

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

Amendment

Yes

No

RECEIVED

JAN 26 2020

1. Committee Information																																							
a. Full Name COMMITTEE TO ELECT JENNIFER TALLEY		c. ID Number ALAMANCE COUNTY BOARD OF ELECTIONS																																					
b. Mailing Address (include City, State and Zip Code) PO BOX 872 GRAHAM, NC 27253		d. Date Filed																																					
		e. Phone Number 336-229-4225																																					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																				
			NIKKI LEA ELLIS																																				
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td>Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
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<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																						
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable, check one)		10. Special Report Name																																					
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:																																							
8. Number of Fundraisers this Report																																							
11. Account Information																																							
a. Financial Institution Full Name TRUIST		a. Financial Institution Full Name																																					
b. Purpose CAMPAIGN ACCOUNT	c. Account Code ST8503	b. Purpose	c. Account Code																																				
	d. Period Begin Balance \$ 2869.41		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 of Elections.																																							
Nikki Lea Ellis Printed Name of Signer		Unbekannt Signature of Appointed Treasurer																																					
		1/26/2020 Date																																					
FOR OFFICE USE ONLY <table border="0"> <tr> <td>Date Received:</td> <td>1/28/26</td> <td>Employee:</td> <td>WLC</td> <td>Delivery Method</td> </tr> <tr> <td>Date Postmarked:</td> <td></td> <td>Employee:</td> <td></td> <td><input type="checkbox"/> Normal Mail</td> </tr> <tr> <td>Date Scanned:</td> <td>2/6/26</td> <td>Employee:</td> <td>WT</td> <td><input type="checkbox"/> Registered Mail</td> </tr> <tr> <td>Date Data Entered:</td> <td></td> <td>Employee:</td> <td></td> <td><input checked="" type="checkbox"/> Hand Delivered</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Electronically Filed</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Signer has not received mandatory training</td> </tr> </table>				Date Received:	1/28/26	Employee:	WLC	Delivery Method	Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail	Date Scanned:	2/6/26	Employee:	WT	<input type="checkbox"/> Registered Mail	Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered					<input type="checkbox"/> Electronically Filed					<input type="checkbox"/> Signer has not received mandatory training						
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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 JENNIFER TALLEY	Yr End	
Start of Election Cycle: January 1,	2024	Total this Reporting Period
4) Cash on Hand at Start	\$ 2869.41	\$ 990.78
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ \$
6) Contributions from Individuals	(CRO-1210)	\$ 5968.78 \$ 9218.78
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500 \$ 1060.45
8) Contributions from Other Political Committees	(CRO-1230)	\$ \$
9) Loan Proceeds	(CRO-1410)	\$ \$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ \$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ \$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ \$
11c) Outside Sources of Income	(CRO-1250)	\$ \$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ \$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ \$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 6468.78 \$ 9879.23
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 8393.70 \$ 9765.07
13b) Contribution to Candidates/Political Committees	(CRO-1310)	\$ \$
13c) Coordinated Party Expenditures	(CRO-1310)	\$ \$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ \$
15) Loan Repayments	(CRO-1420)	\$ \$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ \$
17) In-Kind Contributions	(CRO-1510)	\$ \$ 160.45
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8393.70 \$ 9925.52
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 944.49	\$ 944.49
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$
24) Account Transfers Within the Committee	(CRO-1720)	\$
25) Administrative Support	(CRO-1710)	\$ \$
26) Forgiven Loans	(CRO-1440)	\$ \$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ \$
28) Contributions to be Refunded	(CRO-1215)	\$ \$

Contributions from Individuals

Pg 1 of 2 Yes No

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

1. Committee Full Name (and Fund if applicable)

Committee to Elect Jennifer Tally

Amendmer.t

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

John M Tally
Am Michelle Tally
6601 Portsmouth LN
Raleigh NC 27601

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 1000.

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	ST8503	CHECK		10/30/25	\$ 1000
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Bobby Chin
386 Carolina Circle
Graham NC 27253

b. Job Title/Profession

d. Comments

c. Employer's Name/Specific Field

e. Election Sum to Date

\$ 418.78

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	ST8503	CHECK		11/20/25	\$ 418.78
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Jennifer Tally
PO Box 872
Graham NC 27253

b. Job Title/Profession

BUSINESS Owner

d. Comments

c. Employer's Name/Specific Field
Self Employed

e. Election Sum to Date

\$ 7550

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	ST8503	CHECK		11/7/25	\$ 1000
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 2418.78

5. Total of ALL CRO-1210 Pages

\$ 5968.78

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

Contributions from Individuals

Pg 2 of 2 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 Jennifer Tally																							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 25%;">b. Job Title/Profession</td> <td style="width: 25%;">d. Comments</td> </tr> <tr> <td>Jennifer Tally PO Box 872 Graham, NC 27253</td> <td>BUSINESS Owner</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>Self-Employed</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$ 7550</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments	Jennifer Tally PO Box 872 Graham, NC 27253	BUSINESS Owner			c. Employer's Name/Specific Field			Self-Employed			e. Election Sum to Date			\$ 7550	
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	e. Election Sum to Date																						
	\$ 7550																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																		
<input type="checkbox"/>	ST8503	trn		12/22/25	\$ 1550																		
<input type="checkbox"/>	ST8503	trn		10/30/25	\$ 2000																		
<input type="checkbox"/>					\$																		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 25%;">b. Job Title/Profession</td> <td style="width: 25%;">d. Comments</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td></td> </tr> <tr> <td></td> <td>e. Election Sum to Date</td> <td></td> </tr> <tr> <td></td> <td>\$</td> <td></td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments					c. Employer's Name/Specific Field			e. Election Sum to Date			\$				
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	c. Employer's Name/Specific Field																						
	e. Election Sum to Date																						
	\$																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																		
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	c. Employer's Name/Specific Field																						
	e. Election Sum to Date																						
	\$																						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
<input type="checkbox"/>					\$																		
4. Total only this Page \$ 3550																							
5. Total of ALL CRO-1210 Pages \$ 5968.78																							
<small>(This line must be on line 6 of Detailed Summary Page CPO-1100)</small>																							

Contributions from Political Party Committees

Use this form to report contributions from a political party

Pg 1 of 1 Amendment
 Yes No

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee to Elect Jennifer Tally				
3. Contributor Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
Southern States PBA PAC Fund 2155 Highway 42 South McDonough, GA 30252			c. Election Sum to Date \$ 500	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
ST8503	CHECK		10/27/25	\$ 500.00
				\$
				\$
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
			c. Election Sum to Date \$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				\$
				\$
3. Contributor Information			<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
			c. Election Sum to Date \$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				\$
				\$
				\$
4. Total only this Page			\$ 500.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)			\$ 500.00	

Disbursements

Pg 1 of 5 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) <i>Committee to Elect Jennifer Valley</i>					2. ID Number									
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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Alamance News PO Box 431 Graham, NC</i> </td> <td style="width: 30%; vertical-align: top;"> b. Coordinated Committee Name </td> <td style="width: 40%; vertical-align: top;"> d. Comments </td> </tr> <tr> <td colspan="3" style="text-align: center;"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: </td> </tr> <tr> <td colspan="3" style="text-align: center;"> e. Election Sum to Date <i>\$ 598</i> </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Alamance News PO Box 431 Graham, NC</i>	b. Coordinated Committee Name 	d. Comments 	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			e. Election Sum to Date <i>\$ 598</i>		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Alamance News PO Box 431 Graham, NC</i>	b. Coordinated Committee Name 	d. Comments 												
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:														
e. Election Sum to Date <i>\$ 598</i>														
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks									
ST8503	CHECK	A	10/23/25	\$ 299	AD									
ST8503	CHECK	A	10/29/25	\$ 299	AD									
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Accelerated Graphics 412 Bradley St. Burlington NC 27215</i> </td> <td style="width: 30%; vertical-align: top;"> b. Coordinated Committee Name </td> <td style="width: 40%; vertical-align: top;"> d. Comments </td> </tr> <tr> <td colspan="3" style="text-align: center;"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: </td> </tr> <tr> <td colspan="3" style="text-align: center;"> e. Election Sum to Date <i>\$ 1598.58</i> </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Accelerated Graphics 412 Bradley St. Burlington NC 27215</i>	b. Coordinated Committee Name 	d. Comments 	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			e. Election Sum to Date <i>\$ 1598.58</i>		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Accelerated Graphics 412 Bradley St. Burlington NC 27215</i>	b. Coordinated Committee Name 	d. Comments 												
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:														
e. Election Sum to Date <i>\$ 1598.58</i>														
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks									
ST8503	CHECK	B	10/23/25	\$ 1331.38	Yard Signs									
ST8503	CHECK	B	10/23/25	\$ 264.20	Frames									
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Chase (Card Member Services) PO Box 1423 Charlotte NC 28201</i> </td> <td style="width: 30%; vertical-align: top;"> b. Coordinated Committee Name </td> <td style="width: 40%; vertical-align: top;"> d. Comments </td> </tr> <tr> <td colspan="3" style="text-align: center;"> c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: </td> </tr> <tr> <td colspan="3" style="text-align: center;"> e. Election Sum to Date <i>\$ 1044.50</i> </td> </tr> </table>						a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Chase (Card Member Services) PO Box 1423 Charlotte NC 28201</i>	b. Coordinated Committee Name 	d. Comments 	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			e. Election Sum to Date <i>\$ 1044.50</i>		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Chase (Card Member Services) PO Box 1423 Charlotte NC 28201</i>	b. Coordinated Committee Name 	d. Comments 												
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:														
e. Election Sum to Date <i>\$ 1044.50</i>														
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks									
ST8503	EFT	B	10/24/25	\$ 151.35	Vote For Valley Mints									
ST8503	EFT	B, A, C	10/26/25	\$ 893.15	Ad, text msg.									
5. Total only this Page 6. Total of ALL CRO-1310 Pages														
<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>					<i>\$ 8393.70</i>									
7. Purpose Codes (List detailed expenditure code in (h.) above) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: left;"> A* - Media E - Salaries I - Postage O* - Other </td> <td style="width: 33%; text-align: left;"> B* - Printing F* - Equipment J - Penalties </td> <td style="width: 33%; text-align: left;"> C* - Fundraising G - Political Party K* - Office Expenses </td> <td style="width: 33%; text-align: left;"> D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund </td> </tr> </table>						A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fundraising G - Political Party K* - Office Expenses	D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund					
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fundraising G - Political Party K* - Office Expenses	D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund											
* Codes require detailed explanation in required remarks field (k)														

Disbursements

Pg 2 of 5 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) <i>Committee to Elect Jennifer Talley</i>			2. ID Number		
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) <i>Minuteman Press 236 Riverbend Rd Graham, NC 27253</i>			b. Coordinated Committee Name 		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ <i>1163.58</i>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ST8503	CHECK	B	11/16/25	\$138.78	Bus Cards (Vote)
ST8503	CHECK	B	11/16/25	\$411.95	Bus Cards (Vote), Door Hangers, YardSign, A Frame Sign
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Zip Printing & Mailing 1237 S Lincoln Ave Suite C Clearwater, FL 33756</i>			b. Coordinated Committee Name 		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ <i>872.18</i>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ST8503	EFT	I	10/23/25	\$ 18.74	Postage - Postcard sent to us (left over)
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>USPS 112 S. Marshall St Graham NC 27253</i>			b. Coordinated Committee Name 		d. Comments
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ <i>355.87</i>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ST8503	CHECK	I	10/30/25	\$ 355.87	Postage - Postcards.
				\$	
5. Total only this Page			\$ <i>925.34</i>		
6. Total of ALL CRO-1310 Pages <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>			\$ <i>8393.70</i>		
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 3 of 5 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 Jennifer Tally					
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
Lamar Companies PO Box 746966 Atlanta, GA 30374-6966					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date
					\$ 870
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ST8503	CHECK	A	11/15/25	\$ 870	Billboard - vote for Tally
				\$	
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
Karl Kircher 419 N. Main St Graham NC 27253					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date
					\$ 1000
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ST8503	CHECK	O	11/24/25	\$ 1000	GOTV - calls, canvassing
				\$	
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
Minuteman Press 236 Riverbend Rd. Graham, NC 27253					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	e. Election Sum to Date
					\$ 1163.58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ST8503	CHECK	B	12/4/25	\$ 133.44	yard signs
ST8503	CHECK	B	12/4/25	\$ 479.41	Postcards
5. Total only this Page					
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 4 of 5 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) <i>Committee to Elect Jennifer Talley</i>		2. ID Number															
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																	
<table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Alamance Media Partners 1183 University Dr Burlington NC 27215</i></td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date <i>\$</i></td> </tr> </table>		a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Alamance Media Partners 1183 University Dr Burlington NC 27215</i>	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify)			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date <i>\$</i>				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Alamance Media Partners 1183 University Dr Burlington NC 27215</i>	b. Coordinated Committee Name	d. Comments															
c. Level Registered (Specify)																	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:																	
		e. Election Sum to Date <i>\$</i>															
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks												
ST8503	CHECK	A	11/26/25	\$ 336.00	Advertising - radio												
ST8503	CHECK	A	12/12/25	\$ 70	Advertising - radio												
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																	
<table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Board of Elections 1128 S. Main St Graham NC 27253</i></td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date <i>\$ 50.00</i></td> </tr> </table>		a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Board of Elections 1128 S. Main St Graham NC 27253</i>	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify)			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date <i>\$ 50.00</i>				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Board of Elections 1128 S. Main St Graham NC 27253</i>	b. Coordinated Committee Name	d. Comments															
c. Level Registered (Specify)																	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:																	
		e. Election Sum to Date <i>\$ 50.00</i>															
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks												
ST8503	CHECK	B	11/25/25	\$ 25	Flash Drive for												
				\$	Mailing Postcards												
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove																	
<table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Sams Club PO Box 960016 Orlando FL 32896-0016</i></td> <td>b. Coordinated Committee Name</td> <td>d. Comments</td> </tr> <tr> <td colspan="2">c. Level Registered (Specify)</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>e. Election Sum to Date <i>\$ 1313.44</i></td> </tr> </table>		a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Sams Club PO Box 960016 Orlando FL 32896-0016</i>	b. Coordinated Committee Name	d. Comments	c. Level Registered (Specify)			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date <i>\$ 1313.44</i>				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Sams Club PO Box 960016 Orlando FL 32896-0016</i>	b. Coordinated Committee Name	d. Comments															
c. Level Registered (Specify)																	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:																	
		e. Election Sum to Date <i>\$ 1313.44</i>															
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks												
ST8503	EFT	O	11/14/25	\$ 34.18	Website, Domain												
ST8503	EFT	O	12/15/25	\$ 1279.06	Website, TextMsg												
5. Total only this Page				\$ 1649.27													
6. Total of ALL CRO-1310 Pages		<p><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></p>		\$ 8393.70													
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														
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