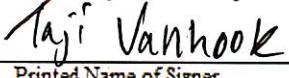


Disclosure Report Cover

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 DONNA VANHOOK		c. ID Number																																
b. Mailing Address (include City, State and Zip Code) PO BOX 1842 BURLINGTON, NC 27215		d. Date Filed 12/30/2025																																
		e. Phone Number (336) 739-3544																																
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																															
2025	07/19/2025	09/23/2025	TAJI VANHOOK																															
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		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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 TRULIANT FEDERAL CREDIT UNION		a. Financial Institution Full Name TRULIANT FEDERAL CREDIT UNION																																
b. Purpose CAMPAIGN EXPENSES/OPERATING ACCOUNT	c. Account Code 1	b. Purpose CAMPAIGN EXPENSES	c. Account Code 2																															
	d. Period Begin Balance \$		d. Period Begin Balance \$																															
RECEIVED JAN 07 2026 ALAMANCE COUNTY BOARD OF ELECTIONS																																		
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		12/30/2025																																
 Printed Name of Signer		 Signature of Appointed Treasurer		Date																														
FOR OFFICE USE ONLY <table border="0"> <tr> <td>Date Received:</td> <td><u>8/7/2026</u></td> <td>Employee</td> <td><u>T</u></td> <td>Delivery Method</td> </tr> <tr> <td>Date Postmarked:</td> <td></td> <td>Employee</td> <td></td> <td><input checked="" type="checkbox"/> Normal Mail</td> </tr> <tr> <td>Date Scanned:</td> <td><u>1/7/2026</u></td> <td>Employee</td> <td><u>T</u></td> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td>Date Data Entered:</td> <td></td> <td>Employee</td> <td></td> <td><input type="checkbox"/> Hand Delivered</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>					Date Received:	<u>8/7/2026</u>	Employee	<u>T</u>	Delivery Method	Date Postmarked:		Employee		<input checked="" type="checkbox"/> Normal Mail	Date Scanned:	<u>1/7/2026</u>	Employee	<u>T</u>	<input type="checkbox"/> Registered Mail	Date Data Entered:		Employee		<input type="checkbox"/> Hand Delivered					<input type="checkbox"/> Electronically Filed					<input type="checkbox"/> Signer has not received mandatory training
Date Received:	<u>8/7/2026</u>	Employee	<u>T</u>	Delivery Method																														
Date Postmarked:		Employee		<input checked="" type="checkbox"/> Normal Mail																														
Date Scanned:	<u>1/7/2026</u>	Employee	<u>T</u>	<input type="checkbox"/> Registered Mail																														
Date Data Entered:		Employee		<input type="checkbox"/> Hand Delivered																														
				<input type="checkbox"/> Electronically Filed																														
				<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 DONNA VANHOOK	2025 Thirty-five-day	
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start		\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 280.00
6) Contributions from Individuals	(CRO-1210)	\$ 174.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 454.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 162.57
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 40.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 43.98
17) In-Kind Contributions	(CRO-1510)	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 246.55
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 207.45
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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded		\$ 43.98

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

 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 DONNA VANHOOK					
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	1	Cash		09/15/2025	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		09/15/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		09/12/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		09/03/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		09/14/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		09/12/2025	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		09/12/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		09/12/2025	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		08/27/2025	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Credit Card		08/26/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Debit Card		08/26/2025	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$280.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$280.00

CRO-1205

NC State Board of Elections

April 2007

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT DONNA VANHOOK	2. ID Number
--	---------------------

3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHANIE BAKER 1308 SAN ANTONIO BLVD DURHAM, NC 27703		b. Job Title/Profession PROFESSOR	d. Comments		
		c. Employer's Name/Specific Field ELON UNIVERSITY			
			e. Election Sum to Date \$ 57.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Debit Card		08/28/2025	\$ 57.00
<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) NELLIE VANHOOK 415 HOMEWOOD AVE BURLINGTON, NC 27217		b. Job Title/Profession NOT EMPLOYED	d. Comments		
		c. Employer's Name/Specific Field NOT EMPLOYED			
			e. Election Sum to Date \$ 60.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Debit Card		08/19/2025	\$ 40.00
<input type="checkbox"/>	1	Debit Card		09/19/2025	\$ 20.00
<input type="checkbox"/>					\$

3. Contributor Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY ELIZABETH WEITZMANN 2710 BEDFORD ST BURLINGTON, NC 27215		b. Job Title/Profession NOT EMPLOYED	d. Comments		
		c. Employer's Name/Specific Field NOT EMPLOYED			
			e. Election Sum to Date \$ 57.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Debit Card		08/27/2025	\$ 57.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 174.00

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 174.00

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 DONNA VANHOOK							
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) STAPLES 1710 E FRANKLIN ST CHAPEL HILL, NC 27514 (888) 333-3199				b. Coordinated Committee Name		d. Comments	
				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 \$ 154.77	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							
1	Debit Card	A	08/29/2025	\$ 40.84	CAMPAIGN MATERIALS		
1	Debit Card	A	09/08/2025	\$ 98.89	CAMPAIGN MATERIALS		
4. Payee Information							<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) STAPLES 1710 E FRANKLIN ST CHAPEL HILL, NC 27514 (888) 333-3199				b. Coordinated Committee Name		d. Comments	
				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 \$ 154.77	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							
1	Debit Card	A	09/19/2025	\$ 15.04	CAMPAIGN MATERIALS		
				\$			
4. Payee Information							<input type="checkbox"/> Add <input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS 405 MAPLE AVE BURLINGTON, NC 27215				b. Coordinated Committee Name		d. Comments	
				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 \$ 7.80	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks							
1	Debit Card	I	09/09/2025	\$ 7.80			
				\$			
5. Total only this Page							\$ 162.57
6. Total of ALL CRO-1310 Pages							\$ 162.57
<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>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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 ExpendituresPage 1 of 1Amendment
 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 DONNA VANHOOK				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	1	Electric Funds Tran	C	09/09/2025	\$ 40.00	FUNDRAISER DONATION
4. Total only this Page					\$	40.00
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	40.00
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)

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) COMMITTEE TO ELECT DONNA VANHOOK			2. ID Number	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) GO DADDY AIRO Corporate Headquarters 100 S. Mill Ave Suite 1600 TEMPE, AZ 85281			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	h. Original Receipt Date 08/23/2025
				i. Original Receipt Amount \$ 43.98
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
			P	\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
1	Check	WEBSITE DOMAIN	09/22/2025	\$ 43.98
4. Total only this Page				
5. Total of ALL CRO-1320 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				
6. Purpose Codes (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)				

CRO-1320

NC State Board of Elections

July 2007

Contributions to be ReimbursedPg 1 of 1Amendment
 Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
COMMITTEE TO ELECT DONNA VANHOOK			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
GO DADDY AIRO Corporate Headquarters 100 S. Mill Ave Suite 1600 TEMPE, AZ 85281		DONNA VANHOOK 317 CASWELL ST APT 8 BURLINGTON, NC 27215	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
CAMPAIGN WEBSITE DOMAIN	08/23/2025	N	\$ 43.98
4. Total only this Page			
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			

CRO-1215

NC State Board of Elections

December 2007