

# 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.

|                                                                                                    |                                          |
|----------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>1. Committee Information</b>                                                                    |                                          |
| <b>a. Full Name</b><br>COMMITTEE TO ELECT ERIN BANKS                                               | <b>c. ID Number</b>                      |
| <b>b. Mailing Address (include City, State and Zip Code)</b><br>PO BOX 312<br>HARRISBURG, NC 28075 | <b>d. Date Filed</b><br>01/06/2026       |
|                                                                                                    | <b>e. Phone Number</b><br>(704) 426-2483 |

|                               |                                                      |                                                    |                                             |
|-------------------------------|------------------------------------------------------|----------------------------------------------------|---------------------------------------------|
| <b>2. Report Year</b><br>2025 | <b>3. Period Start Date (mm/dd/yy)</b><br>07/24/2025 | <b>4. Period End Date (mm/dd/yy)</b><br>09/23/2025 | <b>5. Treasurer Full Name</b><br>ERIN BANKS |
|-------------------------------|------------------------------------------------------|----------------------------------------------------|---------------------------------------------|

|                                                                     |                                             |                                                                            |                                         |
|---------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| <b>6. Type of Committee (Check One)</b>                             |                                             | <b>9. Type of Report (check only one type of report from one category)</b> |                                         |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party              | <b>Municipal</b>                                                           | <b>State/County</b>                     |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC                | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum                                 | <input type="checkbox"/> Legal Expense Fund | <input checked="" type="checkbox"/> Thirty-five day                        | <input type="checkbox"/> Quarterly      |
| <b>7. Type of Fund (if applicable, check one)</b>                   |                                             | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First          |
| <input type="checkbox"/> "Booster Fund"                             |                                             | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second         |
| <input type="checkbox"/> Building Fund                              |                                             | <input type="checkbox"/> Pre-runoff                                        | <input type="checkbox"/> Third          |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |                                             | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth         |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |                                             | <input type="checkbox"/> Mid Year                                          | <input type="checkbox"/> Semi-annual    |
| <input type="checkbox"/> Other:                                     |                                             | <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        |
| <b>8. Number of Fundraisers this Report</b><br>0                    |                                             | <b>10. Special Report Name</b>                                             |                                         |

|                                                            |                                             |                                                                                                    |                                      |
|------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>3. Account Information</b>                              |                                             | <b>3. Account Information</b>                                                                      |                                      |
| <b>a. Financial Institution Full Name</b><br>UWHARRIE BANK |                                             | <b>a. Financial Institution Full Name</b>                                                          |                                      |
| <b>b. Purpose</b><br>CAMPAIGN                              | <b>c. Account Code</b><br>EB2025            | <b>b. Purpose</b><br>RECEIVED<br>IN-PERSON<br>JAN 06 2026<br>CABARRUS COUNTY<br>BOARD OF ELECTIONS | <b>c. Account Code</b>               |
|                                                            | <b>d. Period Begin Balance</b><br>\$ 538.31 |                                                                                                    | <b>d. Period Begin Balance</b><br>\$ |

**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

|                        |                                                             |            |
|------------------------|-------------------------------------------------------------|------------|
| Erin Banks             | Digitally signed by Erin Banks<br>Date: 2026.01.06 13:16:46 | 01/06/2026 |
| Printed Name of Signer | Signature of Appointed Treasurer                            | Date       |

**FOR OFFICE USE ONLY**

|                       |               |                                                                                                                                                                                                                   |
|-----------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Received: 1-6-26 | Employee: WAN | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed |
| Date Postmarked:      | Employee:     |                                                                                                                                                                                                                   |
| Date Scanned: 1-7-26  | Employee: WAN |                                                                                                                                                                                                                   |
| Date Data Entered:    | Employee:     |                                                                                                                                                                                                                   |
|                       |               | <input type="checkbox"/> 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

|                                                                                     |                                    |                                  |  |
|-------------------------------------------------------------------------------------|------------------------------------|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                              | <b>2. Type of Report</b>           | <b>3. ID Number</b>              |  |
| COMMITTEE TO ELECT ERIN BANKS                                                       | 2025 Thirty-five-day               |                                  |  |
| <b>Start of Election Cycle: January 1, 2025</b>                                     | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |  |
| <b>4) Cash on Hand at Start</b>                                                     | \$ 538.31                          | \$ 0.00                          |  |
| <b>RECEIPTS</b>                                                                     |                                    |                                  |  |
| <b>5) Aggregated Contributions from Individuals (CRO-1205)</b>                      | \$ 1,200.00                        | \$ 1,200.00                      |  |
| <b>6) Contributions from Individuals (CRO-1210)</b>                                 | \$ 6,962.40                        | \$ 7,721.66                      |  |
| <b>7) Contributions from Political Party Committees (CRO-1220)</b>                  | \$ 300.00                          | \$ 300.00                        |  |
| <b>8) Contributions from Other Political Committees (CRO-1230)</b>                  | \$ 0.00                            | \$ 0.00                          |  |
| <b>9) Loan Proceeds (CRO-1410)</b>                                                  | \$ 0.00                            | \$ 0.00                          |  |
| <b>10) Refunds/Reimbursements to the Committee (CRO-1240)</b>                       | \$ 0.00                            | \$ 0.00                          |  |
| <b>11) Other Receipt Sources</b>                                                    |                                    |                                  |  |
| 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                          |  |
| <b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>      | \$ 8,462.40                        | \$ 9,221.66                      |  |
| <b>EXPENDITURES</b>                                                                 |                                    |                                  |  |
| <b>13) Disbursements</b>                                                            |                                    |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                              | \$ 6,222.08                        | \$ 6,228.77                      |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)                    | \$ 0.00                            | \$ 0.00                          |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                                      | \$ 0.00                            | \$ 0.00                          |  |
| <b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>                             | \$ 84.74                           | \$ 84.74                         |  |
| <b>15) Loan Repayments (CRO-1420)</b>                                               | \$ 0.00                            | \$ 0.00                          |  |
| <b>16) Refunds/Reimbursements from the Committee (CRO-1320)</b>                     | \$ 0.00                            | \$ 0.00                          |  |
| <b>17) In-Kind Contributions (CRO-1510)</b>                                         | \$ 662.40                          | \$ 876.66                        |  |
| <b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>          | \$ 6,969.22                        | \$ 7,190.17                      |  |
| <b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b> | \$ 2,031.49                        | \$ 2,031.49                      |  |
| <b>ADDITIONAL INFORMATION</b>                                                       |                                    |                                  |  |
| <b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>                  | \$ 0.00                            |                                  |  |
| <b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>           | \$ 0.00                            |                                  |  |
| <b>22) Debts and Obligations owed by the Committee (CRO-1610)</b>                   | \$ 0.00                            |                                  |  |
| <b>23) Debts and Obligations owed to the Committee (CRO-1620)</b>                   | \$ 0.00                            |                                  |  |
| <b>24) Account Transfers Within the Committee (CRO-1720)</b>                        | \$ 0.00                            |                                  |  |
| <b>25) Administrative Support (CRO-1710)</b>                                        | \$ 0.00                            | \$ 0.00                          |  |
| <b>26) Forgiven Loans (CRO-1440)</b>                                                | \$ 0.00                            | \$ 0.00                          |  |
| <b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>                                    | \$ 0.00                            | \$ 0.00                          |  |
| <b>28) Contributions to be Refunded (CRO-1215)</b>                                  | \$ 0.00                            | \$ 0.00                          |  |



# Aggregated Contributions from Individuals

Page 1 of 2

Amendment  
☒ Yes ☐ No

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

|                                                                                                          |                        |                           |                               |                             |                     |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                               |                             |                     |  |
| <b>3. Contributor Information</b>                                                                        |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                                                          | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/12/2025                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/18/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/02/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/23/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/15/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/07/2025                  | \$ 40.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/04/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/01/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/18/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/02/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/20/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/02/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/16/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/20/2025                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/07/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/05/2025                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/19/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/05/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/28/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 09/16/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/20/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/20/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                          | EB2025                 | Electric Funds Tran       |                               | 08/06/2025                  | \$ 50.00            |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                             | \$ 875.00           |  |
| <b>5. Total of ALL CRO-1205 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                        |                           |                               |                             | \$ 1,200.00         |  |

**Aggregated Contributions from Individuals**Page 2 of 2

Amendment

☒ Yes ☐ No

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

|                                                                                                                 |                        |                           |                               |                             |                     |  |
|-----------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                          |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                                   |                        |                           |                               |                             |                     |  |
| <b>3. Contributor Information</b>                                                                               |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                                                                 | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 09/02/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 08/12/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 08/19/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 08/10/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 07/27/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 07/27/2025                  | \$ 10.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 09/03/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 09/04/2025                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 08/18/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 08/28/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | EB2025                 | Electric Funds Tran       |                               | 09/07/2025                  | \$ 20.00            |  |
| <b>4. Total only this Page</b>                                                                                  |                        |                           |                               |                             | \$ 325.00           |  |
| <b>5. Total of ALL CRO-1205 Pages</b><br><i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                             | \$ 1,200.00         |  |

**Contributions from Individuals**Pg 1 of 8

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| CALVIN BANKS<br>10460 SW 176 ST<br>MIAMI, FL 33157                                                       |                        |                           | NONE                                     |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 07/28/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ERIN BANKS<br>PO BOX 312<br>HARRISBURG, NC 28075                                                         |                        |                           | EDUCATOR                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | SELF-EMPLOYED                            |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 423.62                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | In-Kind                   | WEBSITE DOMAIN NAME                      | 08/01/2025                  | \$ 13.48                       |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | In-Kind                   | WEB HOSTING FEE                          | 08/09/2025                  | \$ 95.88                       |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| FREDRICKA BANKS<br>10460 SW 176 ST<br>MIAMI, FL 33157                                                    |                        |                           | TECHNOLOGY                               |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 553.04                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | In-Kind                   | CAMPAIGN T-SHIRTS                        | 08/08/2025                  | \$ 253.04                      |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/09/2025                  | \$ 300.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 762.40                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,962.40                    |  |



# Contributions from Individuals

Pg 2 of 8

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| BARBARA BRADSHAW<br>3980 NW 176 STREET<br>OPA-LOCKA, FL 33055                                            |                        |                           | TECHNOLOGY                               |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 75.00                    |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/20/2025                  | \$ 75.00                       |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| LEROY BRADSHAW<br>3980 NW 176TH ST<br>MIAMI GARDENS, FL 33055                                            |                        |                           | TECHNOLOGY                               |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | TELEPHONE COMPANY                        |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 75.00                    |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 07/26/2025                  | \$ 50.00                       |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 09/19/2025                  | \$ 25.00                       |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| HANNAH BUTLER<br>10676 CORONET CT<br>HARRISBURG, NC 28075                                                |                        |                           | ADVISOR                                  |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | SELF                                     |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 250.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/28/2025                  | \$ 250.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 400.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,962.40                    |  |

# Contributions from Individuals

Pg 3 of 8

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| LARKEN EGLESTON<br>1517 LANDIS AVE<br>CHARLOTTE, NC 28205                                                |                        |                           | DIRECTOR                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NC DEPT OF JUSTICE                       |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 100.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 07/25/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| CLIFTON HARRIS<br>10256 OCTOBER GLORY WAY<br>CHARLOTTE, NC 28215                                         |                        |                           | PASTOR                                   |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | FAITH CME                                |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 100.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/18/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| BORIS HENDERSON<br>10117 COLEY DR<br>HUNTERSVILLE, NC 28078                                              |                        |                           | EDUCATION                                |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 150.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/07/2025                  | \$ 150.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 350.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,962.40                    |  |



**Contributions from Individuals**Pg 4 of 8

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| RONNIE JACKSON<br>406 WESTWOOD DR<br>CHAPEL HILL, NC 27516                                               |                        |                           | NONE                                     |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 09/05/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| CARL KINGCADE<br>17455 SW 33RD CT<br>HOLLYWOOD, FL 33029                                                 |                        |                           | IT MANAGER                               |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | AT&T                                     |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/26/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ALICIA LOCKARD<br>6012 LENNOX PL<br>WAKE FOREST, NC 27587                                                |                        |                           | LAW ENFORCEMENT                          |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | RETIRED                                  |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 450.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input checked="" type="checkbox"/>                                                                      | EB2025                 | Electric Funds Tran       |                                          | 07/23/2025                  | \$ 50.00                       |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/19/2025                  | \$ 300.00                      |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/23/2025                  | \$ 50.00                       |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 550.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,962.40                    |  |



# Contributions from Individuals

Pg 5 of 8

Amendment  
☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ALICIA LOCKARD<br>6012 LENNOX PL<br>WAKE FOREST, NC 27587                                                |                        |                           | LAW ENFORCEMENT                          |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | RETIRED                                  |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 450.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 09/23/2025                  | \$ 50.00                       |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| WENDY MCCONNELL<br>1113 HANOVER DR NW<br>CONCORD, NC 28027                                               |                        |                           | TRAINER                                  |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 400.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/22/2025                  | \$ 300.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| DENISE MERRIMAN<br>1358 ROLLING HILLS CT<br>CONCORD, NC 28025                                            |                        |                           | SURGICAL TECH                            |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | MEDICAL                                  |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 500.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 09/16/2025                  | \$ 500.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 850.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,962.40                    |  |

# Contributions from Individuals

Pg 6 of 8

Amendment  
☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| SHELLEY MILLS-BRINKLEY<br>5713 BARHAM CROSSING DRIVE<br>WAKE FOREST, NC 27587                            |                        |                           | FINANCE                                  |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | FINANCE                                  |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 150.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input checked="" type="checkbox"/>                                                                      | EB2025                 | Electric Funds Tran       |                                          | 07/23/2025                  | \$ 50.00                       |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/23/2025                  | \$ 50.00                       |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/23/2025                  | \$ 50.00                       |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| CAROL RANKIN<br>2016 HUNGARIAN RD<br>CHESAPEAKE, VA 23322                                                |                        |                           | HEALTHCARE                               |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 150.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/14/2025                  | \$ 150.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| RONALD RAPOPORT<br>5529 GENTRY LANE<br>WILLIAMSBURG, NC 21388                                            |                        |                           | PROFESSOR                                |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | WILLIAM & MARY UNIVERSITY                |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 2,000.00                 |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 09/09/2025                  | \$ 1,000.00                    |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 09/09/2025                  | \$ 1,000.00                    |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 2,250.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,962.40                    |  |



# Contributions from Individuals

Pg 7 of 8

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| HERBERT REDDICK<br>11139 S VERMONT AV<br>LOS ANGELES, CA 90044                                           |                        |                           | FIRE INSPECTOR                           |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | LOS ANGELES CITY FIRE<br>DEPT            |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 200.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 07/24/2025                  | \$ 200.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| JAMES SHELTON<br>20616 TOP RIDGE DR<br>BOYDS, MD 20841                                                   |                        |                           | NONE                                     |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | RETIRED                                  |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 1,300.00                 |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 09/01/2025                  | \$ 500.00                      |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 09/07/2025                  | \$ 800.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| AVRIL SMART GOGGANS<br>41680 WAKEHURST PL<br>LEESBURG, VA 20176                                          |                        |                           | CEO                                      |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | AVRIL SMART GOGGANS                      |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 100.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/15/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 1,600.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,962.40                    |  |

# Contributions from Individuals

Pg 8 of 8

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| KEMAH WASHINGTON<br>2426 ATLANTIC AVE<br>RALEIGH, NC 27604                                               |                        |                           | PRESIDENT                                |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | BRANDILLY CREATIVE GROUP                 |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 100.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 08/09/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| ANGELA WILLIAMS<br>3110 ETUDE PL<br>CHARLOTTE, NC 28262                                                  |                        |                           | LAW ENFORCEMENT                          |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | RETIRED                                  |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 100.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | EB2025                 | Electric Funds Tran       |                                          | 07/24/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 200.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,962.40                    |  |



# Contributions from Political Party Committees Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report contributions from a political party

|                                                                                                          |                           |                               |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                           |                               |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                            |                           |                               |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |                               |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                           |                               |                             | <b>b. Comments</b>             |  |
| NC DEMOCRATIC PARTY<br>220 HILLSBOROUGH ST<br>RALEIGH, NC 27603                                          |                           |                               |                             |                                |  |
|                                                                                                          |                           |                               |                             | <b>c. Election Sum to Date</b> |  |
|                                                                                                          |                           |                               |                             | \$ 300.00                      |  |
| <b>d. Account Code</b>                                                                                   | <b>e. Form of Payment</b> | <b>f. In-Kind Description</b> | <b>g. Date (mm/dd/yyyy)</b> | <b>h. Amount</b>               |  |
| EB2025                                                                                                   | In-Kind                   | VOTE BUILDER ACCESS           | 09/04/2025                  | \$ 300.00                      |  |
|                                                                                                          |                           |                               |                             | \$                             |  |
|                                                                                                          |                           |                               |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                           |                               |                             | \$ 300.00                      |  |
| <b>5. Total of ALL CRO-1220 Pages</b><br>(This line must be on line 7 of Detailed Summary Page CRO-1100) |                           |                               |                             | \$ 300.00                      |  |

CRO-1220

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 2

Amendment

☒ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                   |                    |                 |                      |                                                                                                                                            |                       | <b>2. ID Number</b>                 |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                                                                                                            |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                       | d. Comments                         |  |
| BAD DADDY'S BURGER BAR<br>8915 CHRISTENBURY PARKWAY<br>SUITE 70<br>CONCORD, NC 28027                                                                                                     |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                       | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                       | \$ 115.72                           |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks   |                                     |  |
| EB2025                                                                                                                                                                                   | Debit Card         | O               | 09/20/2025           | \$ 115.72                                                                                                                                  | LUNCH FOR             |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         | VOLUNTEERS/GOTV       |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                       | d. Comments                         |  |
| BRANDILLY<br>2426 ATLANTIC AVE<br>RALEIGH, NC 27604                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                       | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                       | \$ 6,106.36                         |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks   |                                     |  |
| EB2025                                                                                                                                                                                   | Debit Card         | A               | 08/08/2025           | \$ 940.79                                                                                                                                  | WEBSITE DEVELOPMENT   |                                     |  |
| EB2025                                                                                                                                                                                   | Debit Card         | A               | 08/21/2025           | \$ 1,000.00                                                                                                                                | BUTTONS<br>PALM CARDS |                                     |  |
| YARD SIGNS                                                                                                                                                                               |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                       | d. Comments                         |  |
| BRANDILLY<br>2426 ATLANTIC AVE<br>RALEIGH, NC 27604                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                       | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                       | \$ 6,106.36                         |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks   |                                     |  |
| EB2025                                                                                                                                                                                   | Debit Card         | A               | 08/24/2025           | \$ 661.27                                                                                                                                  | YARD SIGNS            |                                     |  |
| EB2025                                                                                                                                                                                   | Debit Card         | A               | 09/04/2025           | \$ 292.15                                                                                                                                  | T-SHIRTS              |                                     |  |
| <b>5. Total only this Page</b>                                                                                                                                                           |                    |                 |                      |                                                                                                                                            |                       | \$ 3,009.93                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                    |                    |                 |                      |                                                                                                                                            |                       |                                     |  |
| (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)                                                                                         |                    |                 |                      |                                                                                                                                            |                       | \$ 6,222.08                         |  |
| <b>7. Purpose Codes</b> (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 2

Amendment

☒ Yes ☐ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                   |                    |                 |                      |                                                                                                                                            |                     | <b>2. ID Number</b>                 |  |
| COMMITTEE TO ELECT ERIN BANKS                                                                                                                                                            |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                     | d. Comments                         |  |
| BRANDILLY<br>2426 ATLANTIC AVE<br>RALEIGH, NC 27604                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                     |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                     | \$ 6,106.36                         |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks |                                     |  |
| EB2025                                                                                                                                                                                   | Debit Card         | A               | 09/15/2025           | \$ 2,980.86                                                                                                                                | MAILERS             |                                     |  |
| EB2025                                                                                                                                                                                   | Debit Card         | A               | 09/18/2025           | \$ 115.78                                                                                                                                  | PALM CARDS          |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                     | d. Comments                         |  |
| BRANDILLY<br>2426 ATLANTIC AVE<br>RALEIGH, NC 27604                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                     |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                     | \$ 6,106.36                         |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks |                                     |  |
| EB2025                                                                                                                                                                                   | Debit Card         | A               | 09/22/2025           | \$ 115.51                                                                                                                                  | PALM CARDS          |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                     |                                     |  |
| <b>5. Total only this Page</b>                                                                                                                                                           |                    |                 |                      |                                                                                                                                            |                     | \$ 3,212.15                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                    |                    |                 |                      |                                                                                                                                            |                     |                                     |  |
| (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)                                                                                         |                    |                 |                      |                                                                                                                                            |                     | \$ 6,222.08                         |  |
| <b>7. Purpose Codes</b> (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.

| <b>1. Committee Full Name (and Fund if applicable)</b>                    |                 |                         |                 |                                             | <b>2. ID Number</b> |                     |
|---------------------------------------------------------------------------|-----------------|-------------------------|-----------------|---------------------------------------------|---------------------|---------------------|
| COMMITTEE TO ELECT ERIN BANKS                                             |                 |                         |                 |                                             |                     |                     |
| <b>3. Payee Information</b>                                               |                 |                         |                 |                                             |                     |                     |
| 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<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 07/24/2025                                  | \$ 1.50             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 07/24/2025                                  | \$ 3.00             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 07/25/2025                                  | \$ 1.50             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 07/26/2025                                  | \$ 0.75             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 07/27/2025                                  | \$ 0.15             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 07/27/2025                                  | \$ 0.38             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 07/28/2025                                  | \$ 1.50             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/02/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/04/2025                                  | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/05/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/06/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/07/2025                                  | \$ 1.58             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/09/2025                                  | \$ 1.05             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/09/2025                                  | \$ 3.15             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/10/2025                                  | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/12/2025                                  | \$ 0.21             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/12/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/14/2025                                  | \$ 1.58             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/15/2025                                  | \$ 1.05             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 08/18/2025                                  | \$ 0.27             | EFT FEE             |
| <b>4. Total only this Page</b>                                            |                 |                         |                 |                                             | \$                  | 20.33               |
| <b>5. Total of ALL CRO-1315 Pages</b>                                     |                 |                         |                 |                                             | \$                  | 84.74               |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>   |                 |                         |                 |                                             |                     |                     |
| <b>6. Purpose Codes</b> (List detailed expenditure code in (d) above)     |                 |                         |                 |                                             |                     |                     |
| <b>B* - Printing</b>                                                      |                 | <b>C* - Fundraising</b> |                 | <b>D - To Another Candidate</b>             |                     |                     |
| <b>E - Salaries</b>                                                       |                 | <b>F* - Equipment</b>   |                 | <b>G - Political Party</b>                  |                     |                     |
| <b>I - Postage</b>                                                        |                 | <b>J - Penalties</b>    |                 | <b>K* - Office Expenses</b>                 |                     |                     |
| <b>O* - Other</b>                                                         |                 |                         |                 | <b>Q* - Donations to Legal Expense Fund</b> |                     |                     |
| <b>* Codes require detailed explanation in required remarks field (g)</b> |                 |                         |                 |                                             |                     |                     |



# Aggregated Non-Media Expenditures

Page 2 of 4

Amendment  
☒ Yes ☐ No

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

| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                 |                         |                 |                                            | <b>2. ID Number</b> |                     |
|-----------------------------------------------------------------------------------------------------------|-----------------|-------------------------|-----------------|--------------------------------------------|---------------------|---------------------|
| COMMITTEE TO ELECT ERIN BANKS                                                                             |                 |                         |                 |                                            |                     |                     |
| <b>3. Payee Information</b>                                                                               |                 |                         |                 |                                            |                     |                     |
| 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<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/18/2025                                 | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/18/2025                                 | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/18/2025                                 | \$ 1.05             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/19/2025                                 | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/19/2025                                 | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/19/2025                                 | \$ 3.15             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/20/2025                                 | \$ 0.21             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/20/2025                                 | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Debit Card              | C               | 08/20/2025                                 | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/20/2025                                 | \$ 0.79             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/22/2025                                 | \$ 3.15             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/23/2025                                 | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/23/2025                                 | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/26/2025                                 | \$ 1.05             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/28/2025                                 | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/28/2025                                 | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 08/28/2025                                 | \$ 2.63             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 09/01/2025                                 | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 09/01/2025                                 | \$ 5.25             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025          | Electric Funds Tran     | C               | 09/02/2025                                 | \$ 0.53             | EFT FEE             |
| <b>4. Total only this Page</b>                                                                            |                 |                         |                 |                                            | \$ 22.60            |                     |
| <b>5. Total of ALL CRO-1315 Pages</b><br>(This line must be on line 14 of Detailed Summary Page CRO-1100) |                 |                         |                 |                                            | \$ 84.74            |                     |
| <b>6. Purpose Codes</b> (List detailed expenditure code in (d) above)                                     |                 |                         |                 |                                            |                     |                     |
| <b>B* - Printing</b>                                                                                      |                 | <b>C* - Fundraising</b> |                 | <b>D - To Another Candidate</b>            |                     |                     |
| <b>E - Salaries</b>                                                                                       |                 | <b>F* - Equipment</b>   |                 | <b>G - Political Party</b>                 |                     |                     |
| <b>I - Postage</b>                                                                                        |                 | <b>J - Penalties</b>    |                 | <b>H* - Holding Public Office Expenses</b> |                     |                     |
| <b>O* - Other</b>                                                                                         |                 |                         |                 | <b>K* - Office Expenses</b>                |                     |                     |
| <b>Q* - Donations to Legal Expense Fund</b>                                                               |                 |                         |                 |                                            |                     |                     |
| <b>* Codes require detailed explanation in required remarks field (g)</b>                                 |                 |                         |                 |                                            |                     |                     |

# Aggregated Non-Media Expenditures

Page 3 of 4

Amendment  
☒ Yes ☐ No

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

| <b>1. Committee Full Name (and Fund if applicable)</b>                    |                 |                         |                 |                                             | <b>2. ID Number</b> |                     |
|---------------------------------------------------------------------------|-----------------|-------------------------|-----------------|---------------------------------------------|---------------------|---------------------|
| COMMITTEE TO ELECT ERIN BANKS                                             |                 |                         |                 |                                             |                     |                     |
| <b>3. Payee Information</b>                                               |                 |                         |                 |                                             |                     |                     |
| 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<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/02/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/02/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/03/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/03/2025                                  | \$ 1.05             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/04/2025                                  | \$ 0.21             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/05/2025                                  | \$ 0.21             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/07/2025                                  | \$ 0.21             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/07/2025                                  | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/07/2025                                  | \$ 0.42             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/07/2025                                  | \$ 8.40             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/09/2025                                  | \$ 10.50            | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/09/2025                                  | \$ 10.50            | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/15/2025                                  | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/16/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/16/2025                                  | \$ 0.53             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/16/2025                                  | \$ 5.25             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/19/2025                                  | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/20/2025                                  | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/23/2025                                  | \$ 0.27             | EFT FEE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove           | EB2025          | Electric Funds Tran     | C               | 09/23/2025                                  | \$ 0.53             | EFT FEE             |
| <b>4. Total only this Page</b>                                            |                 |                         |                 |                                             | \$ 41.28            |                     |
| <b>5. Total of ALL CRO-1315 Pages</b>                                     |                 |                         |                 |                                             | \$ 84.74            |                     |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>   |                 |                         |                 |                                             |                     |                     |
| <b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>     |                 |                         |                 |                                             |                     |                     |
| <b>B* - Printing</b>                                                      |                 | <b>C* - Fundraising</b> |                 | <b>D - To Another Candidate</b>             |                     |                     |
| <b>E - Salaries</b>                                                       |                 | <b>F* - Equipment</b>   |                 | <b>G - Political Party</b>                  |                     |                     |
| <b>I - Postage</b>                                                        |                 | <b>J - Penalties</b>    |                 | <b>K* - Office Expenses</b>                 |                     |                     |
| <b>O* - Other</b>                                                         |                 |                         |                 | <b>Q* - Donations to Legal Expense Fund</b> |                     |                     |
| <b>* Codes require detailed explanation in required remarks field (g)</b> |                 |                         |                 |                                             |                     |                     |



# Aggregated Non-Media Expenditures

Page 4 of 4

Amendment  
☒ Yes ☐ No

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

|                                                                                                           |                        |                           |                        |                                      |                     |                            |
|-----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------|--------------------------------------|---------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                        |                           |                        |                                      | <b>2. ID Number</b> |                            |
| COMMITTEE TO ELECT ERIN BANKS                                                                             |                        |                           |                        |                                      |                     |                            |
| <b>3. Payee Information</b>                                                                               |                        |                           |                        |                                      |                     |                            |
| <b>a. Amend</b>                                                                                           | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. Purpose Code</b> | <b>e. Date (mm/dd/yyyy)</b>          | <b>f. Amount</b>    | <b>g. Required Remarks</b> |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | EB2025                 | Electric Funds Tran       | C                      | 09/23/2025                           | \$ 0.53             | EFT FEE                    |
| <b>4. Total only this Page</b>                                                                            |                        |                           |                        |                                      | \$ 0.53             |                            |
| <b>5. Total of ALL CRO-1315 Pages</b><br>(This line must be on line 14 of Detailed Summary Page CRO-1100) |                        |                           |                        |                                      | \$ 84.74            |                            |
| <b>6. Purpose Codes</b> (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)                                        |                        |                           |                        |                                      |                     |                            |

CRO-1315

NC State Board of Elections

December 2009

# In-Kind Contributions

Pg 1 of 1

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.

|                                                                                                           |  |                                                                                                                                                                                                                                                |                              |
|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |  | <b>2. ID Number</b>                                                                                                                                                                                                                            |                              |
| COMMITTEE TO ELECT ERIN BANKS                                                                             |  |                                                                                                                                                                                                                                                |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                                                                                                                                                                                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |                              |
| ERIN BANKS<br>PO BOX 312<br>HARRISBURG, NC 28075                                                          |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|                                                                                                           |  | <b>c. Comments</b>                                                                                                                                                                                                                             |                              |
|                                                                                                           |  | <b>d. Election Sum to Date</b><br>\$ 423.62                                                                                                                                                                                                    |                              |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b> |
| WEBSITE DOMAIN NAME                                                                                       |  | 08/01/2025                                                                                                                                                                                                                                     | \$ 13.48                     |
| WEB HOSTING FEE                                                                                           |  | 08/09/2025                                                                                                                                                                                                                                     | \$ 95.88                     |
|                                                                                                           |  |                                                                                                                                                                                                                                                | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                                                                                                                                                                                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |                              |
| FREDRICKA BANKS<br>10460 SW 176 ST<br>MIAMI, FL 33157                                                     |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|                                                                                                           |  | <b>c. Comments</b>                                                                                                                                                                                                                             |                              |
|                                                                                                           |  | <b>d. Election Sum to Date</b><br>\$ 553.04                                                                                                                                                                                                    |                              |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b> |
| CAMPAIGN T-SHIRTS                                                                                         |  | 08/08/2025                                                                                                                                                                                                                                     | \$ 253.04                    |
|                                                                                                           |  |                                                                                                                                                                                                                                                | \$                           |
|                                                                                                           |  |                                                                                                                                                                                                                                                | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                                                                                                                                                                                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                                                                                                                                                                                                                  |                              |
| NC DEMOCRATIC PARTY<br>220 HILLSBOROUGH ST<br>RALEIGH, NC 27603                                           |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input checked="" type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|                                                                                                           |  | <b>c. Comments</b>                                                                                                                                                                                                                             |                              |
|                                                                                                           |  | <b>d. Election Sum to Date</b><br>\$ 300.00                                                                                                                                                                                                    |                              |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b> |
| VOTE BUILDER ACCESS                                                                                       |  | 09/04/2025                                                                                                                                                                                                                                     | \$ 300.00                    |
|                                                                                                           |  |                                                                                                                                                                                                                                                | \$                           |
|                                                                                                           |  |                                                                                                                                                                                                                                                | \$                           |
| <b>4. Total only this Page</b>                                                                            |  | \$ 662.40                                                                                                                                                                                                                                      |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 662.40                                                                                                                                                                                                                                      |                              |