

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information																																																																
a. Full Name COMMITTEE TO ELECT ERIN BANKS		c. ID Number																																																														
b. Mailing Address (include City, State and Zip Code) PO BOX 312 HARRISBURG, NC 28075		d. Date Filed 01/06/2026																																																														
		e. Phone Number (704) 426-2483																																																														
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																																													
2025	09/24/2025	10/20/2025	ERIN BANKS																																																													
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																																														
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <td colspan="2">Municipal</td> <td colspan="2">State/County</td> <td>Referendum</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Organizational</td> <td><input type="checkbox"/></td> <td>Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Thirty-five day</td> <td><input type="checkbox"/></td> <td>Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pre-primary</td> <td><input type="checkbox"/></td> <td>First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Pre-election</td> <td><input type="checkbox"/></td> <td>Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pre-runoff</td> <td><input type="checkbox"/></td> <td>Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Semi-annual</td> <td><input type="checkbox"/></td> <td>Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mid Year</td> <td><input type="checkbox"/></td> <td>Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Year End</td> <td><input type="checkbox"/></td> <td>Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Final</td> <td><input type="checkbox"/></td> <td>Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Special</td> <td><input type="checkbox"/></td> <td>Final</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>Special</td> <td></td> </tr> </table>			Municipal		State/County		Referendum	<input type="checkbox"/>	Organizational	<input type="checkbox"/>	Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/>	Thirty-five day	<input type="checkbox"/>	Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/>	Pre-primary	<input type="checkbox"/>	First	<input type="checkbox"/> Final	<input checked="" type="checkbox"/>	Pre-election	<input type="checkbox"/>	Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/>	Pre-runoff	<input type="checkbox"/>	Third	<input type="checkbox"/> Annual	<input type="checkbox"/>	Semi-annual	<input type="checkbox"/>	Fourth	<input type="checkbox"/> Special	<input type="checkbox"/>	Mid Year	<input type="checkbox"/>	Semi-annual		<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"/>		<input type="checkbox"/>	Special	
Municipal		State/County		Referendum																																																												
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<input type="checkbox"/>		<input type="checkbox"/>	Special																																																													
7. Type of Fund (if applicable, check one)		10. Special Report Name																																																														
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																																																
8. Number of Fundraisers this Report 0																																																																
3. Account Information		3. Account Information																																																														
a. Financial Institution Full Name UWHARRIE BANK		a. Financial Institution Full Name																																																														
b. Purpose CAMPAIGN	c. Account Code EB2025	b. Purpose RECEIVED IN-PERSON JAN 06 2026	c. Account Code																																																													
d. Period Begin Balance \$ 2,031.49		d. Period Begin Balance \$																																																														
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 Printed Name of Signer		Erin Banks Signature of Appointed Treasurer		Digitally signed by Erin Banks Date: 2026.01.06 13:20:24																																																												
				01/06/2026 Date																																																												
FOR OFFICE USE ONLY <table border="0"> <tr> <td>Date Received: <u>1-6-26</u></td> <td>Employee: <u>JAN</u></td> <td>Delivery Method</td> </tr> <tr> <td>Date Postmarked:</td> <td>Employee:</td> <td><input type="checkbox"/> Normal Mail</td> </tr> <tr> <td>Date Scanned: <u>1-7-25</u></td> <td>Employee: <u>JAN</u></td> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td>Date Data Entered:</td> <td>Employee:</td> <td><input checked="" type="checkbox"/> Hand Delivered</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>					Date Received: <u>1-6-26</u>	Employee: <u>JAN</u>	Delivery Method	Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail	Date Scanned: <u>1-7-25</u>	Employee: <u>JAN</u>	<input type="checkbox"/> Registered Mail	Date Data Entered:	Employee:	<input checked="" type="checkbox"/> Hand Delivered			<input type="checkbox"/> Electronically Filed			<input type="checkbox"/> Signer has not received mandatory training																																										
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		<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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO ELECT ERIN BANKS	2025 Pre-Election	

Start of Election Cycle: January 1, 2025	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2,031.49	\$ 0.00

RECEIPTS

5) Aggregated Contributions from Individuals (CRO-1205)	\$ 175.00	\$ 1,375.00
6) Contributions from Individuals (CRO-1210)	\$ 312.50	\$ 8,034.16
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 300.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)	\$ 487.50	\$ 9,709.16

EXPENDITURES

13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 901.46	\$ 7,130.23
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 250.00	\$ 250.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 19.07	\$ 103.81
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 876.66
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1,170.53	\$ 8,360.70
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,348.46	\$ 1,348.46

ADDITIONAL INFORMATION

20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from IndividualsPage 1 of 1Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT ERIN BANKS					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran		09/27/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran		10/07/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran		10/16/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran		10/03/2025	\$ 50.00
4. Total only this Page				\$ 175.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$ 175.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Amendment

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT ERIN BANKS						
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LAURA TAVORMINA 900 W 190TH ST APT 14-O NEW YORK, NY 10040			NONE			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 62.50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	EB2025	Electric Funds Tran		09/03/2025	\$ 50.00	
<input type="checkbox"/>	EB2025	Electric Funds Tran		10/03/2025	\$ 12.50	
<input type="checkbox"/>					\$	
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
HERSCHEL TAYLOR 647 COLLETT DRIVE BLYTHEWOOD, SC 29016			LIFT STATION SUPERVISOR			
			c. Employer's Name/Specific Field			
			CITY OF COLUMBIA			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	EB2025	Electric Funds Tran		10/14/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information			<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DORSEY WARD 572 DOGWOOD ST SE CONCORD, NC 28025			CONSULTANT			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	EB2025	Electric Funds Tran		09/24/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 312.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 312.50	

Disbursements

Amendment

Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number																																		
COMMITTEE TO ELECT ERIN BANKS																																				
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																																				
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures																																
4. Payee Information <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 30%;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="3" style="width: 30%;">BLACK POLITICAL CAUCUS 6012 BAYFIELD PARKWAY SUITE #139 CONCORD, NC 28027</td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$ 250.00</td> <td colspan="2"></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments										BLACK POLITICAL CAUCUS 6012 BAYFIELD PARKWAY SUITE #139 CONCORD, NC 28027	c. Level Registered (Specify)		e. Election Sum to Date		<input type="checkbox"/> Federal	<input type="checkbox"/> County:			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:					\$ 250.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name		d. Comments																																	
BLACK POLITICAL CAUCUS 6012 BAYFIELD PARKWAY SUITE #139 CONCORD, NC 28027	c. Level Registered (Specify)		e. Election Sum to Date																																	
	<input type="checkbox"/> Federal	<input type="checkbox"/> County:																																		
	<input type="checkbox"/> State	<input type="checkbox"/> Municipality:																																		
		\$ 250.00																																		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																															
EB2025	Debit Card	O	10/03/2025	\$ 250.00	DONATION																															
				\$																																
5. Total only this Page					\$ 250.00																															
6. Total of ALL CRO-1310 Pages (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)					\$ 250.00																															
7. Purpose Codes (List detailed expenditure code in (h.) above)																																				
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																																	
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses																																	
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																																	
O* Other																																				
* Codes require detailed explanation in required remarks field (k)																																				

Disbursements

Amendment Pg 1 of 1 Yes No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT ERIN BANKS		2. ID Number													
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures															
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 40%;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td rowspan="2" style="text-align: center;">BRANDILLY 2426 ATLANTIC AVE RALEIGH, NC 27604</td> <td>c. Level Registered (Specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">\$ 6,580.37</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments			BRANDILLY 2426 ATLANTIC AVE RALEIGH, NC 27604	c. Level Registered (Specify)		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date			\$ 6,580.37
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments													
BRANDILLY 2426 ATLANTIC AVE RALEIGH, NC 27604	c. Level Registered (Specify)														
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date													
		\$ 6,580.37													
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks										
EB2025	Debit Card	A	09/25/2025	\$ 474.01	T-SHIRTS										
				\$											
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove															
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments													
JR PHOTOGRAPHY 11 UNION ST SOUTH SUITE 314 CONCORD, NC 28025	c. Level Registered (Specify)														
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date													
		\$ 300.00													
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks										
EB2025	Debit Card	A	10/11/2025	\$ 300.00	VIDEOGRAPHER										
				\$											
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove															
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments													
PUBLIX 4055 HARRIS SQUARE DRIVE HARRISBURG, NC 28075	c. Level Registered (Specify)														
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date													
		\$ 127.45													
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks										
EB2025	Debit Card	O	10/19/2025	\$ 127.45	SNACKS FOR VOLUNTEERS POLLING										
				\$											
5. Total only this Page					\$ 901.46										
6. Total of ALL CRO-1310 Pages (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)					\$ 901.46										
7. Purpose Codes (List detailed expenditure code in (h.) above)															
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate												
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses												
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund												
O* Other															
* Codes require detailed explanation in required remarks field (k)															

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT ERIN BANKS				2. ID Number		
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	09/24/2025	\$ 2.10	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	09/27/2025	\$ 0.53	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	10/03/2025	\$ 0.14	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	10/03/2025	\$ 0.53	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	10/07/2025	\$ 0.53	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	10/14/2025	\$ 1.05	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	10/16/2025	\$ 0.27	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Debit Card	B	10/16/2025	\$ 13.92	PRINTED COPIES
4. Total only this Page				\$ 19.07		
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$ 19.07		
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)						