

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 01/04/2026 |
| | e. Phone Number (336) 739-3544 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2025 | 3. Period Start Date (mm/dd/yy) 10/21/2025 | 4. Period End Date (mm/dd/yy) 12/31/2025 | 5. Treasurer Full Name 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 | Municipal | State/County |
| <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 type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| 7. Type of Fund (if applicable, check one) | | <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 checked="" type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |
| 8. Number of Fundraisers this Report 0 | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <input type="checkbox"/> Special |
| | | 10. Special Report Name | |

| | | | |
|--|--------------------------------------|--|--------------------------------------|
| 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 \$ |

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

Taji Vanhook Printed Name of Signer

Taji CLK Signature of Appointed Treasurer

01/04/2026 Date

FOR OFFICE USE ONLY

Date Received: 1/7/26 Employee: TT

Date Postmarked: _____ Employee: _____

Date Scanned: 1/7/24 Employee: TT

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 | |
| COMMITTEE TO ELECT DONNA VANHOOK | | 2025 Year End Semi-Annual | | | |
| Start of Election Cycle: January 1, 2025 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 578.96 | | \$ 0.00 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 50.00 | | \$ 490.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 125.00 | | \$ 1,219.00 | |
| 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) | | \$ 175.00 | | \$ 1,709.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 600.81 | | \$ 1,316.87 | |
| 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) | | \$ 153.15 | | \$ 328.15 | |
| 15) Loan Repayments (CRO-1420) | | \$ 0.00 | | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0.00 | | \$ 43.98 | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0.00 | | \$ 20.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 753.96 | | \$ 1,709.00 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 0.00 | | \$ 0.00 | |
| 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 | | \$ 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 | Check | | 11/01/2025 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ 50.00 | |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 50.00 | |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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) | | | | | 2. ID Number | |
| COMMITTEE TO ELECT DONNA VANHOOK | | | | | | |
| 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 | |
| LINDA MOORE 610 DURHAM ST BURLINGTON, NC 27217 | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | 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"/> | 1 | Money Order | | 10/30/2025 | \$ 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 | |
| MARY ELIZABETH WEITZMANN 2710 BEDFORD ST BURLINGTON, NC 27215 | | | NOT EMPLOYED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NOT EMPLOYED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 82.00 | |
| 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 | | 10/23/2025 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 125.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 125.00 | |

Disbursements

Page 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

| | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|--------------------------------|
| 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) | | | | b. Coordinated Committee Name | | d. Comments |
| GO DADDY AIRO Corporate Headquarters 100 S. Mill Ave Suite 1600 TEMPE, AZ 85281 | | | | 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 |
| | | | | | | \$ 41.97 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Draft | A | 10/26/2025 | \$ 31.98 | WEBSITE DOMAIN | |
| 1 | Draft | A | 11/18/2025 | \$ 9.99 | CAMPAIGN WEBSITE | |

DOMAIN

| | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|--------------------------------|
| 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 |
| ROSEBUDS DANCE STUDIO BURLINGTON, NC | | | | 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 |
| | | | | | | \$ 120.38 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Check | C | 11/26/2025 | \$ 120.38 | FUNDRAISER | |
| | | | | \$ | CONTRIBUTION | |

| | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|--------------------------------|
| 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 |
| STAPLES 1710 E FRANKLIN ST CHAPEL HILL, NC 27514 (888) 333-3199 | | | | 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 |
| | | | | | | \$ 369.86 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | Debit Card | B | 11/03/2025 | \$ 78.46 | CAMPAIGN MATERIAL | |
| | | | | \$ | | |

| | | | | | |
|--|--|--|--|--|-----------|
| 5. Total only this Page | | | | | \$ 240.81 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 600.81 |
| (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) | | | | | |

| | | | |
|--|----------------|----------------------|-------------------------------------|
| 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

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

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

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ 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 \$ 17.80 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| 1 | Debit Card | I | 10/27/2025 | \$ 10.00 | |
| | | | | \$ | |

4. Payee Information ☐ Add ☐ Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) TAJI VANHOOK 5973 BRENTWOOD PARK PL RURAL HALL, NC 27045 (336) 458-8129 | 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 \$ 2,828.94 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| 1 | Check | E | 11/03/2025 | \$ 150.00 | |
| | | | | \$ | |

4. Payee Information ☐ Add ☐ Remove

| | | |
|---|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) MARSHALL WALKER NC | 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 \$ 200.00 |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-----------|---------------------|
| 1 | Check | E | 11/03/2025 | \$ 200.00 | |
| | | | | \$ | |

| | |
|--------------------------------|-----------|
| 5. Total only this Page | \$ 360.00 |
|--------------------------------|-----------|

| | |
|---|-----------|
| 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) | \$ 600.81 |
|---|-----------|

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 ExpendituresPage 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 DONNA VANHOOK | | | | | | |
| 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 | Debit Card | O | 10/27/2025 | \$ 45.01 | GAS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | O | 11/01/2025 | \$ 45.00 | GAS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | O | 11/03/2025 | \$ 45.02 | GAS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | C | 10/29/2025 | \$ 13.00 | DONATION |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | B | 11/03/2025 | \$ 5.12 | CAMPAIGN MATERIAL |
| 4. Total only this Page | | | | | \$ 153.15 | |
| 5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100) | | | | | \$ 153.15 | |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| | 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* - 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