



# 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	2023 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,950.67	\$ 0.00
<b>RECEIPTS</b>			
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			
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)		\$ 5,991.40	\$ 8,491.40
<b>EXPENDITURES</b>			
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 subtract line 18)		\$ 1,667.63	\$ 1,667.63
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

# Aggregated Contributions from Individuals

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Amendment

Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
ED PRIOLA FOR NC						
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		11/15/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/06/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		10/24/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		11/06/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		11/06/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		11/28/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		11/10/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		09/16/2023	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		11/14/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/20/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/25/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/06/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		11/20/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/09/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		10/15/2023	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		11/02/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		12/22/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		10/07/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/02/2023	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card		08/31/2023	\$ 50.00	
<b>4. Total only this Page</b>					\$ 695.00	
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 695.00	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
ED PRIOLA FOR NC							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RUDOLPH ANTHONY CARTASSI SR 3454 BROOKSTONE DR BURLINGTON, NC 27215				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		12/13/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JAMES ARNOLD CLAPP 600 N FIFTH ST MEBANE, NC 27302				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 150.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		10/23/2023		\$ 150.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GARY DOSS 4528 LAKESHORE LANE BURLINGTON, NC 27217				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Debit Card		11/26/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 350.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,296.40	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
ED PRIOLA FOR NC						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CHERYL L ELLENWOOD 530 BOGGS RANCH RD GRAHAM, NC 27253			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		10/19/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LINDA N FRYAR 132 EDINBOROUGH DR MEBANE, NC 27302			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		08/30/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LAWRENCE HERRON 9599 TIARA FARM DRIVE GRAHAM, NC 27253			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Debit Card		11/03/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,296.40	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
ED PRIOLA FOR NC							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
PETER HARPER HUFF 134 EDINBOROUGH DRIVE MEBABA, NC 27302			PRESIDENT / CONTRACTOR				
			<b>c. Employer's Name/Specific Field</b> PHC & ASSOCIATES, INC.				
						<b>e. Election Sum to Date</b>	
						\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Check		09/16/2023	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
ANGIE LEATH 5696 SARTIN ROAD BURLINGTON, NC 27217			NO JOB TITLE OR PROFESSION				
			<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED				
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Debit Card		09/13/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>		
RICK MARTIN 503 EASTWAY LANE GRAHAM, NC 27253			ENGINEER				
			<b>c. Employer's Name/Specific Field</b> MARTIN GROUP ENTERPRISES				
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Debit Card		11/29/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 450.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,296.40	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
ED PRIOLA FOR NC						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ALLEN W MASSEY 2015 ROYCE DRIVE MEBANE, NC 27302			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		09/02/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
PHILLIP D MINTON 3018 S FAIRWAY DR BURLINGTON, NC 27215			PHARMACIST			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		11/15/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
PETER H MORCOMBE 474 THOMPSON RD GRAHAM, FL 27253			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		10/16/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,296.40	

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
ED PRIOLA FOR NC							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN OAKES 2266 GLENKIRK DRIVE BURLINGTON, NC 27215				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Debit Card		12/06/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SEV PALACIOS 6112 EIDSON RD SPRINGFIELD, TN 37172				OPERATIONS			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Debit Card		08/31/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
WILLIAM P PFEIFFER 810 BEECH GLEN DR MEBANE, NC 27302				NO JOB TITLE OF PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Check		09/16/2023	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 400.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,296.40	



# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
ED PRIOLA FOR NC							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
EDWARD J PRIOLA 747 S EIGHTH STREET MEBANE, NC 27302 (919) 568-9022				PROFESSOR			
				<b>c. Employer's Name/Specific Field</b> CAMPBELL UNIVERSITY			
						<b>e. Election Sum to Date</b>	
						\$ 1,296.40	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		08/26/2023		\$ 1,000.00	
<input type="checkbox"/>	1	In-Kind	FIRST CLASS POSTAGE FOR INVITATIONS	08/28/2023		\$ 290.40	
<input type="checkbox"/>	1	In-Kind	FOAMCORE BOARD FOR SIGN	11/12/2023		\$ 6.00	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARY P PRIOLA 206 LODY LANE KOKOMO, IN 46901				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 1,100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		09/23/2023		\$ 500.00	
<input type="checkbox"/>	1	Check		11/05/2023		\$ 500.00	
<input type="checkbox"/>	1	Check		12/25/2023		\$ 100.00	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RICHARD H WEATHERLY 2305 HICKORY AVE BURLINGTON, NC 27215				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Debit Card		12/07/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 2,496.40	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,296.40	

**Contributions from Other Political Committees** Pg 1 of 1 Amendment  Yes  No

Use this form to report contributions from other candidate, referendum or PAC committees

<b>1. Committee Full Name (and Fund if applicable)</b> ED PRIOLA FOR NC			<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) RUDOLPH A CARTASSI JR CAMPAIGN FUND 1746 JIM BARNWELL RD BURLINGTON, NC 27217			<b>b. Type of Committee</b> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum	
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Alamance	
			<b>d. Comments</b>	
			<b>e. Election Sum to Date</b> \$ 1,000.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
1	Check		09/08/2023	\$ 1,000.00
				\$
				\$
<b>4. Total only this Page</b>				\$ 1,000.00
<b>5. Total of ALL CRO-1230 Pages</b> (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 1,000.00





**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
ED PRIOLA FOR NC						
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
CITY OF GRAHAM 201 SOUTH MAIN STREET GRAHAM, NC 27253						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 235.06
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Debit Card	O	12/14/2023	\$ 235.06	ROOM RENTAL, STAFF	
				\$	FEE, DEPOSIT FOR	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
DESIGN PRINT BANNER LLC 415 HORIZON DRIVE 350 SUITE SUWANEE, GA 30024						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 117.29
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Debit Card	B	08/20/2023	\$ 117.29	VINYL BANNERS	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
GOTPRINT.COM 7651 N SAN FERNANDO RD BURBANK, CA 91505						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 110.35
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Debit Card	O	08/20/2023	\$ 110.35	GOLF SHIRTS FOR	
				\$	CANDIDATE	
<b>5. Total only this Page</b>						\$ 462.70
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 5,534.43
<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>						
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
ED PRIOLA FOR NC						
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
META PLATFORMS, INC. 1 META WAY MENLO PARK, CA 94025						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 36.75
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Debit Card	A	12/22/2023	\$ 1.57	FACEBOOK ADS	
1	Debit Card	A	12/22/2023	\$ 35.18	FACEBOOK ADS	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
OFFICE DEPOT OFFICE MAX 1825 S CHURCH ST BURLINGTON, NC 27215						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 800.70
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Debit Card	B	08/26/2023	\$ 800.70	EPSON PRINTER	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
RUMBLEUP, LLC 2021 L ST NW STE 101-220 WASHINGTON, DC 20036						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						<b>e. Election Sum to Date</b>
						\$ 152.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
1	Electric Funds Tran	A	07/03/2023	\$ 19.00	GOTV TEXT MESSAGING	
1	Electric Funds Tran	A	08/17/2023	\$ 19.00	GOTV TEXT MESSAGING	
<b>5. Total only this Page</b>						\$ 875.45
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 5,534.43
<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>						
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						







# Disbursements

Amendment

Pg 7 of 7  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
ED PRIOLA FOR NC							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
UNITED STATES POSTAL SERVICE GREENSBORO BMEU 1120 PLEASANT RIDGE RD GREENSBORO, NC 27498							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$ 1,589.31	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	O	12/11/2023	\$ 235.07	POSTAGE		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
WALMART SUPERCENTER 1318 MEBANE OAKS RD MEBANE, NC 27302							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						<b>e. Election Sum to Date</b>	
						\$ 200.33	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	C	09/15/2023	\$ 177.17	EVENT FOOD, BEVERAGES, SUPPLIES		
				\$			
<b>5. Total only this Page</b>						\$ 412.24	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 5,534.43	
<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>							
<b>7. Purpose Codes</b> <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							
<b>* Codes require detailed explanation in required remarks field (k)</b>							

# Aggregated Non-Media Expenditures

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

Committee Ball Name (and fund if applicable)						ID Number
ED PRIOLA FOR NC						
<b>3. Payee Information</b>						
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	Check	O	11/14/2023	\$ 50.00	CONTRIBUTION TO POLITICAL PARTY
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	09/02/2023	\$ 39.27	DUCT TAPE FOR YARD SIGNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	C	10/03/2023	\$ 45.14	PAPER FOR LETTERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	C	10/23/2023	\$ 29.32	ENVELOPES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	C	11/17/2023	\$ 10.73	INK MAINTENANCE BOX FOR PRINTER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	C	11/29/2023	\$ 25.60	PRINTER INK
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	08/31/2023	\$ 2.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	08/31/2023	\$ 4.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/02/2023	\$ 4.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/09/2023	\$ 0.70	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/13/2023	\$ 4.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	10/24/2023	\$ 2.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	11/03/2023	\$ 4.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	11/14/2023	\$ 1.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	11/15/2023	\$ 1.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	11/26/2023	\$ 4.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	11/29/2023	\$ 4.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	12/06/2023	\$ 4.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	12/15/2023	\$ 4.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	07/03/2023	\$ 16.00	BANK FEE
<b>4. Total only this Page</b>					\$	258.36
<b>5. Total of ALL CRO-1315 Pages</b> (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	443.61
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
B* - Printing		C - Fundraising		D - To Another Candidate		
E - Salaries		F - Equipment		H - Holding Public Office Expenses		
I - Postage		J - Penalties		K - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						

# Aggregated Non-Media Expenditures

Amendment

Yes  No

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

<b>1. Committee Bill Name (and Fund if applicable)</b>	<b>2. ID Number</b>
ED PRIOLA FOR NC	

<b>3. Payee Information</b>						
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	08/01/2023	\$ 16.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/06/2023	\$ 10.00	REGISTRATION FEE FOR PARADE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	C	09/16/2023	\$ 42.69	ICE FOR KICKOFF COOKOUT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	09/04/2023	\$ 10.00	REGISTRATION FEE FOR PARADE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	09/30/2023	\$ 19.00	GOTV TEXT MESSAGING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	10/30/2023	\$ 19.00	GOTV TEXT MESSAGING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	11/30/2023	\$ 19.00	GOTV TEXT MESSAGING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/30/2023	\$ 26.40	POSTAGE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	11/16/2023	\$ 23.16	STRING LIGHTS FOR PARADES

<b>4. Total only this Page</b>	\$ 185.25
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ 443.61

<b>6. Purpose Codes (list detailed expenditure code in (d) above)</b>			
<b>B* - Printing</b>	<b>C - Fundraising</b>	<b>D - To Another Candidate</b>	
<b>E - Salaries</b>	<b>H - Equipment</b>	<b>I - Holding Public Office Expenses</b>	
<b>J - Penalties</b>	<b>K - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>	
<b>O* - Other</b>			

\* Codes require detailed explanation in required remarks field (g)

# In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
ED PRIOLA FOR NC			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
EDWARD J PRIOLA 747 S EIGHTH STREET MEBANE, NC 27302 (919) 568-9022		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 1,296.40	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
FIRST CLASS POSTAGE FOR INVITATIONS	08/28/2023	\$ 290.40	
FOAMCORE BOARD FOR SIGN	11/12/2023	\$ 6.00	
		\$	
<b>4. Total only this Page</b>		\$ 296.40	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 296.40	