX 78758							
				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:		\$ 168.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	B	6/2/2024	\$ 119.53	Banner		
				\$			
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	
Spolier Authority / 1/2 Amz 1031. Redner Ter Cincinnati OH 45215							
				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:		\$ 90.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Check	F	02/01/2024	\$ 90.94	Stakes for Signs		
				\$			
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						\$ 210.47	
6. Total of ALL CRO-1310 Pages						\$ 1,658.36	
(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)							