Disclosure Report Cover

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 In	ıformation								
a. Full Name									c. ID Number
ED PRIOLA FO	OR NC								
b. Mailing Addre	ess (include	Cit	y, State and Zi	p Code)					d. Date Filed
747 S EIGHTH MEBANE, NC									04/24/2024
WILDAND, NO	21302						~		e. Phone Number
									(919) 568-9022
2. Report Year	3. Period S	Start	Date (mm/dd/	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name
2023		07	//01/2023			12/31/2	2023	EDWARD) J PRIOLA
6. Type of Comm		ck O	ne)		e of Report	t (c.		type of rep	ort from one category)
X Candidate Can	3 G	Part	У	Munic			State/County		Referendum
☐ Joint Fundrais	er 🔲	PAC			Organizatio		☐ Organizatio	onal	Organizational
Referendum			al Expense Fund	-	Thirty-five		Quarterly		Pre-referendum
7. Type of Fund		icable	e, check one)		Pre-primary		First		Final
Booster Fund	i"				Pre-election	1	Second		Supplemental Final
☐ Building Fund☐ Presidential El	lastian Vasn	Cons	lidat aa Eun d		Pre-runoff Semi-annua	1	Third		Annual
☐ Presidential El ☐ NC Public Can					Mid Ye	7	Fourth Semi-annua		☐ Special
I NC Public Call	npaign rinai	icing	ruid	빉	Year E		Mid Ye		10. Special Report Name
Other:				III	Final	Id	Year E		10. Special Report Name
8. Number of Fu	ındraicare	thic	Report	łH	Special		Final		
o. I dillioci of Pa	2	tills	жероге	1	-p		l =		
	1						Special		
3. Account Infor							ount Informat		
a. Financial Insti		Nan	ne			a. Fina	ncial Institutio	on Full Nam	e
BANK OF AMI	ERICA								
b. Purpose			c. Account Coo	le		b. Pur	pose		c. Account Code
PROCESS CAN RECEIPTS AN				1					
EXPENDITUR			d. Period Begi	n Balan	ce				d. Period Begin Balance
			\$		1,950.67				\$
Chapter 163 of	he Committ f the NC Go er certify th	enera	al Statutes and	that no	o funds are true and co	commi orrect a	ngled with pro	hibited or o been traine	2A, 22B & 22D-22M of ther non-disclosed and by the NC State Board 04/24/2024 Date
FOR OFFICE US	SEONLY			N S S S					
Date Receive	ed:	4	-24-24		Emplo	yee:	Jessica		ivery Method Normal Mail
Date Postma	rked:	_		_	Emplo	yee:		- [] - []	Registered Mail Hand Delivered
Date Scanne	d:				Emplo	yee:			Electronically Filed
Date Data Er	ntered:	-			Employ	yee:			Signer has not received mandatory training
	assi	stan	t treasurer, cu	stodian	of books in	nforma	mation such a tion, or accour 100A-E) to mak	s the commi	ittee address, treasurer, on.

Amendment X Yes □ No

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

	2. Type of Re	port	3.	ID Nu	mber
ED PRIOLA FOR NC	2023 Year E	nd Sem	i-Annual		
Start of Election Cycle: January 1, 2023			Total this orting Period	F	Total this Dection Cycle
4) Cash on Hand at Start		\$	1,950.67	\$	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	695.00	\$	695.00
6) Contributions from Individuals	(CRO-1210)	\$	4,296.40	\$	6,796.40
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	1,000.00	\$	1,000.00
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			alignosis (1900) Surgio de Santo de Carlos (1900) Guillo de Santo de Santo de Carlos (1900)		
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,	lld and lle)	\$	5,991.40	\$	8,491.40
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	5,534.43	\$	5,982.76
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)	\$	443.61	\$	544.61
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)	\$	296.40	\$	296.40
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	. 16 and 17)	\$	6,274.44	\$	6,823.77
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	1,667.63	\$	1,667.63
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 Individuals

1

X Yes I No

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

1. Committe	e Full Name (and	Fund if applicable)			2. ID 1	Vumber		
ED PRIOLA							· · · · · · · · · · · · · · · · · · ·	
	or Information	l. r cr	14 1- F2- 1 D1-4		16	· ·		
a. Amend Add	b. Account Code	ļ	d. In-Kind Description	e. Date (mm/de	1/уууу)	f. Amount		
☐ Remove	l l	Debit Card		11/15/20:	23	\$	25.00	
☐ Add ☐ Remove	1	Check		10/06/202	23	\$	25.00	
Add Remove	ı	Debit Card		10/24/202	23	\$	50.00	
Add Remove	1	Cash		11/06/202	23	\$	50.00	
Add Remove	1	Cash		11/06/202	23	\$	50.00	
Add Remove	1	Check		11/28/202	23	\$	25.00	
Add Remove	1	Check		11/10/202	23	\$	50.00	
Add Remove	1	Cash		09/16/202	23	\$	40.00	
Add]	Debit Card		11/14/202	23	\$	25.00	
Remove Add	1	Check		09/20/202		\$	25.00	
Remove Add	1	Check		10/25/202	23	\$	50.00	
Remove Add	1	Check		09/06/202		\$	50.00	
Remove Add	1	Check		11/20/202		\$	25.00	
Remove Add	1	Check		09/09/202		\$	25.00	
Remove Add	· 1	Cash	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Remove Add	Į.	Check		10/15/202		\$	20.00	
Remove Add	1	Check		11/02/202		\$	25.00	
Remove				12/22/202	23	\$	50.00	
Remove	1	Check		10/07/202	23	\$	25.00	
Add Remove	1	Credit Card		09/02/202	23	\$	10.00	
Add Remove	1	Debit Card		08/31/202	.3	\$	50.00	
4. Total on	ly this Page				\$		\$695.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$ \$695.00								
CRO-1205			State Board of Elections				April 2007	

Cont	ributions fr	rom Individuals	c	p,	g l of 6		Amendmen X Yes	it No	
					nder \$50 if form CRO 1	1205	. —		
		e (and Fund if applicab					ID Number		
	IOLA FOR NC								
	ributor Informati			Add □ Re	emove				
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	ade city, state, & z			NO JOB TIT					
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	BROOKSTONE D					1			
BUKLI	INGTON, NC 27	/215		NOT EMPLOYED			Election Sum	to Date	
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								100.00	
f. Prior	1	h. Form of Payment	i. m-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	·	
	Ĭ.	Check			12/13/2023		\$	100.00	
						_	\$	<u></u>	
							\$		
	ributor Informati	· · · · · · · · · · · · · · · · · · ·		Add □ Re	emove				
1	Name, Mailing Add		7	b. Job Title/Pi	rofession	d. (Comments		
	ide city, state, & zi		, , , , , , , , , , , , , , , , , , ,	NO JOB TIT					
	S ARNOLD CLA	.PP	7	PROFESSIO	N Name/Specific Field	1			
	FIFTH ST					1			
MEDA	NE, NC 27302		!	NOT EMPLOYED			e. Election Sum to Date		
			!				·····	150.00	
						\$		150.00	
f. Prior		h. Form of Payment	i. In-Kind Desc	<u>cription</u>	j. Date (mm/dd/yyyy)		k. Amount	······	
	1	Check			10/23/2023		\$	150.00	
							\$		
							\$		
	ributor Informatio			Add 🗌 Re	move		<u> </u>		
	Name, Mailing Add			b. Job Title/Pr	rofession	d. C	Comments		
	ide city, state, & zi	ip)		NO JOB TIT		ĺ			
GARY			ļ	PROFESSIO	N Name/Specific Field	1			
	AKESHORE LAI		1	NOT EMPLO		ĺ			
DUKLI	INGTON, NC 27	217	1	NOT EMITE	UYED	e. F	Dection Sum	to Date	
			•					100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	\neg	k. Amount		
	ı	Debit Card			11/26/2023		\$	100.00	
							\$		

					\$
4. Tot	al only this Pa	ge		\$	
-		O-1210 Pages 6 of Detailed Summary P	age CRO-1100)	\$	

4,296.40

350.00

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			A KIN C II COLC O L				
Pg2	of	6	X Yes				

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)							ID Number
	IOLA FOR NC						
3. Cont	ributor Informati	ion		Add 🔲 R	emove		
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/P	· · · · · · · · · · · · · · · · · · ·	d. (Comments
	ıde city, state, & z			NO JOB TI]	
	YL L ELLENWO			PROFESSIO	ON s Name/Specific Field	-	
	OGGS RANCH R	,D				1	
GRAn.	AM, NC 27253			NOT EMPL	LOYED	e. J	Election Sum to Date
						\$	100.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			10/19/2023		\$ 100.00
							\$
							\$
	ributor Informati						
i i	Name, Mailing Add		_	b. Job Title/Profession			Comments
	ide city, state, & z	ip)		NO JOB TIT			
	A N FRYAR	~ ••		PROFESSIO c. Employer's	ON s Name/Specific Field	$\frac{1}{2}$	
	DINBOROUGH D)R		NOT EMPL	 	1	
Meda	NE, NC 27302			NOTEWIFE	JOYED	e. I	Election Sum to Date
					•	1	
					<u> </u>	\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			08/30/2023		\$ 100.00
							\$
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	ributor Informati		<u> </u>	Add R		· · ·	
	Name, Mailing Add			b. Job Title/P		d. C	Comments
	ide city, state, & zi			NO JOB TIT			
l.	ENCE HERRON IARA FARM DR			PROFESSIC c. Employer's	ON S Name/Specific Field	1	
	IARA FARM DR AM, NC 27253	UVE		NOT EMPL		1	
Ott	Mivi, NO 2,200		I	1401 5	OTED	e. F	Election Sum to Date
			·			\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	Ī	Debit Card			11/03/2023		\$ 100.00
							\$
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4. Tota	al only this Pa	ge				\$	300.00
	and the second s	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	4,296.40

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	ONITINI	itions	irom	10411	ушия	HS.

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Pg	3	of	6	X	Yes		No

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

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number
ED PR	IOLA FOR NC						
3. Cont	ributor Informati	on		Add □ Re	move		
	Name, Mailing Ado			b. Job Title/Pr		d. (Comments
	ide city, state, & z			PRESIDENT	/ CONTRACTOR	T	
PETER	R HARPER HUFI	- <u></u>		T KESIDEN I	TONTRACTOR		
	DINBOROUGH I			c. Employer's	Name/Specific Field	1	
	BE, NC 27302	7111 7 <u>2</u>		PHC & ASSOCIATES, INC.			
	,				,	e. I	Dection Sum to Date
						\$	250.00
							230.00
f. Prior	g. Account Code	h. Form of Payment	i. m-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount
	1	Check			09/16/2023		\$ 250.00
							\$
	-						\$
3. Cont	ributor Informati	on		Add □ Re	move		
a. Full N	Name, Mailing Ado	dress & Phone	-	b. Job Title/Pr	ofession	d. C	Comments
(inclu	ide city, state, & z	ip)		NO JOB TIT	LE OR		
ANGIE LEATH				PROFESSIO	N]	
5696 SARTIN ROAD				c. Employer's	Name/Specific Field]	
BURLINGTON, NC 27217				NOT EMPLO	OYED	$ldsymbol{ld}}}}}}$	
					e. F	Election Sum to Date	
						\$	100.00
f Prior	a Assount Code	h. Form of Payment	i. In-Kind Des	crintian	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount
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	l	Besit card			09/13/2023		\$ 100.00
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	ributor Informati				move		
	lame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		ENGINEER			
	MARTIN			- T - 1 - 1 - 1	N	ļ	
	STWAY LANE				Name/Specific Field	ł	
GRAH.	AM, NC 27253			MARTIN GF		<u> </u>	Dection Sum to Date
				ENTERPRIS	ES	E. E	letion Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	t cription	j. Date (mm/dd/yyyy)		k. Amount
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4. Tota	al only this Pa	ge	er gira, e en	in the second		\$	450.00
	al of ALL CR	\$	4,296.40				
12/165/	me must be on une	o oj vetanca Sammury I	"Sc CUO-1100)				

Contributions from Individuals

Amendment

		om maividuai		P	·		X Yes	LI No
				ontributions u	ınder \$50 if form CRO			
		(and Fund if applicab	le)		· · · · · · · · · · · · · · · · · · ·	<u> 2.</u>	ID Number	
ED PR	IOLA FOR NC					-		
3. Cont	ributor Informati	ion	П	Add □ R	emove	÷		
	Name, Mailing Ad			b. Job Title/F		d. 4	Comments	
1	ude city, state, & z			NO JOB TI	TLE OR	+		
ALLE	N W MASSEY			PROFESSIO				
1	ROYCE DRIVE			c. Employer's	s Name/Specific Field			
MEBA	NE, NC 27302			NOT EMPI	LOYED	L		
						e. J	Dection Sum	to Date
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f Pring	a Account Code	h. Form of Payment	i. In-Kind Des	orintion	j. Date (mm/dd/yyyy		k. Amount	
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	'	5. 34 6			09/02/2023		\$	100.00
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							\$	
3. Cont	ributor Informati	on	:	Add □ R	emove			
	Name, Mailing Ado			b. Job Title/P	rofession	d. (Comments	
(inclu	ude city, state, & z	ip)		PHARMAC	IST			
PHILL	IP D MINTON			L		4		
	FAIRWAY DR				Name/Specific Field	-		
BURL	INGTON, NC 27	7215		NOT EMPL	LOYED	-	Dection Sum	to Data
						e. 1	gettion Sum	to Date
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	1	Check			11/15/2023		\$	100.00
							\$	
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	ributor Informati			Add □ R		·		
	Name, Mailing Add			b. Job Title/P		d. C	Comments	
	ide city, state, & z			NO JOB TIT				
	R H MORCOMBI	Е		PROFESSIO	Name/Specific Field	4		
	HOMPSON RD			<u> </u>		-		
GKAH.	AM, FL 27253			NOT EMPL	OYED	e. I	dection Sum	to Date
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	l l	Check	I. III-IUIU DES	cription	10/16/2023			100.00
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4. Tot	al only this Pa	ge				\$	L	300.00
5. Tota	al of ALL CR	O-1210 Pages				•		4 206 40

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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('n	ntrih	ution	s from	ıIn	div	Idu	2 8

				Antenant	. 11 1
Pg	5	of	6	X Yes	□ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) ED PRIOLA FOR NC ☐ Add ☐ Remove 3. Contributor Information d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) NO JOB TITLE OR **PROFESSION** JOHN OAKES c. Employer's Name/Specific Field 2266 GLENKIRK DRIVE BURLINGTON, NC 27215 NOT EMPLOYED 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 Debit Card 1 12/06/2023 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **OPERATIONS** SEV PALACIOS c. Employer's Name/Specific Field 6112 EIDSON RD SPRINGFIELD, TN 37172 NOT EMPLOYED 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 Debit Card 08/31/2023 \$ 100.00 \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) NO JOB TITLE OF **PROFESSION** WILLIAM P PFEIFFER c. Employer's Name/Specific Field 810 BEECH GLEN DR MEBANE, NC 27302 NOT EMPLOYED e. Election Sum to Date 200.00 h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code Check 1 09/16/2023 200.00 \$ 400.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 4.296.40 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 6 of 6 Amendment No

Jse this form to report individua	ıl contributions	over \$50 or co	ntributions und	ler \$50 if form CRO	1205 is not used
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1. Com	mittee Full Name	(and Fund if applicab	le)	٠.		<u> 2. II</u>) Number
ED PR	IOLA FOR NC						
3. Cont	ributor Informati	on		Add 🔲 Re	move		
	lame, Mailing Add			b. Job Title/Pr		d. C	omments
(inclu	de city, state, & z	ip)		PROFESSOR	· · · · · · · · · · · · · · · · · · ·		
EDWA	RD J PRIOLA			1 101 22301	•		
	EIGHTH STREE	Т		c. Employer's Name/Specific Field			
	NE, NC 27302			CAMPBELL	UNIVERSITY	1	
(919)5	68-9022			1		e. E	ection Sum to Date
						\$	1,296.40
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount
	1	Check			08/26/2023		\$ 1,000.00
	I	In-Kind	FIRST CLASS POSTAGE FOR INVITATIONS		08/28/2023		\$ 290.40
	1	In-Kind	FOAMCORE BOARD FOR SIGN		11/12/2023		\$ 6.00
3. Cont	ributor Informati	on		Add 🔲 Re	move		
a. Full Name, Mailing Address & Phone				b. Job Title/Pr	ofession	d. Co	omments
(include city, state, & zip)				NO JOB TITI	LE OR		
MARY	P PRIOLA			PROFESSIO	N		
206 LODY LANE			 	Name/Specific Field	-		
KOKOMO, IN 46901			NOT EMPLO	OYED	<u> </u>		
						e. He	ection Sum to Date
						\$	1,100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	c. Amount
	1	Check			09/23/2023		\$ 500.00
					0712312023		\$ 500.00
	1	Check			11/05/2023		\$ 500.00
	1	Check			12/25/2023		\$ 100.00
	ibutor Informatio	•			move		
	ame, Mailing Add			b. Job Title/Pro	ofession	d. Co	mments
(inclu	de city, state, & zi	(p)		NO JOB TITI		İ	
	RD H WEATHE	RLY		PROFESSION			
	ICKORY AVE			<u> </u>	Name/Specific Field		
BUKLI	NGTON, NC 27	215		NOT EMPLO	DYED	o Rie	ection Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k	. Amount
	I	Debit Card			12/07/2023		\$ 100.00
							\$
						!	\$
4. Tota	d only this Pag	ge				\$	2,496.40
5. Tota	of ALL CRO		Jago CPO 1100			\$	4,296.40
(znist	ше тизі ок оп иле (гој пешиси зиттиту г	nge (VO-1100)		•		

	ons from Othe				<u>1</u>	Amendment Yes No	
	ull Name (and Fund if				2. I	D Number	
ED PRIOLA F	OR NC						
3. Contributor 1	Information	· · · [Add Re	move			
a. Full Name, Ma	ailing Address & Phone		b. Type of Committ	ee	d. C	Comments	
(include city, and RUDOLPH A Control of the IT46 JIM BAR BURLINGTON	CARTASSI JR CAMP NWELL RD	■ Candidate ■ Referendum c. Level Registered ■ Federal	X County:				
			☐ State Alamance	Municipality:	e. E \$	lection Sum to Date	
f. Account Code	g. Form of Payment	h. In-Kind Descr	iption	i. Date (mm/dd/y	ууу)	j. Amount	
1	Check			09/08/2023		\$ 1,000.00	
						\$	
						\$	
4. Total only thi	s Page		r San suga af ya lafi ya safiya	Sili win mulije masuni ja	\$	\$1,000.00	
5. Total of ALL	CRO-1230 Pages				S	00 000 12	

NC State Board of Elections

(This line must be on line 8 of Detailed Summary Page CRO-1100)

CRO-1230

\$1,000.00

April 2007

					Amendm	ent
Disbursements	Pg	1_	of	7	X Yes	□ No
Use this form to report expenditures from the committee for operating e	xpenses,	contri	bution	s to ca	ndidate/pc	litical
committees and coordinated party expenditures						

1. Committee F	uli Name (and Fund	if applicable)						[2. ID Nu	mber
ED PRIOLA F	OR NC								
3. Type of Disb	rsement (Please	use separate CR()-1310	forms for eac	h tvi	pe of Disbu	rseme	ent.)	
Operating Exp		ributions to Candida						ed Party Ex	penditures
4. Payee Inform	ation			Add □	Re	move			* :
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d C	ommittee N	ame	d. Comm	ents
(include city, sta	ite, & zip)								
ALAMANCE (COUNTY BOARD (OF ELECTIONS							
1128 S MAIN S	ST			c. Level Regis	tere			_	
GRAHAM, NC	27253			Federal State		County		- (Tastic	n Sum to Date
[J. State		Municip	эангу:	е. месно	n Sum to Date
								\$	84.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
1	Check	0		2/04/2023	\$	84.00	FILI	NG FEE	
					\$				
	<u> </u>	<u></u>			<u> </u>		Ĺ		···
4. Payee Inform		· · · · · · · · · · · · · · · · · · ·		Add 🗆		move		1	· · · · · · · · · · · · · · · · · · ·
i	ailing Address & Ph	one		b. Coordinate	d C	ommittee N	ame	d. Comm	ents
(include city, sta				-					
AMAZON.COM				c. Level Regis	te re	d (Specify)		1	
	IO TERRY AVE N EATTLE, WA 98109					County		1	
SLATTLE, WA 70107				☐ Federal ☐ State				e. Election	sum to Date
							•	\$	776 12
									776.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount		quired Re	
1	Debit Card	С	08	3/20/2023	\$	100.08	ENV	'ELOPES	AND TAPE
1	Debit Card	В	09	9/02/2023	\$	53.36	FAR	ek for i	IGNS ETTERS
4. Payee Inform	ation			Add 🔲	Rei	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	am e	d. Comme	nts
(include city, sta	te, & zip)	·····							
AMAZON.COM									
410 TERRY AV				c. Level Regist	tere	County:			
SEATTLE, WA	98109			State		Municip		e. Dection	Sum to Date
									*
								\$	776.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rei	marks
1	Debit Card	С	10	0/05/2023	\$	119.36	ENV	ELOPES	
1	Debit Card	С	10	0/20/2023	\$	156.90	PAP	ER FOR L	ETTERS
5. Total only thi	s Page		٠					\$	513.70
	CRO-1310 Pages					. ::::		-	
and the second second	n line 13a of Detailed S	ummary Page CRO.	.1100 if	Oneratina Evnes	ncoc)				
_	n line 13b of Detailed S		_				omm)	\$	5,534.43
•	n line 13c of Detailed S		-						
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)					
A* - Media	B* - Printin			undraising		D - To	Anotl	ner Candid	late
E - Salaries	F* - Equipme	_		litical Party					ffice Expenses
I - Postage	J - Penaltie	s	K* - O	ffice Expenses	3		-		Expense Fund
O* Other	and the second second		<u>.</u>						
* Codes require	e detailed explanatio	n in required rem	arks fi	eld (k)					

Disbursements	
Dignal Schicks	

				Amenum	ent	
Pg	2	of	7_	X Yes		C

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

1. Committee F	ull Name (and Fund	if applicable)	:					2. ID Numb	er
ED PRIOLA F	OR NC								
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for eac	h type o	f Dishu	reem	ent.)	
M Operating Ex		ributions to Candida						ed Party Expe	nditures
4. Payee Inform	*		П	Add 🔲	Remov				
	ailing Address & Ph	one		b. Coordinate			ame	d. Commen	ts
(include city, sta	-								
AMAZON,CO				1					
410 TERRY A	VE N			c. Level Regis	tered (S]	
SEATTLE, WA	A 98109			☐ Federal		County			
ł				☐ State	<u> </u>	Municip	ality:	e. Election S	Sum to Date
								\$	776.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rema	ırks
1	Debit Card	С	-	0/23/2023		141.63	ENV	/ELOPES	
į.	Debit Card	С	+	1/09/2023	s	54.74	-	'ELOPES	
	<u> </u>	19		Add	Remov		LIV	LLOI L3	
4. Payee Inform	ailing Address & Ph	one		b. Coordinate			am e	d. Commen	te .
(include city, sta	•	one		b. Coordinate	u Comm	ittice iv.	4 III C	u. Commen	
BJ'S	, 2.197			-					
	STATION DRIVE			c. Level Regis	tered (S	pe cify)			
i e	URLINGTON, NC 27215					County:			
				☐ State		Municip	ality:	e. Election S	um to Date
								\$	618.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m /dd/vyvv)	li. Amoi	ınt	k. Re	quired Rema	ırks
I	Debit Card	С		9/15/2023	·	13.51		NT FOOD,	
1	Debit Card	0	 	0/27/2023	 	04.54		BY FOR	UPPLIES
<u>'</u>	Doon cara		1	3/21/2023	ΙΨ '	.07.24		LOWEEN	
4. Payee Inform	ation			Add 🔲	Remov	е			
	ailing Address & Pho	one		b. Coordinate			me	d. Comment	is .
(include city, sta	te, & zip)								
BONFIRE.COM	И								
3420 PUMP RI				c. Level Regis					
MAILBOX 351				Federal State				. D	40 D-40
HENRICO, VA	. 23233			L State		Nunicip	amy:	e. Election S	um to Date
								\$	482.68
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	ınt	k. Re	quired Rema	rks
1	Debit Card	0	08	3/20/2023	\$ 4	82.68	T-SI	IIRTS FOR	
					\$		VOL	UNTEERS	
e m. () 1 () 1			<u> </u>		Ľ		,		
5. Total only thi				<u> </u>	· · · · ·			\$	1,297.10
	CRO-1310 Pages								
_	n line 13a of Detailed S	-	-					\$	5,534.43
	n line 13b of Detailed S n line 13c of Detailed S						mm)		
	odes (List detailed								
A* - Media	B* - Printin			undraising	······································	D - To	Anoth	ner Candidat	
E - Salaries	F* - Equipme	•		litical Party				Public Offic	
I - Postage	J - Penaltie			ffice Expenses			_		xpense Fund
O* Other			_	1		•			•
* Codes require	e detailed explanation	n in required rem	arks fi	eld (k)					

Disbursen	nents				Pg <u>3</u> of		Amenda 7_ 🛛 Yes	nent No
Use this form to	report expenditures	from the committe	ee for o	perating exper				olitical
	coordinated party e						-	
1. Committee F	ull Name (and Fund	if applicable)					2. ID Numb	er
ED PRIOLA F	OR NC		_					_
ļ							<u> </u>	
3. Type of Disb		use separate CRO		<u> </u>				
Operating Ex	· —	ributions to Candidat				ordinat	ted Party Expe	nditures
4. Payee Inform	<u> </u>		<u> </u>	Add 🔲	Remove		<u> </u>	
I .	ailing Address & Ph	one		b. Coordinate	d Committee Na	am e	d. Comment	:S
(include city, sta								
CITY OF GRA				a Lovel Degie	tered (Specify)		4	
1	201 SOUTH MAIN STREET				County:	,	-	
GRAHAM, NC	27253			Federal State			e. Dection S	um to Date
							\$	235.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rema	rks
1	Debit Card	0	12	2/14/2023	\$ 235.06	ROC	OM RENTAL	STAFF
		1	 		\$, DEPOSIT I	
	<u> </u>	<u> </u>	<u></u>					
4. Payee Inform					Remove	<u>:</u>		
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Comment	<u>s</u>
(include city, sta								
	T BANNER LLC			a Lavel Dagier	tered (Specify)		-	
415 HORIZON	DRIVE			Federal	County:		1	
350 SUITE	A 20024			State			e. Election Sum to Date	
SUWANEE, G	A 30024							
							\$	117.29
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rema	rks
1	Debit Card	В	08	3/20/2023	\$ 117.29	VIN	YL BANNEI	RS
			 -		\$	 		
			<u></u>		l	<u> </u>		
4. Payee Inform				Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinated	d Committee Na	ıme	d. Comment	S
(include city, sta		· · · · · · · · · · · · · · · · · · ·						
GOTPRINT.CO				- I amal Bagier	tered (Specify)		1	
	ERNANDO RD			Federal	County:			
BURBANK, CA	A 91505			State	☐ County:		e. Election Si	um to Date
					Шш.тр	any.		
							\$	110.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remai	rks
1	Debit Card	0			\$ 110.35	GOL	F SHIRTS F	OR

CANDIDATE \$ 5. Total only this Page \$ 462.70 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 5,534.43 (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) NC State Board of Elections CRO-1310 December 2009

Amendmen	A	m	e	n	dm	e	n	į
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D	ic	h	irc	em	Δn	fe

				:		
Pg	4	of	7	\mathbf{X}	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 F	ull Name (and Fund i	f applicable)						2. ID Nun	ıber
ED PRIOLA F	OR NC								
3. Type of Disbu	rsement (Please	use separate CRC	-1310	forms for eac	h typ	e of Disbu	rseme	nt.)	
X Operating Exp		ributions to Candidat						ed Party Exp	enditures
4. Payee Inform	ation			Add 🔲	Rer	nove	ř., ř.,		
	ailing Address & Pho	one	 _	b. Coordinate	d Co	mmittee N	am e	d. Comme	nts
(include city, sta	-								
META PLATF				ĺ					
1 META WAY				c. Level Regis	tere	THE PERSON NAMED IN COLUMN 1			
MENLO PARK	C, CA 94025			☐ Federal		County:			
				State			ality:	e. Dection	Sum to Date
								\$	36.75
f Assount Code	g. Form of Payment	h Purpose Code	i Doto	(m m /dd/savay)	i .	mount	l Re	<u> </u> quired Ren	arks
1. Account Code	Debit Card	 			1	1.57		EBOOK A	
<u>'</u>	Debit Card	A	1.	2/22/2023	\$	1.37	FAC	EBOOK A	
1	Debit Card	Α	12	2/22/2023	\$	35.18	FAC	EBOOK A	DS
4. Payee Inform				Add 🗆		nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	me	d. Comme	nts
(include city, sta									
	T OFFICE MAX			. I I D	4	1 (6			
1825 S CHURC				c. Level Regist	тегес	County:			
BURLINGTON	I, NC 27215			State		Municip		e. Election	Sum to Date
						LJ Withholp	· · ·		
								\$	800.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	arks
1	Debit Card	В	08	3/26/2023	\$	800.70	EPS	ON PRINT	ER
					\$				
4. Payee Inform	ation	and the second second		Add □	Ren	nove			
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ım e	d. Comme	nts
(include city, sta	te, & zip)								
RUMBLEUP, L	.LC								
2021 L ST NW	STE 101-220			c. Level Registered (Specify)					
WASHINGTON	N, DC 20036			Federal County: State Municipality:				- Mastice	Cum to Data
				State		L Municip	anty.	e. Mechon	Sum to Date
								\$	152.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rem	arks
1	Electric Funds Tran	A	07	7/03/2023	\$	19.00	GOT	V TEXT N	/IESSAGING
1	Electric Funds Tran	A	08	3/17/2023	\$	19.00	GOT	V TEXT N	MESSAGING
5. Total only thi	s Ря σ е					4 - 1		\$	875.45
	CRO-1310 Pages								075115
	c RO-1310 Fages n line 13a of Detailed S		1100 :0	O					
	n une 13a oj Detaueu S n line 13b of Detailed S		-		-	s/Political C	(111111	\$	5,534.43
	n line 13c of Detailed S		•				//		
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)					
A* - Media	B* - Printin			undraising		D - To	Anoth	ner Candida	ate
E - Salaries	F* - Equipme	~		litical Party		H* - Ho	olding	Public Of	fice Expenses
I - Postage	J - Penaltie			ffice Expenses	5		_		Expense Fund
O* Other									
* Codes require	e detailed explanation	n in required rem	arks fi	eld (k)					

Disbursem					_	-		Amendm	Personal Control of the Control of t
	nents report expenditures	from the committe	aa far a	tina avnar		5_ of			∐ No olitical
	o report expenditures I coordinated party ex		e 101 0	perating expen	1565	, contribution	ons ic) candidate/pe	Oliticai
	ull Name (and Fund i	•				· · · · · · · · · · · · · · · · · · ·		2. ID Numbe	r
ED PRIOLA F									
3. Type of Disbu		use separate CRC	<u> -1310</u>	forms for each	h tyj	e of Disbu	rseme	ent.)	
X Operating Exp		ributions to Candidat	es/Polit	ical Committees		Coc	ordinat	ted Party Expen	iditures
4. Payee Inform				Add 🔲		move			
i .	ailing Address & Pho	one		b. Coordinate	d C	mmittee Na	ame	d. Comments	3
(include city, sta									
RUMBLEUP, L			,	c. Level Regis	to re	d (Specify)		-	
2021 L ST NW WASHINGTON			I	Federal	ICIC.	County:		1	
WASHINGTO	N, DC 20030		J	State		Municip		e. Election Su	m to Date
					***************************************			\$	152.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Remar	rks
1	Electric Funds Tran	A	***************************************	8/30/2023	\$	19.00		TV TEXT ME	
					\$				
4. Payee Inform	ation			Add 🔲	Rer	nove		1. 1.11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comments	,
(include city, sta	ite, & zip)								
	TES POSTAL SERV	ICE		T I Domini	1	3 (C alfa)			
9052 W MARK				c. Level Regist	lere	County:		ļ	
COLFAX, NC	27233			State		Municipal		e. Dection Su	m to Date
								\$	600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i A	mount	k. Re	 quired Remar	·k«
1. Account Code	Debit Card	O			J. A. \$	•		TAGE	N.S
					<u> </u>	-			
1	Debit Card	0		1/02/2023	\$	300.00	POS	ΓAGE	
4. Payee Informa		<u> </u>				nove			
	ailing Address & Pho	one	ŀ	b. Coordinated	1 Co	mmittee Na	me	d. Comments	
(include city, star		· · · · · · · · · · · · · · · · · · ·							
GREENSBORC	TES POSTAL SERV DRMEH 1120	ICE	ţ	c. Level Regist	erec	1 (Specify)	\dashv		-
PLEASANT RII			ľ	Federal		County:			
GREENSBORC				☐ State		☐ Municipa	ality:	e. Election Su	m to Date
	,							\$	1,589.31
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Remar	ks
1	Debit Card	0			\$		POS	TAGE	
1	Debit Card	0	10)/06/2023	\$	127.68	POST	ΓAGE	
5. Total only this	s Page							\$	1,153.81
	CRO-1310 Pages			·	7		$\neg \neg$		
l la	n line 13a of Detailed S	ummary Page CRO-	1100 if (Operating Expen	ises)	•		\$	5,534.43

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)

(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)

Disbursen	nents				Pg 6 of		Amendment 7 🛛 Yes 🔲 No	
Use this form to	report expenditures	from the committ	ee for c	perating expe		_		
	coordinated party e			7	,		p	
1. Committee F	ull Name (and Fund	if applicable)					2. ID Number	
ED PRIOLA F	OR NC							
3. Type of Disb	ursement <i>(Please</i>	use separate CR()-1310	forms for eac	h type of Disbi	ursemu	ent.)	
Operating Ex		ributions to Candida					ted Party Expenditures	
4. Payee Inform	ıstion			Add 🔲	Remove	· · · · · ·		
	ailing Address & Ph	one			d Committee N	ame	d. Comments	
(include city, sta	ite, & zip)							
UNITED STAT	ΓES POSTAL SERV	ICE						
GREENSBORG	O BMEU 1120			- I was	tered (Specify)		_	
PLEASANT RI				☐ Federal	County			
GREENSBORG	O, NC 27498			State	Munici	painty;	e. Dection Sum to Date	
							\$ 1,589.31	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
1	Debit Card	0	10	0/17/2023	\$ 121.52	POS	TAGE	
1	Debit Card	0	10	0/26/2023	\$ 112.86	POS	TAGE	
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Committee N	am e	d. Comments	
(include city, sta	ite, & zip)							
UNITED STAT	TES POSTAL SERV	ICE						
GREENSBORG				c. Level Registered (Specify) Federal County:				
PLEASANT RI				State		e. Election Sum to Date		
GREENSBORG), NC 27498			J state	I withint	e. Dection Sum to Date		
[\$ 1,589.31	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
1	Debit Card	0	1 1	1/02/2023	\$ 154.13	POS	TAGE	
1	Debit Card	0	11	1/09/2023	\$ 132.47	POS	TAGE	
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee N	am e	d. Comments	
(include city, sta	te, & zip)	~						
	ES POSTAL SERV	ICE						
GREENSBORG				Federal	tered (Specify)			
PLEASANT RI				State	☐ County ☐ Municip		e. Dection Sum to Date	
GREENSBORG	J, NC 27498			State	with the state of	anty.	c. Deciton Sam to Date	
							\$ 1,589.31	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
1	Debit Card	0	11	/13/2023	\$ 97.81	POS	TAGE	
								

Debit Card Ю 11/20/2023 200.64 POSTAGE 5. Total only this Page \$ 819.43 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 5,534.43 (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 C* - Fundraising B* - Printing 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

				Amenda	ent
Pg	7	of	7_	X 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 F	ull Name (and Fund	if applicable)			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			2. ID Nu	ımber
ED PRIOLA F									
3. Type of Disbu	arsement (Please	use separate CR(D-1310	forms for eac	h type of	Disbu	rseme	nt.	
Operating Exp		ributions to Candidat							xpenditures
4. Payee Inform	ation			Add 🔲	Remove		. "		. :
	ailing Address & Ph	one		b. Coordinate			ame	d. Comm	ents
(include city, sta	ıte, & zip)								
UNITED STAT	ΓES POSTAL SERV	/ICE		1]	
GREENSBORG				c. Level Regis					
PLEASANT RI				☐ Federal		County:			
GREENSBORG	D, NC 27498			State		Aunicip	ality:	e. Electio	on Sum to Date
								\$	1,589.31
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	ıt	k. Re	quired Re	marks
1	Debit Card	0	1.	2/11/2023	\$ 23	5.07	POS	TAGE	-
					\$				
4. Payee Inform	ation			Add 🔲	Remove	1.7	1.		
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Commit	tee Na	ıme	d. Comm	ents
(include city, sta	te, & zip)								
WALMART SU	JPERCENTER			ļ <u>.</u>					
1318 MEBANE				c. Level Regist					
MEBANE, NC	27302			Federal County: State Municipality: e. Election Sum 1					- 5 42 Data
				J. State	<u> </u>	Turrerp	anty.	e. Decno	n Sum to Date
								\$	200.33
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quired Re	marks
1	Debit Card	C	09	9/15/2023	\$ 17	7.17	EVE	NT FOO	D,
					s		BEV	ERAGES	S, SUPPLIES
5. Total only this	s Page		1 2				7.1	\$	412.24
	CRO-1310 Pages							<u>Ψ</u>	712.27
	n line 13a of Detailed S	Summary Base CPO	1100 #	Osasalina Evs.					
	n line 13b of Detailed S n line 13b of Detailed S					tical C.		\$	5,534.43
	n line 13c of Detailed S						//		
7. Purpose Co	odes (List detailed	expenditure code	in (h.) :	above)					
A* - Media	B* - Printin			undraising	D	- To	Anoth	ner Candi	date
E - Salaries	F* - Equipme	0		litical Party					ffice Expenses
I - Postage	J - Penalties	s	K* - O	ffice Expenses					l Expense Fund
O* Other									
* Codes require	e detailed explanation	n in required rem	arks fi	eld (k)					

Aggregated Non-Media Expenditures

 Amendment

 Page 1 of 2

 ☑ Yes □ No

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

Add Ren Add Re	end dd emove	1	c. Form of Payment Check Debit Card Debit Card Debit Card Debit Card Debit Card Draft Draft Draft Draft Draft	d. Purpose Code O O C C C C C C C	e. Date (mm/dd/yyyy) 11/14/2023 09/02/2023 10/03/2023 10/23/2023 11/17/2023 11/29/2023 08/31/2023 08/31/2023 09/02/2023	\$ \$ \$	\$ 50.00 39.27 45.14 29.32 10.73 25.60 2.30 4.30 4.30	g. Required Remarks CONTRIBUTION TO POLITICAL PARTY DUCT TAPE FOR YARD SIGNS PAPER FOR LETTER ENVELOPES INK MAINTENANCE BOX FOR PRINTER PRINTER INK PAYMENT PROCESSING FEE PAYMENT PROCESSING FEE PAYMENT
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Ree Add Rei	emove dd emove	1 1 1	Debit Card Debit Card Debit Card Draft Draft Draft Draft Draft	C C C C	10/23/2023 11/17/2023 11/29/2023 08/31/2023 08/31/2023 09/02/2023	\$ \$ \$ \$	29.32 10.73 25.60 2.30 4.30	ENVELOPES INK MAINTENANCE BOX FOR PRINTER PRINTER INK PAYMENT PROCESSING FEE PAYMENT PROCESSING FEE
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Rei Ad Rei Ad Rei Ad Rei Ad Rei	move Id move Id	1	Draft			\$	4.30	
Ad Rei Ad Rei Ad Rei Ad Rei	ld move ld move			С				PROCESSING FEE
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Ad Rei	ld move	1	Draft	С	11/03/2023	\$	4.30	PAYMENT PROCESSING FEE
	1	1	Draft	С	11/14/2023	\$	1.30	PAYMENT PROCESSING FEE
Rei	ld move	1	Draft	С	11/15/2023	\$	1.30	PAYMENT PROCESSING FEE
A de Rei	ld move	1	Draft	С	11/26/2023	\$	4.30	PAYMENT PROCESSING FEE
Ad Rer	ld move	1	Draft	C	11/29/2023	\$	4.30	PAYMENT PROCESSING FEE
Ad Rer	ld move	1	Draft	С	12/06/2023	\$	4.30	PAYMENT PROCESSING FEE
Ade	ld move	1	Draft	С	12/15/2023	\$	4.30	PAYMENT PROCESSING FEE
A de Rer	ld move	1	Draft	0	07/03/2023	\$	16.00	BANK FEE
Tot	tal o	nly this Page				\$		258.30
Tot	tal o	f ALL CRO-1.				\$		443.6
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	-		Penalties					lic@inse@spenses Legal Expense Fur

Aggregated	l Non-Media	Expenditures
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Amendment
Page 2 of 2 Yes No

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

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. Payee Inf		Ng.			<u> </u>	
		c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove	1	Draft	О	08/01/2023	\$ 16.00	BANK FEE
Add Remove	l	Debit Card	0	10/06/2023	\$ 10.00	REGISTRATION FEE FOR PARADE
Add Remove	1	Debit Card	С	09/16/2023	\$ 42.69	ICE FOR KICKOFF COOKOUT
Add Remove	1	Debit Card	О	09/04/2023	\$ 10.00	REGISTRATION FEE FOR PARADE
Add Remove	1	Debit Card	0	09/30/2023	\$ 19.00	GOTV TEXT MESSAGING
Add Remove	1	Electric Funds Tran	0	10/30/2023	\$ 19.00	GOTV TEXT MESSAGING
Add Remove	I	Electric Funds Tran	O	11/30/2023	\$ 19.00	GOTV TEXT MESSAGING
Add Remove	1	Debit Card	О	10/30/2023	\$ 26.40	POSTAGE
Add Remove	1	Debit Card	0	11/16/2023	\$ 23.16	STRING LIGHTS FOR PARADES
. Total o	nly this Page				\$	185.25
	FALL CRO-1 ust be on line 14 o	315 Pages Detailed Summary Pa	ge CRO-1100)		\$	443.61
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CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions	Pg	l of	1	Amend Ye:		
Use this form to report non-monetary contributions, Use CRO-1215 if In-Kind Contributions were or v	donations, goods or serv	vices provided to				
1. Committee Full Name (and Fund if applicable)			2. ID Number			
ED PRIOLA FOR NC						
3. Contributor Information	☐ Add ☐ Re	move	al Tagʻilgan			
a. Full Name, Mailing Address & Phone	hone b. Type of Contributor		c. Comments			
(include city, state, & zip)	🔀 Individual					
EDWARD J PRIOLA 747 S EIGHTH STREET MEBANE, NC 27302	☐ Candidate ☐ Party ☐ PAC	Party				
(919) 568-9022	Referendum	Referendum		d. Election Sum to Date		
	Other Rece	Other Receipt Source		\$ 1,296.4		
e. Description		f. Date (mm/do	l/yyyy)	g. Fair	Market Amount	
FIRST CLASS POSTAGE FOR INVITATIONS		08/28/2023		\$	290.40	
FOAMCORE BOARD FOR SIGN		11/12/2023		\$	6.00	
				s		
4. Total only this Page			\$	1	296.40	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Po	age CRO-1100)		\$	_	296.40	
CRO-1510 NC	NC State Board of Elections				December 2007	