# Disclosure Report Cover

Amendment ☐ Yes ☒ 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 PAM ESCOBAR | |
| **b. Mailing Address (include City, State and Zip Code)** | **d. Date Filed** |
| 1115 ANDUIN FALLS DR<br>CHARLOTTE, NC 28269 | 10/27/2026 |
| | **e. Phone Number** |
| | (980) 494-3235 |

RECEIVED
OCT 27 2026
CABARRUS COUNTY
BOARD OF ELECTIONS

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|---|---|---|---|
| 2026 | 07/01/2026 | 10/17/2026 | CATHERINE PARRISH |

**6. Type of Committee** (Check One)

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

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

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

**8. Number of Fundraisers this Report**

1

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

| Municipal | State/County | Referendum |
|---|---|---|
| ☐ Organizational | ☐ Organizational | ☐ Organizational |
| ☐ Thirty-five day | Quarterly | ☐ Pre-referendum |
| ☐ Pre-primary | ☐ First | ☐ Final |
| ☐ Pre-election | ☐ Second | ☐ Supplemental Final |
| ☐ Pre-runoff | ☐ Third | ☐ Annual |
| Semi-annual | ☐ Fourth | ☐ Special |
| ☐ Mid Year | Semi-annual | |
| ☐ Year End | ☐ Mid Year | **10. Special Report Name** |
| ☐ Final | ☐ Year End | |
| ☐ Special | ☐ Final | |
| | ☐ Special | |

**3. Account Information**

| a. Financial Institution Full Name | b. Purpose | c. Account Code | d. Period Begin Balance |
|---|---|---|---|
| UWHARRIE BANK | COMMITTEE TRANSACTIONS | 1 | $ 293.93 |

**3. Account Information**

| a. Financial Institution Full Name | b. Purpose | c. Account Code | d. Period Begin Balance |
|---|---|---|---|
| PAYPAL | CAMPAIGN CONTRIBUTION PORTAL FOR WEBSITE | 2 | $ 731.68 |

**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

| Printed Name of Signer | Signature of Appointed Treasurer | Date |
|---|---|---|
| | Catherine Parrish Digitally signed by Catherine Parrish Date: 2026.10.27 13:03:55 -04'00' | 10/27/2026 |

**FOR OFFICE USE ONLY**

| | | | |
|---|---|---|---|
| Date Received: | 10-27-26 | Employee: | WAN |
| Date Postmarked: | | Employee: | |
| Date Scanned: | 10-27-26 | Employee: | WAN |
| Date Data Entered: | | Employee: | |

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☒ Electronically Filed

☐ 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 PAM ESCOBAR | 2026 Third Quarter | |

| Start of Election Cycle: January 1, 2023 | | Total this Reporting Period | Total this Election Cycle |
|---|---|---|---|
| 4) Cash on Hand at Start | | $ 1,025.61 | $ 220.00 |
| **RECEIPTS** | | | |
| 5) Aggregated Contributions from Individuals | *(CRO-1205)* | $ 239.55 | $ 285.80 |
| 6) Contributions from Individuals | *(CRO-1210)* | $ 1,260.53 | $ 2,116.00 |
| 7) Contributions from Political Party Committees | *(CRO-1220)* | $ 0.00 | $ 0.00 |
| 8) Contributions from Other Political Committees | *(CRO-1230)* | $ 0.00 | $ 0.00 |
| 9) Loan Proceeds | *(CRO-1410)* | $ 0.00 | $ 0.00 |
| 10) Refunds/Reimbursements to the Committee | *(CRO-1240)* | $ 0.00 | $ 40.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | *(CRO-1250)* | $ 0.00 | $ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | *(CRO-1250)* | $ 0.00 | $ 0.00 |
| 11c) Outside Sources of Income | *(CRO-1250)* | $ 0.00 | $ 0.00 |
| 11d) Legal Expense Fund - Other Sources | *(CRO-1270)* | $ 0.00 | $ 0.00 |
| 11e) Exempt Purchase Price Sales | *(CRO-1265)* | $ 0.00 | $ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | $ 1,500.08 | $ 2,441.80 |
| **EXPENDITURES** | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | *(CRO-1310)* | $ 2,305.03 | $ 2,415.03 |
| 13b) Contributions to Candidates/Political Committees | *(CRO-1310)* | $ 0.00 | $ 0.00 |
| 13c) Coordinated Party Expenditures | *(CRO-1310)* | $ 0.00 | $ 0.00 |
| 14) Aggregated Non-Media Expenditures | *(CRO-1315)* | $ 0.00 | $ 26.11 |
| 15) Loan Repayments | *(CRO-1420)* | $ 0.00 | $ 0.00 |
| 16) Refunds/Reimbursements from the Committee | *(CRO-1320)* | $ 0.00 | $ 0.00 |
| 17) In-Kind Contributions | *(CRO-1510)* | $ 0.00 | $ 0.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | $ 2,305.03 | $ 2,441.14 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | $ 220.66 | $ 220.66 |
| **ADDITIONAL INFORMATION** | | | |
| 20) Non-Monetary Gifts Given to Other Committees | *(CRO-1330)* | $ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | *(CRO-1430)* | $ 0.00 | |
| 22) Debts and Obligations owed by the Committee | *(CRO-1610)* | $ 0.00 | |
| 23) Debts and Obligations owed to the Committee | *(CRO-1620)* | $ 0.00 | |
| 24) Account Transfers Within the Committee | *(CRO-1720)* | $ 2,179.10 | |
| 25) Administrative Support | *(CRO-1710)* | $ 0.00 | $ 0.00 |
| 26) Forgiven Loans | *(CRO-1440)* | $ 0.00 | $ 0.00 |
| 27) 48-Hour Notice Reports Sum | *(CRO-2220)* | $ 0.00 | $ 0.00 |
| 28) Contributions to be Refunded | *(CRO-1215)* | $ 0.00 | $ 0.00 |

# 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 PAM ESCOBAR | |

**3. Contributor Information**

| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
|---|---|---|---|---|---|
| ☐ Add ☐ Remove | 2 | Electric Funds Tran | | 09/04/2026 | $ 50.00 |
| ☐ Add ☐ Remove | 2 | Electric Funds Tran | | 07/19/2026 | $ 26.25 |
| ☐ Add ☐ Remove | 2 | Electric Funds Tran | | 10/01/2026 | $ 21.10 |
| ☐ Add ☐ Remove | 2 | Electric Funds Tran | | 08/19/2026 | $ 10.80 |
| ☐ Add ☐ Remove | 2 | Electric Funds Tran | | 09/03/2026 | $ 50.00 |
| ☐ Add ☐ Remove | 2 | Electric Funds Tran | | 10/03/2026 | $ 50.00 |
| ☐ Add ☐ Remove | 2 | Electric Funds Tran | | 07/30/2026 | $ 31.40 |

| | | |
|---|---|---|
| **4. Total only this Page** | $ | $239.55 |
| **5. Total of ALL CRO-1205 Pages** *(This line must be on line 5 of Detailed Summary Page CRO-1100)* | $ | $239.55 |

# Contributions from Individuals



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 PAM ESCOBAR | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ELLEN BAUM<br>7712 ORCHARD PARK CIR<br>HARRISBURG, NC 28075 | PROJECT MANAGER | ACCENTURE | | $ 51.99 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/01/2026 | $ 51.99 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KIMBERLY BIONDI<br>928 PINERIDGE ST SE<br>CONCORD, NC 28025 | RETIRED | CABARRUS COUNTY SCHOOLS | | $ 51.99 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/10/2026 | $ 51.99 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| LATRECIA CALDWELL<br>4324 ABERNATHY PLACE<br>HARRISBURG, NC 28075 | SOCIAL WORKER | CABARRUS COUNTY SCHOOL DISTRICT | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/03/2026 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 203.98 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 1,260.53 |

# Contributions from Individuals



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 PAM ESCOBAR | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ANGELLE EDWARDS<br>4152 GREEN PARK CT<br>HARRISBURG, NC 28075 | STAFF | DAVIDSON COLLEGE | | $ 51.99 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/13/2026 | $ 51.99 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| LARRY ENSLEY<br>6600 FINGER LAKES DR<br>CONCORD, NC 28027 | CUSTOMER SALES REPRESENTATIVE | KRAFT FOODS | | $ 51.99 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 09/13/2026 | $ 51.99 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| LEONARD JARVIS<br>532 SOUTHERN OAK AVE NW<br>CONCORD, NC 28027 | MINISTER | Macedonia Missionary Baptist Church | | $ 77.74 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/05/2026 | $ 77.74 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 181.72 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 1,260.53 |

# Contributions from Individuals



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 PAM ESCOBAR | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| MEI OLSON<br>10035 FALMOUTH LANE<br>CHARLOTTE, NC 28269 | STAY AT HOME PARENT | HOME | | $ 51.99 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/02/2026 | $ 51.99 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| REBECCA HANNAH PATTEN<br>90 CABARRUS AVE W<br>CONCORD, NC 28025 | RETIRED | UNITED WAY | | $ 100.00 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/05/2026 | $ 100.00 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KRISTEN RUSHE<br>15031 NORTHGREEN DR<br>HUNTERSVILLE, NC 28078 | ACCOUNTING MANAGER | TIAA | | $ 155.47 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 09/20/2026 | $ 103.48 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 255.47 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 1,260.53 |

# Contributions from Individuals



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 PAM ESCOBAR | |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| STEPHANIE SHEETS<br>3480 JIM JOHNSON RD<br>CONCORD, NC 28027 | SR DIRECTOR OF RESEARCH | CHARLOTTE RADIOLOGY | | $ 515.38 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/01/2026 | $ 515.38 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| ALYCE WILLIAMS<br>10106 MONTROSE DR NW<br>CHARLOTTE, NC 28269 | CONSULTANT | APPLIED ACCESS | | $ 51.99 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/05/2026 | $ 51.99 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

**3. Contributor Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | d. Comments | e. Election Sum to Date |
|---|---|---|---|---|
| KAARAN WILLIAMS<br>10106 MONTROSE DR NW<br>CHARLOTTE, NC 28269 | ATTORNEY | WINSTON TAYLOR LLC | | $ 51.99 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|---|---|---|---|---|---|
| ☐ | 2 | Electric Funds Tran | | 10/16/2026 | $ 51.99 |
| ☐ | | | | | $ |
| ☐ | | | | | $ |

| | |
|---|---|
| **4. Total only this Page** | $ 619.36 |
| **5. Total of ALL CRO-1210 Pages** *(This line must be on line 6 of Detailed Summary Page CRO-1100)* | $ 1,260.53 |

# 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 PAM ESCOBAR | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| BLUFF CITY SPORTS PRINT INC<br>769 S COOPER<br>MEMPHIS, TN 38104<br>(901) 274-2202 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 386.57 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | Debit Card | B | 10/07/2026 | $ 175.60 | T-SHIRTS DEPOSIT |
| 1 | Debit Card | B | 10/17/2026 | $ 210.97 | T-SHIRT BALANCE |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| PAYPAL<br>2211 N 1ST ST<br>SAN JOSE, CA 95131 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 78.77 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 2 | Electric Funds Tran | O | 10/17/2026 | $ 52.66 | AGGREGATE FEES |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| PC SIGNS<br>2534 Commerce Blvd<br>CINCINNATI, OH 45241 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 448.08 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | Debit Card | B | 10/14/2026 | $ 448.08 | YARD SIGNS |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 887.31 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 2,305.03 |

**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 PAM ESCOBAR | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| RED 5 PRINTING<br>18631 Northline Dr Ste<br>CORNELIUS, NC 28031 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 670.07 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | Debit Card | B | 10/17/2026 | $ 670.07 | POSTCARD REPRINT 10K |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| STAPLES<br>500 STAPLES DR<br>FRAMINGHAM, MA 01702 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 589.82 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | Debit Card | B | 09/14/2026 | $ 117.69 | POSTCARDS |
| 1 | Debit Card | B | 09/28/2026 | $ 117.69 | POSTCARD REPRINT |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| STAPLES<br>500 STAPLES DR<br>FRAMINGHAM, MA 01702 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 589.82 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | Debit Card | B | 10/09/2026 | $ 117.69 | POSTCARD RE-PRINT |
| 1 | Debit Card | B | 10/15/2026 | $ 119.06 | POSTCARD RE-PRINT #2 |

| | |
|---|---|
| **5. Total only this Page** | $ 1,142.20 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 2,305.03 |

**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 PAM ESCOBAR | |

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| STAPLES<br>500 STAPLES DR<br>FRAMINGHAM, MA 01702 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 589.82 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | Debit Card | B | 10/17/2026 | $ 117.69 | POSTCARD RE-PRINT #3 |
| | | | | $ | |

**4. Payee Information** ☐ Add ☐ Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Coordinated Committee Name | d. Comments |
|---|---|---|
| STICKER MULE LLC<br>336 FOREST AVE<br>AMSTERDAM, NY 12010 | c. Level Registered (Specify)<br>☐ Federal ☐ County:<br>☐ State ☐ Municipality: | e. Election Sum to Date<br>$ 157.83 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|---|---|---|---|---|---|
| 1 | Debit Card | B | 10/07/2026 | $ 157.83 | STICKERS & MAGNETS |
| | | | | $ | |

| | |
|---|---|
| **5. Total only this Page** | $ 275.52 |
| **6. Total of ALL CRO-1310 Pages**<br>*(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)*<br>*(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)*<br>*(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)* | $ 2,305.03 |

**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)**

# Account Transfers Within the Committee



Amendment ☐ Yes ☒ No

Use this form to transfer money between multiple bank, depository or credit accounts.

| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
|---|---|
| COMMITTEE TO ELECT PAM ESCOBAR | |

**3. Transfer Information**

| a. Amend | b. Account Code Transferred From | c. Account Code Transferred To | d. Date (mm/dd/yyyy) | e. Amount |
|---|---|---|---|---|
| ☐ Add ☐ Remove | 2 | 1 | 07/09/2026 | $ 731.68 |
| ☐ Add ☐ Remove | 2 | 1 | 10/05/2026 | $ 1,297.42 |
| ☐ Add ☐ Remove | 2 | 1 | 10/16/2026 | $ 150.00 |
| **4. Total only this Page** | | | | $ 2,179.10 |
| **5. Total of ALL CRO-1720 Pages** *(This line must be on line 24 of Detailed Summary Page CRO-1100)* | | | | $ 2,179.10 |