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 i 1. Committee Information	nformation.					
a. Full Name					c. ID Number	
Committee to Flect	Fulma R	ishing			C. 1D Number	
b. Mailing Address (include City, Sta	DULLELINE	71-411-1			d. Date Filed	
4420 Falls Lake [05/19/2005					
Concur NC 250	25				e. Phone Number	
2. Report Year 3. Period Star	t Data (mm/dd/m)	1 Daried L	and Date (mm/dd/yy	5 Tressur	er Full Name	
2024 09 bt 2	D24	10/14	- 2024	Ellock	Quenina	
6. Type of Committee (Check	One) 9. T	vpe of Rep	ort (check only or	01/00	ort from one category)	
Candidate Campaign Par		icipal	State/Count		Referendum	
		Organizationa			☐ Organizational	
☐ Independent Expenditure ☐ Joi		Thirty-five day	_		Pre-referendum	
Legal Expense Fund	I	Pre-primary	☐ Fi	rst	Final	
	10	Pre-election	□/ Se	cond	Supplemental Final	
7. Type of Fund (if applicable	, check one)	Pre-runoff	₩ Th	nird	Annual	
☐ Booster Fund		Semi-annual	☐ Fo	ourth	☐ Special	
■ Building Fund		Mid Year	Semi-ar	nnual		
		Year End	□ M	id Year	10. Special Report Name	
Other:		Final	☐ Ye	ear End		
8. Number of Fundraisers this	Report	Special	Final			
			☐ Special			
11. Account Information			11. Account Info	rmation		
a. Financial Institution Full Name			a. Financial Institution			
Mu						
h Purnoss	la Assaunt Code		h Dumasa sta	RECEIVED IN-PERSON	la Assaunt Code	
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
	CEEIZ			IAY 1 9 202		
	d. Period Begin Bal	ance	CAE	BARRUS COU	d. Period Begin Balance	
	\$		BOA	RD OF ELECT	D#S	
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 _s State Board of Elections.						
Eulopela Ruchin Printed Name of Sign	ner -	Sign	ature of/Appointed Tro	easurer	05/19/2025 Date	
FOR OFFICE USE ONLY \lor	T 10 100			(1. (
Date Received:	5/19/25	Employ	PP: V / /	VAN De	livery Method	
Normal Mail						
Date Postmarked: Employee: Registered Mail						
		Zimpioy	WAN	_ ⊠	Hand Delivered	
Date Scanned: 5	/23/25	Employ	ee: WAN		Electronically Filed	
Date Data Entered:		Employ	ee:		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.

CRO-1000

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

NC State Board of Elections

August 2008

Amendment

Yes ☐ No

Detailed Summary Use this form to summarize all disclosure reporting forms and	Amendment Yes No		
1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
Committee to Elect Eulopada Ruchin	9 3	rd ar	
Start of Election Cycle: January 1, 2025	-	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1101.07	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 185.74	\$ 417.5
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 185.74	\$ 47.57
EXPENDITURES •			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 243.50	\$ 243.50
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 24.00	\$ 24.00
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ D	\$ 150.70
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$207:50	\$ 401.50
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 79.31	\$ 79.3
ADDITIONAL INFORMATION			
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)	\$	44.
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		rom Individua		Pg			☐ Yes ☐ No	
THE OWNER OF THE OWNER	THE RESERVE THE PERSON NAMED IN COLUMN TWO	ndividual contribution	Many of the second seco	ontributions und	ler \$50 if form			
1. Committee Full Name (and Fund if applicable)						2. 1	D Number	
Comn	nittle to	Elect Eula	nda hus	hing				
	3. Contributor Information Add Remove							
	ame, Mailing Addr			b. Job Title/Profe	ession	d. C	Comments	
and the second second	le city, state, & zip)			treasur	YIX			
EUlo	nda luist	ning lake or shi 29625	1	c. Employer's Na	-			
442	O Falls 1	lake or Su)					
Braca	All bus	19-K7E		wells fargo		e. E	lection Sum to Date	
VUIV	10,140	1000		1001		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/	yyyy)	k. Amount	
	CEER	electronic			01/23/2	1024	\$100.W	
	CEER	electronic			07/31/2	024	s 33.24	
	CEER	electronic			08/19/2	024	s \$47.92	
	ributor Inform			Add Re	move			
	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ession	d. C	comments	
(includ	e city, state, & zip)							
EUIDI	24			c. Employer's Na	me/Specific Field			
					•			
						e. E	lection Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	l otion	j. Date (mm/dd/	yyyy)	k. Amount	
	VEED	. 1						
	UEEK	aectronic			10 9 20	24	\$4.58	
			197				\$	
							\$	
3. Cont	ributor Informa	ation		Add Re	move			
	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ession	d. C	omments	
(includ	e city, state, & zip)							
				c. Employer's Na	me/Specific Field			
						e. E	lection Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/		k. Amount	
	g. recount cour	a. rom or rujment	II III IIII Desert		J. 2410 (1111 411)	33337	\$	
	įe.						\$	
			1 12 2				\$	
4. Tota	al only this Pa	age				\$	185 74	
		O-1210 Pages					100.11	
	(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Amendment

Disburser	nents				Pg of	Yes No
			tee for o	operating exp	penses, contribut	tions to candidate/political
	d coordinated party e					
1. Committee	Full Name (and Fur	d if applicable)	1 0			2. ID Number
Commi	Hel to Elec	of tulono	ka K	ushino	}	
3. Type of Dis	bursement (Pleas	e use separate Cl	RO-131	forms for	each type of Disi	bursement.)
Operating Ex	The second secon	ntributions to Candid				ordinated Party Expenditures
4. Payee Infor					Remove	
Personal Control of the Control of t	Mailing Address & Pl	none		b. Coordinat	ed Committee Nam	ne d. Comments
(include city, stat						
11.51/11	Nine					
110-7 170		H		c. Level Regi	istered (Specify)	
10 1 W	ion of Sou	11 1		☐ Federal	County:	
Contra	NC Z	1025		State	☐ Municip	e. Election Sum to Date
Concor	1, 1,0	,				\$ 243.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	k. Required Remarks
CEER	electronic	1	107/	24/2024	\$ 243.50	venue deposit
0001			1 1	100	\$	reside appen
					1	
4. Payee Infor				Add \Box	Remove	
a. Full Name, Ma (include city, st	iling Address & Phone			b. Coordinat	ed Committee Nam	d. Comments
f. Account Code 4. Payee Infor a. Full Name, Mai (include city, sta	iling Address & Phone	h. Purpose Code	i. Date (Addb. Coordinate	j. Amount \$ Remove ed Committee Name stered (Specify) County: Municipal	k. Required Remarks de d. Comments
f. Account Code	g. Form of Payment	h. Purpose Code	i Doto (mm/dd/yyyy)	j. Amount	k. Required Remarks
. Account Code	g. Form of Fayment	I in pose code	i. Date (iiiiiuuwyyyy)		a Acquired Actual Ro
					\$	
					\$	
5. Total only tl	his Page					\$ 243, 50
						120.30
(This line goes in (This line goes in	L CRO-1310 Pages in line 13a of Detailed Sur in line 13b of Detailed Sur in line 13c of Detailed Sur	nmary Page CRO-11	00 if Con	trib to Candida	ates/Political Comm	\$
	codes (List detailed					
A* - Media	B* - Printi			undraising	D - To	Another Candidate
E - Salaries I - Postage O* Other	F* - Equip J - Penalti	ment	G - Po	litical Party office Expen	Н* - Н	colding Public Office Expenses conation to Legal Expense Fundament

Amendment

Aggregated	Non-Media	Expenditures
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	Amendment				
Page of	☐ 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			
0	1. Committee Full Name (and Fund if applicable) Committee to Elect E							
		nformation						
		b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
	Add Remove	CEER	electronic	0	08/20/2	\$ 12.00	bank fees bank fees	
	Add	ATTO	electronic	0	09/20/2024	\$ 12.00	bank fels	
	Remove Add Remove					\$		
	Add Remove					\$		
卢	Add				+	\$		
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Add \$ \$								
-		only this Page				\$ 24.00	3	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)								
		se Codes (List	detailed expendi	iture code in (d	d) above)			
E				To Another Candidate				
			Holding Public Office Expenses Donations to Legal Expense Fund					
O* - Other								
*	* Codes require detailed explanation in required remarks field (g)							