

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 ED PRIOLA FOR NC	c. ID Number
b. Mailing Address (include City, State and Zip Code) 747 S EIGHTH STREET MEBANE, NC 27302	d. Date Filed 07/12/2025
	e. Phone Number (919) 568-9022

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 01/01/2025	4. Period End Date (mm/dd/yy) 06/30/2025	5. Treasurer Full Name EDWARD J PRIOLA
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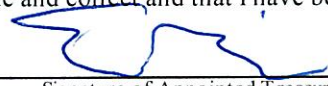
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input checked="" type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	10. Special Report Name
0		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name BANK OF AMERICA		a. Financial Institution Full Name	
b. Purpose PROCESS CAMPAIGN RECEIPTS AND EXPENDITURES	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1,087.32		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

EDWARD J. PRIOLA
Printed Name of Signer


Signature of Appointed Treasurer

07/12/2025
Date

FOR OFFICE USE ONLY

Date Received: 7-14-2025 Employee: CB

Date Postmarked: _____ Employee: _____

Date Scanned: 7-14-25 Employee: JT

Date Data Entered: _____ Employee: _____

Delivery Method

☐ Normal Mail

☐ Registered Mail

☒ Hand Delivered

☒ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

Detailed Summary

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
ED PRIOLA FOR NC		2025 Mid Year Semi-Annual			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,087.32		\$ 1,087.32	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 0.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
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)		\$ 0.00		\$ 0.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 351.25		\$ 351.25	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 293.00		\$ 293.00	
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		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 644.25		\$ 644.25	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 443.07		\$ 443.07	
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	

Disclosure Report Cover

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b. Mailing Address (include City, State and Zip Code) 747 S EIGHTH STREET MEBANE, NC 27302	d. Date Filed 07/12/2025
	e. Phone Number (919) 568-9022

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 01/01/2025	4. Period End Date (mm/dd/yy) 06/30/2025	5. Treasurer Full Name EDWARD J PRIOLA
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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	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
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7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<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 checked="" 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	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

3. Account Information		3. Account Information	
a. Financial Institution Full Name BANK OF AMERICA		a. Financial Institution Full Name	
b. Purpose PROCESS CAMPAIGN RECEIPTS AND EXPENDITURES	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 1,087.32		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

Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date 07/12/2025

FOR OFFICE USE ONLY

Date Received: 7-14-25 Employee: CR

Date Postmarked: _____ Employee: _____

Date Scanned: 7-14-25 Employee: TA

Date Data Entered: _____ Employee: _____

Delivery Method
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22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
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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	

Disbursements

Pg 1 of 1

Amendment

☐ 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	
ED PRIOLA FOR NC							
3. Type of Disbursement <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							
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	
META PLATFORMS, INC. 1 META WAY MENLO PARK, CA 94025							
				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	
						\$ 51.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	A	06/22/2025	\$ 10.58	FACEBOOK ADS		
1	Debit Card	A	06/22/2025	\$ 40.67	FACEBOOK ADS		
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	
WORDPRESS.COM BY AUTOMATTIC, INC. 60 29TH ST #343 SAN FRANCISCO, CA 94110							
				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	
						\$ 338.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	02/19/2025	\$ 300.00	CAMPAIGN WEBSITE		
				\$	HOSTING		
5. Total only this Page						\$ 351.25	
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)						\$ 351.25	
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/ Ball Name (and vendor if applicable)					2. ID Number	
ED PRIOLA FOR NC						
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	1	Draft	O	01/02/2025	\$ 16.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	02/03/2025	\$ 16.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	03/03/2025	\$ 16.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	04/01/2025	\$ 16.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	05/01/2025	\$ 16.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	06/02/2025	\$ 16.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	01/26/2025	\$ 26.50	EMAIL SOFTWARE SUBSCRIPTION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	02/24/2025	\$ 26.50	EMAIL SOFTWARE SUBSCRIPTION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	03/24/2025	\$ 26.50	EMAIL SOFTWARE SUBSCRIPTION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	04/24/2025	\$ 26.50	EMAIL SOFTWARE SUBSCRIPTION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	05/26/2025	\$ 26.50	EMAIL SOFTWARE SUBSCRIPTION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	06/24/2025	\$ 26.50	EMAIL SOFTWARE SUBSCRIPTION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	02/09/2025	\$ 19.00	DOMAIN HOSTING FOR WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	03/23/2025	\$ 19.00	DOMAIN HOSTING FOR WEBSITE
4. Total only this Page					\$	293.00
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	293.00
6. Purpose Codes (List details expenditures code in (g) above)						
B* - Printing		C* - Fund-raising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
H - Housing		J - Penalties		K* - Other Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						