

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 Erin Banks				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO Box 312			7/24/2025	
Harrisburg, NC 28075			e. Phone Number	
2. Report Year		3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025		7/14/2025	7/24/2025	Erin Banks
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ Party		Municipal		
☐ PAC ☐ Referendum		☒ Organizational		
☐ Independent Expenditure ☐ Joint Fundraiser		☐ Thirty-five day		
☐ Legal Expense Fund		☐ Pre-primary		
		☐ Pre-election		
		☐ Pre-runoff		
		☐ Semi-annual		
		☐ Mid Year		
		☐ Year End		
		☐ Final		
		☐ Special		
7. Type of Fund (if applicable, check one)		State/County		
☐ Booster Fund		☐ Organizational		
☐ Building Fund		☐ Quarterly		
☐ Other:		☐ First		
		☐ Second		
		☐ Third		
		☐ Fourth		
		☐ Semi-annual		
		☐ Mid Year		
		☐ Year End		
		☐ Final		
		☐ Special		
8. Number of Fundraisers this Report		10. Special Report Name		
11. Account Information				
a. Financial Institution Full Name				
Wuham Bank				
b. Purpose		c. Account Code		
Campaign		EB 2025		
		d. Period Begin Balance		
		\$ 0		
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.				
Erin Banks		[Signature]		7/24/25
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	7-24-25	Employee:	WAN	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail
Date Scanned:	7-24-25	Employee:	WAN	☐ Registered Mail
Date Data Entered:		Employee:		☒ 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 Erin Banks		Organizational	
Start of Election Cycle: January 1, 2025		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ —
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 245.00	\$ 245.00
6) Contributions from Individuals (CRO-1210)		\$ 514.26	\$ 514.26
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)		\$ 759.26	\$ 759.26
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 6.69	\$ 6.69
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$ 214.26	\$ 214.26
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 220.95	\$ 220.95
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 538.31	\$ 538.31
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)		\$	
24) Account Transfers Within the Committee (CRO-1720)		\$	
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans (CRO-1440)		\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Aggregated Contributions from Individuals

Page _____ of _____

Amendment

☐ Yes☐ No

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

[illegible]

Contributions from Individuals

Pg ____ of ____

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 Erin Banks						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Latrecia Glover 4324 Abernathy PL. Harrisburg, NC 28075			Social Worker			
			c. Employer's Name/Specific Field			
			CCS			
					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	
☐	EB2025	EFT		7/23/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Wendy Mc Connell 1123 Hanover Drive NW Concord, NC 28027			Trainer			
			c. Employer's Name/Specific Field			
			not employed			
					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	
☐	EB2025	EFT		7/23/2025	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Erin Banks PO Box 312 Harrisburg, NC 28075			Educator			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 314.26	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	EB2025	Cash	Filing fee	7/14/2025	\$ 30.00	
☐	EB2025	Credit	PO Box Setup	7/14/2025	\$ 94.00	
☐	EB2025	debit	Campaign phone	7/14/2025	\$ 27.26	
4. Total only this Page					\$ 251.26	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 514.26	

Contributions from Individuals

Pg ____ of ____

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 Erin Banks						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Erin Banks PO Box 312 Harrisburg, NC 28075			Educator			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 314.26	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	EB2025	Credit	Secretary of State	7/19/2025	\$ 63.00	
☐	EB2025	Check		7/21/2025	\$ 100.00	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 163.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 514.26	

Aggregated Non-Media Expenditures

Page ____ of ____

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 Erin Banks	2. ID Number
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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
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 1.50	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 0.75	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 0.38	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 0.08	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 0.30	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 1.50	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 0.75	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 0.75	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 0.38	Act Blue fees
☐ Add						
☐ Remove	EB2025	EFT	0	7/23/2025	\$ 0.30	Act Blue fees
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	
☐ Add					\$	
☐ Remove					\$	

4. Total only this Page	\$ 6.169
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5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ 6.169
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6. Purpose Codes (List detailed expenditure code in (d) above)			
☐ B* - Printing	☐ C* - Fundraising	☐ D - To Another Candidate	
☐ E - Salaries	☐ F* - Equipment	☐ H* - Holding Public Office Expenses	
☐ I - Postage	☐ J - Penalties	☐ K* - Office Expenses	
☐ O* - Other	☐ Q* - Donations to Legal Expense Fund		

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

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 Erin Banks		
3. Contributor Information ☐ Add ☐ Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Erin Banks PO Box 312 Hamburg, NC 28075	☒ Individual	
	☐ Candidate	
	☐ Party	
	☐ PAC	
	☐ Referendum	d. Election Sum to Date
	☐ Other Receipt Source	\$ 314.26
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing fee,	7/14/2025	\$ 30.00
PO Box	7/14/2025	\$ 94.00
Campaign photo	7/14/2025	\$ 27.26
3. Contributor Information ☐ Add ☐ Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Erin Banks PO Box 312 Hamburg, NC 28075	☒ Individual	
	☐ Candidate	
	☐ Party	
	☐ PAC	
	☐ Referendum	d. Election Sum to Date
	☐ Other Receipt Source	\$ 314.26
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Secretary of State setup	7/15/2025	\$ 63.00
		\$
		\$
3. Contributor Information ☐ Add ☐ Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual	
	☐ Candidate	
	☐ Party	
	☐ PAC	
	☐ Referendum	d. Election Sum to Date
	☐ Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 214.26
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 214.26