

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name	c. ID Number
KEEP KRISTIE CULLER CLERK OF COURT	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
103 ALYSSA DRIVE GIBSONVILLE, NC 27249	02/22/2026
	e. Phone Number
	(336) 269-1043

2. Report Year	3. Period Start Date (m m/dd/yy)	4. Period End Date (m m/dd/yy)	5. Treasurer Full Name
2026	01/01/2026	02/14/2026	GERALD RAY MILLER

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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	Municipal	State/County	Referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name		
0				

3. Account Information		3. Account Information	
a. Financial Institution Full Name	a. Financial Institution Full Name		
FIRST HORIZON BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN CONTRIBUTIONS AND EXPENSES	FH01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1,997.00		\$

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.



02/22/2026
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:	<u>2/24/24</u>	Employee:	<u>[Signature]</u>	Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	<u>2/24/24</u>	Employee:	<u>[Signature]</u>	<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

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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
KEEP KRISTIE CULLER CLERK OF COURT	2026 First Quarter		
Start of Election Cycle: January 1, 2025		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,100.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 4,462.64	\$ 21,831.52
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4,462.64	\$ 21,831.52
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 2,500.00	\$ 2,500.00
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)		\$ 33.80	\$ 33.80
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)		\$ 772.11	\$ 16,040.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,305.91	\$ 18,574.79
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,256.73	\$ 3,256.73
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

Contributions from Individuals

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
KEEP KRISTIE CULLER CLERK OF COURT						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHNNY BAKATSIAS 142 N GRAHAM HOPEDALE RD BURLINGTON, NC 27215 (336) 227-1448			OWNER WESTERN STEAKHOUSE			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FH01	In-Kind	FOOD AND BEVERAGES FOR CANIDATE'S MEET	02/10/2026	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT BRADY 5914 STONEY MOUNTAIN RD BURLINGTON, NC 27217			NOT WORKING			
			c. Employer's Name/Specific Field			
			NOR WORKING		e. Election Sum to Date	
					\$ 196.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FH01	Credit Card		01/12/2026	\$ 196.70	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KRISTIE MILLER CULLER 118 HOSKINS CIRCLE BURLINGTON, NC 27215 (336) 684-6584			CLERK OF COURT			
			c. Employer's Name/Specific Field			
			SELF/CLERK OF COURT		e. Election Sum to Date	
					\$ 1,068.11	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FH01	In-Kind	PHOTOS FOR CAMPAIGN	02/09/2026	\$ 150.00	
<input type="checkbox"/>	FH01	In-Kind	TEE SHIRTS AND HATS FROM ACCELERATED	02/09/2026	\$ 322.11	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 968.81	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,462.64	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KEEP KRISTIE CULLER CLERK OF COURT							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KRISTIE MILLER CULLER 118 HOSKINS CIRCLE BURLINGTON, NC 27215				CLERK OF COURT			
				c. Employer's Name/Specific Field			
				NC ADMINISTRATIVE OFFICE OF THE COURTS		e. Election Sum to Date	
						\$ 16,183.91	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	FH01	Credit Card		01/17/2026		\$ 53.30	
<input type="checkbox"/>	FH01	Credit Card		01/17/2026		\$ 220.95	
<input type="checkbox"/>	FH01	Credit Card		01/23/2026		\$ 736.78	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHARLES E DAVIS 207 PEBBLE BEACH DR MEBANE, NC 27302				ATTORNEY			
				c. Employer's Name/Specific Field			
				DAVIS AND HUMBERT ATTORNEYS AT LAW		e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	FH01	Check		01/15/2026		\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARK DOCKERY 1635 SANDY CROSS RD BURLINGTON, NC 27217				DEPUTY SHIRIFF			
				c. Employer's Name/Specific Field			
				ALAMANCE COUNTY SHERIFF'S DEPT.		e. Election Sum to Date	
						\$ 95.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	FH01	Credit Card		01/10/2026		\$ 95.70	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 2,106.73	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,462.64	

Contributions from Individuals

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
KEEP KRISTIE CULLER CLERK OF COURT						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHEL HABIT 1617 LUCY LN CHAPEL HILL, NC 27516			NOT WORKING			
			c. Employer's Name/Specific Field			
			NOT WORKING		e. Election Sum to Date	
					\$ 95.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FH01	Credit Card		01/12/2026	\$ 95.70	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DWAYNE M JANEY 2572 RUSSELL MCPHERSON RD BURLINGTON, NC 27215			NOT WORKING			
			c. Employer's Name/Specific Field			
			NOT WORKING		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FH01	Check		01/12/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOSEPH MCPHERSON 3513 MILESVILLE RD ELON, NC 27244			DEPUTY SHIRIFF			
			c. Employer's Name/Specific Field			
			ALAMANCE COUNTY SHERIFF'S DEPT.		e. Election Sum to Date	
					\$ 95.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	FH01	Credit Card		01/07/2026	\$ 95.70	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 291.40	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,462.64	

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KEEP KRISTIE CULLER CLERK OF COURT							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GERALD R MILLER 103 ALYSSA DR GIBSONVILLE, NC 27249				NOT WORKING			
				c. Employer's Name/Specific Field			
				NOR WORKING		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (m m/dd/yyyy)		k. Amount	
<input type="checkbox"/>	FH01	Check		02/03/2026		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TAMMY RICHARDSON P O BOX 1037 GRAHAM, NC 27253				NOT WORKING			
				c. Employer's Name/Specific Field			
				NOT WORKING		e. Election Sum to Date	
						\$ 95.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (m m/dd/yyyy)		k. Amount	
<input type="checkbox"/>	FH01	Credit Card		01/16/2026		\$ 95.70	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JACOB D WRIGHT 3521 LASHBROOKE WAY LOUISVILLE, TN 37777				ATTORNEY			
				c. Employer's Name/Specific Field			
				DAVIS AND HUMBERT ATTORNEY AT LAW		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (m m/dd/yyyy)		k. Amount	
<input type="checkbox"/>	FH01	Check		01/15/2026		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,095.70	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4,462.64	

Disbursements

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	
KEEP KRISTIE CULLER CLERK OF COURT							
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	
ANDREW WADE 105A EAST JJ DR GREENSBORO, NC 27406 (336) 292-4242				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 2,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FH01	Draft	A	02/08/2026	\$ 2,500.00	DIGITAL BULLETIN		
				\$			
5. Total only this Page						\$ 2,500.00	
6. Total of ALL CRO-1310 Pages						\$ 2,500.00	
<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 (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
KEEP KRISTIE CULLER CLERK OF COURT						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FH01	Electric Funds Tran	O	01/07/2026	\$ 4.30	PROCESSING FEE FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FH01	Electric Funds Tran	O	01/10/2026	\$ 4.30	PROCESSING FEE FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FH01	Electric Funds Tran	O	01/12/2026	\$ 4.30	PROCESSING FEE FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FH01	Electric Funds Tran	O	01/13/2026	\$ 8.30	PROCESSING FEE FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FH01	Electric Funds Tran	O	01/16/2026	\$ 4.30	PROCESSING FEE FOR CAMPAIGN
<input type="checkbox"/> Add <input type="checkbox"/> Remove	FH01	Electric Funds Tran	O	02/04/2026	\$ 8.30	PROCESSING FEE FOR CAMPAIGN
4. Total only this Page					\$	33.80
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	33.80
6. Purpose Codes (List detailed expenditure code in (d) above)						
	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
KEEP KRISTIE CULLER CLERK OF COURT			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
JOHNNY BAKATSIAS 142 N GRAHAM HOPEDALE RD BURLINGTON, NC 27215 (336) 227-1448		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 300.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD AND BEVERAGES FOR CANDIDATE'S MEET AND GREET FUNCTION		02/10/2026	\$ 300.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
KRISTIE MILLER CULLER 118 HOSKINS CIRCLE BURLINGTON, NC 27215 (336) 684-6584		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,068.11	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PHOTOS FOR CAMPAIGN		02/09/2026	\$ 150.00
TEE SHIRTS AND HATS FROM ACCELERATED GRAPHICS		02/09/2026	\$ 322.11
			\$
4. Total only this Page		\$ 772.11	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 772.11	