

# 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> COMMITTEE TO ELECT ERIN BANKS		<b>c. ID Number</b>																																					
<b>b. Mailing Address (include City, State and Zip Code)</b> PO BOX 312 HARRISBURG, NC 28075		<b>d. Date Filed</b> 01/21/2026																																					
		<b>e. Phone Number</b> (704) 426-2483																																					
<b>2. Report Year</b> 2025	<b>3. Period Start Date (mm/dd/yy)</b> 10/21/2025	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2025	<b>5. Treasurer Full Name</b> ERIN BANKS																																				
<b>6. Type of Committee (Check One)</b> <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		<b>9. Type of Report</b> (check only one type of report from one category) <table border="1"> <tr> <td><b>Municipal</b></td> <td><b>State/County</b></td> <td><b>Referendum</b></td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>	<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 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 checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
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<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
<b>7. Type of Fund</b> (if applicable, check one) <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:		<b>10. Special Report Name</b>																																					
<b>8. Number of Fundraisers this Report</b> 0																																							
<b>3. Account Information</b>		<b>3. Account Information</b>																																					
<b>a. Financial Institution Full Name</b> UWCHARIE BANK		<b>a. Financial Institution Full Name</b>																																					
<b>b. Purpose</b> CAMPAIGN	<b>c. Account Code</b> EB2025	<b>b. Purpose</b> RECEIVED IN-PERSON	<b>c. Account Code</b>																																				
	<b>d. Period Begin Balance</b> \$ 83.00	<b>JAN 22 2026</b>	<b>d. Period Begin Balance</b> \$																																				
<b>CERTIFICATION</b> 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: 2026.01.21 15:54:52 01/21/2026 Date																																				
<b>FOR OFFICE USE ONLY</b>																																							
Date Received:	1-22-26	Employee:	WAN																																				
Date Postmarked:		Employee:																																					
Date Scanned:	1-22-26	Employee:	WAN																																				
Date Data Entered:		Employee:																																					
<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed																																							
<input type="checkbox"/> Signer has not received mandatory training																																							
<b>Please Note:</b> 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

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT ERIN BANKS	2025 Final		
<b>Start of Election Cycle: January 1, 2025</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 1,348.46	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 1,375.00
6) Contributions from Individuals	(CRO-1210)	\$ 162.50	\$ 8,196.66
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)		\$ 162.50	\$ 9,871.66
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,137.71	\$ 8,267.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 250.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 34.14	\$ 137.95
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 84.43	\$ 84.43
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 876.66
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,256.28	\$ 9,616.98
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 254.68	\$ 254.68
<b>ADDITIONAL INFORMATION</b>			
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

# Contributions from Individuals

Pg 1 of 1

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> (include city, state, & zip)			<b>b. Job Title/Profession</b> ORGANIZER		<b>d. Comments</b>
JAYMOND BRYANT-HERRON 199 MCKINNON CONCORD, NC 28025			<b>c. Employer's Name/Specific Field</b> SELF-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		10/26/2025	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b> FINANCE		<b>d. Comments</b>
SHELLEY MILLS-BRINKLEY 5713 BARHAM CROSSING DRIVE WAKE FOREST, NC 27587			<b>c. Employer's Name/Specific Field</b> FINANCE		
			<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		10/23/2025	\$ 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> (include city, state, & zip)			<b>b. Job Title/Profession</b> NONE		<b>d. Comments</b>
LAURA TAVORMINA 900 W 190TH ST APT 14-O NEW YORK, NC 10040			<b>c. Employer's Name/Specific Field</b> RETIRED		
			<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		11/03/2025	\$ 12.50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 162.50
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 162.50

# Disbursements

Pg 1 of 2  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> COMMITTEE TO ELECT ERIN BANKS		<b>2. ID Number</b>																		
<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 <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td>A GRACEFUL BITE 178 DEREHAM LANE GARNER, NC 27529</td> <td>c. Level Registered (Specify)  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td>e. Election Sum to Date \$ 500.00</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>EB2025</td> <td>Debit Card</td> <td>O</td> <td>11/03/2025</td> <td>\$ 500.00</td> <td>CATERING FOR WATCH PARTY ON ELECTION</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	A GRACEFUL BITE 178 DEREHAM LANE GARNER, NC 27529	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 \$ 500.00	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	EB2025	Debit Card	O	11/03/2025	\$ 500.00	CATERING FOR WATCH PARTY ON ELECTION
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																		
A GRACEFUL BITE 178 DEREHAM LANE GARNER, NC 27529	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 \$ 500.00																		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks															
EB2025	Debit Card	O	11/03/2025	\$ 500.00	CATERING FOR WATCH PARTY ON ELECTION															
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td>BJS WHOLESALE 7905 LYLES LN NW CONCORD, NC 28027</td> <td>c. Level Registered (Specify)  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td>e. Election Sum to Date \$ 206.47</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>EB2025</td> <td>Debit Card</td> <td>O</td> <td>11/03/2025</td> <td>\$ 206.47</td> <td>SNACKS FOR VOLUNTEERS POLLING</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	BJS WHOLESALE 7905 LYLES LN NW CONCORD, NC 28027	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 \$ 206.47	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	EB2025	Debit Card	O	11/03/2025	\$ 206.47	SNACKS FOR VOLUNTEERS POLLING
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																		
BJS WHOLESALE 7905 LYLES LN NW CONCORD, NC 28027	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 \$ 206.47																		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks															
EB2025	Debit Card	O	11/03/2025	\$ 206.47	SNACKS FOR VOLUNTEERS POLLING															
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td>FIRST WATCH 8825 CHRISTENBURY PWKY SUITE 20 CONCORD, NC 28207</td> <td>c. Level Registered (Specify)  <input type="checkbox"/> Federal <input type="checkbox"/> County:  <input type="checkbox"/> State <input type="checkbox"/> Municipality:         </td> <td>e. Election Sum to Date \$ 81.65</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>EB2025</td> <td>Debit Card</td> <td>O</td> <td>11/11/2025</td> <td>\$ 81.65</td> <td>POST ELECTION BREAKFAST WITH</td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	FIRST WATCH 8825 CHRISTENBURY PWKY SUITE 20 CONCORD, NC 28207	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 \$ 81.65	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	EB2025	Debit Card	O	11/11/2025	\$ 81.65	POST ELECTION BREAKFAST WITH
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments																		
FIRST WATCH 8825 CHRISTENBURY PWKY SUITE 20 CONCORD, NC 28207	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 \$ 81.65																		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks															
EB2025	Debit Card	O	11/11/2025	\$ 81.65	POST ELECTION BREAKFAST WITH															
<b>5. Total only this Page</b> \$ 788.12																				
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> \$ 1,137.71																				
<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

Amendment  
Pg 2 of 2  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> COMMITTEE TO ELECT ERIN BANKS		<b>2. ID Number</b>									
<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 <table border="1"> <tr> <td>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td>MA'LUZ MEXICAN GRILL 7003 UNIVERSITY CITY BLVD CHARLOTTE, NC 28252</td> <td>c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td>e. Election Sum to Date \$ 82.15</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments	MA'LUZ MEXICAN GRILL 7003 UNIVERSITY CITY BLVD CHARLOTTE, NC 28252	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 \$ 82.15			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments									
MA'LUZ MEXICAN GRILL 7003 UNIVERSITY CITY BLVD CHARLOTTE, NC 28252	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 \$ 82.15									
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
EB2025	Debit Card	O	11/04/2025	\$ 82.15	POST ELECTION DINNER						
				\$	MEETING						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments									
THE SEXTON GROUP 440 N WELLS ST CHICAGO, IL 60654	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 \$ 267.44									
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
EB2025	Debit Card	O	10/29/2025	\$ 267.44	TEXT MESSAGING						
				\$							
<b>5. Total only this Page</b>			\$ 349.59								
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>			\$ 1,137.71								
<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 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)				2. ID Number		
COMMITTEE TO ELECT ERIN BANKS						
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	10/23/2025	\$ 0.53	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	10/26/2025	\$ 1.05	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Electric Funds Tran	C	11/03/2025	\$ 0.14	EFT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	EB2025	Debit Card	B	10/27/2025	\$ 32.42	PRINTED COPIES
4. Total only this Page				\$ 34.14		
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>				\$ 34.14		
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

# Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment  
 Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)		2. ID Number		
COMMITTEE TO ELECT ERIN BANKS				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>g. Comments</b>	
ERIN BANKS PO BOX 312 HARRISBURG, NC 28075		<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>h. Original Receipt Date</b> 08/09/2025	
			<b>i. Original Receipt Amount</b> \$ 95.88	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>	
EDUCATOR		SELF-EMPLOYED	P	
			<b>j. Election Sum to Date</b> \$ 339.19	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
EB2025	Cash	WEB HOSTING FEE	11/17/2025	\$ 84.43
<b>4. Total only this Page</b>				\$ 84.43
<b>5. Total of ALL CRO-1320 Pages</b> <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 84.43
<b>6. Purpose Codes</b> (List detailed disbursement code in (f) above)				
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind		O* Other		
* Codes require detailed explanation in required remarks field (m)				