

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 | |
| Campaign to Elect Ramona Allen | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed | |
| 2711 White Oak Dr Burlington, NC | | | | |
| | | | e. Phone Number | |
| | | | (336) 919-491-9056 437-4833 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| 2025 | 9/17/25 | 12/31/25 | Ramona Allen | |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | | State/County |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input checked="" type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |
| | | | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | | |
| Woodforest National Bank | | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code | |
| Campaign donations & expense | RA26 | <div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold;">APR 13 2026</div> <div style="color: blue; font-weight: bold;">ALAMANCE COUNTY BOARD OF ELECTIONS</div> | | |
| | d. Period Begin Balance | | d. Period Begin Balance | |
| | \$ | | \$ | |
| CERTIFICATION | | | | |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. | | | | |
| Natasha Woods | | Ramona Allen | | 4/13/2026 |
| Printed Name of Signer | | Signature of Appointed Treasurer | | Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | 4-13-26 | Employee: | A | |
| Date Postmarked: | | Employee: | | |
| Date Scanned: | 4-13-26 | Employee: | A | |
| Date Data Entered: | | Employee: | | |
| Delivery Method | | | | |
| <input type="checkbox"/> Normal Mail | | | | |
| <input type="checkbox"/> Registered Mail | | | | |
| <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 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 Ramona Allen | Semi-Annual Year End | | |
| Start of Election Cycle: January 1, 2025 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 315.00 | \$ 0.00 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 1464.00 | \$ 1779.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 1250.00 | \$ 1250.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 500.00 | \$ 500.00 | |
| 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) | \$ 1342.17 | \$ 1342.17 | |
| 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) | \$ 4556.17 | \$ 4871.17 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 3056.01 | \$ 3056.01 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ | \$ | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ 115.57 | \$ 115.57 | |
| 15) Loan Repayments (CRO-1420) | \$ | \$ | |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | \$ | \$ | |
| 17) In-Kind Contributions (CRO-1510) | \$ 500.00 | \$ 500.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 3671.58 | \$ 3671.58 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1199.59 | \$ 1199.59 | |
| 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) | \$ | \$ | |

Aggregated Contributions from Individuals

Page

1 of 3

Amendment

Yes No

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

| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
|--|-----------------|--------------------|------------------------|----------------------|------------|
| Campaign to Elect Ramona Allen | | | | | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add | RA26 | EFT | | 09/07/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 09/07/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 09/07/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 09/07/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 09/08/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/10/2025 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/10/2025 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/11/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/11/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/11/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/13/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/13/2025 | \$ 40.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/15/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/21/2025 | \$ 40.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 9/27/2025 | \$ 25.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | Cash | | 10/17/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 10/25/2025 | \$ 7.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | Cash | | 10/25/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 10/25/2025 | \$ 22.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 10/25/2025 | \$ 10.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 10/27/2025 | \$ 30.00 |
| <input type="checkbox"/> Remove | | | | | |
| <input type="checkbox"/> Add | RA26 | EFT | | 10/29/2025 | \$ 20.00 |
| <input type="checkbox"/> Remove | | | | | |
| 4. Total only this Page | | | | | \$ 484.00 |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 1464.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | |

Aggregated Contributions from Individuals

Page 2 of 3

Amendment Yes No

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|--|-----------------|--------------------|------------------------|----------------------|--------------|--|
| Campaign to elect Ramona Allen | | | | | | |
| 3. Contributor Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/08/2025 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/09/2025 | \$ 20.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/09/2025 | \$ 25.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/09/2025 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/14/2025 | \$ 20.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/17/2025 | \$ 25.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/22/2025 | \$ 20.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/25/2025 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/25/2025 | \$ 25.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 11/27/2025 | \$ 40.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 12/04/2025 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 12/13/2025 | \$ 20.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 12/13/2025 | \$ 20.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 12/17/2025 | \$ 25.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 12/20/2025 | \$ 20.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | CASH | | 12/30/2025 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 12/30/2025 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 01/02/2026 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 01/10/2026 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 01/12/2026 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 01/14/2026 | \$ 50.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 01/14/2026 | \$ 30.00 | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | RA26 | EFT | | 01/23/2026 | \$ 10.00 | |
| 4. Total only this Page | | | | | \$ 800.00 | |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 1464.00 | |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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 | |
| Campaign to Elect Ramona Allen | | | | | | | |
| 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 | |
| Bob Byrd 2826 Charlotte Ln Burlington NC 27215 | | | | Professor | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Elon University | | | |
| | | | | | | 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"/> | RA26 | Debit Card | | 11/12/2025 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Cheryl McIvor 404 W Montcastle Dr Greensboro, NC 27406 | | | | Minister | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Not employed | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | RA26 | Debit Card | | 11/22/2025 | | \$ 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 | |
| Robery Brady 5914 A Stoney Moutain Rd Burlington, NC 27217 | | | | Police Officer | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Not employed | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | RA26 | Debit Card | | 12/9/2025 | | \$ 500.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 1100.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 1250.00 | |

Contributions from Individuals

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 | |
| Campaign to Elect Ramona Allen | | | | | | |
| 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 | |
| Anthony Broadway 1016 Galveston Ct Haw River NC 27255 | | | Bail Bondsman | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Broadway Bail Bonds | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | RA26 | Debit | | 12/30/2025 | \$ 150.00 | |
| <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 | |
| | | | | | | |
| | | | 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"/> | | | | | \$ | |
| 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 | |
| | | | | | | |
| | | | 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 | | | | | \$ 150.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 1250.00 | |

Other Receipt Sources

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

Pr 1 of 3 Amendment Yes No

1. Committee Full Name (and Fund if applicable) Campaign to elect Ramona Allen 2. ID Number _____

3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)

Interest Contributions from Not-for-Profit Organizations Add Remove Outside Sources of Income

| 4. Contributor Information | | b. Not-for-Profit Federal ID # | | d. Comments | |
|---|------------|--------------------------------|--|-------------------------|-----------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | c. Outside Source Explanation | | e. Election Sum to Date | |
| Give Butter Fundraising website for Campaign to elect Ramona Allen T-shirt sales | | Campaign t-shirt sales | | \$ 63.84 | |
| f. Account Code | | g. Form of Payment | | h. In-Kind Description | |
| RA 26 | Debit Card | | | i. Date (mm/dd/yyyy) | j. Amount |
| RA 26 | Debit Card | | | 09/21/2025 | \$ 39.30 |
| | | | | 09/27/2025 | \$ 24.56 |

| 4. Contributor Information | | b. Not-for-Profit Federal ID # | | d. Comments | |
|---|------------|--------------------------------|--|-------------------------|-----------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | c. Outside Source Explanation | | e. Election Sum to Date | |
| Give Butter Fundraising website for Campaign to elect Ramona Allen T-shirt sales | | Campaign t-shirt sales | | \$ 423.95 | |
| f. Account Code | | g. Form of Payment | | h. In-Kind Description | |
| RA 26 | Debit Card | | | i. Date (mm/dd/yyyy) | j. Amount |
| RA 26 | Debit Card | | | 09/30/2025 | \$ 365.00 |
| | | | | 10/03/2025 | \$ 58.95 |

| 4. Contributor Information | | b. Not-for-Profit Federal ID # | | d. Comments | |
|---|------------|--------------------------------|--|-------------------------|-----------|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | c. Outside Source Explanation | | e. Election Sum to Date | |
| Give Butter Fundraising website for Campaign to elect Ramona Allen T-shirt sales | | Campaign t-shirt sales | | \$ 360.00 | |
| f. Account Code | | g. Form of Payment | | h. In-Kind Description | |
| RA 24 | Debit Card | | | i. Date (mm/dd/yyyy) | j. Amount |
| RA 24 | Debit Card | | | 10/06/2025 | \$ 160.00 |
| | | | | 10/10/2025 | \$ 200.00 |

5. Total only this Page \$ 847.81

6. Total of ALL CRO-1250 Pages \$ 1,342.17

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)
 (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)
 (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

Owner Receipt Sources

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

Page 2 of 3 Amendment Yes No

1. Committee Full Name (and Fund if applicable) Campaign to Elect Ramona Allen 2. ID Number _____

3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)
 Interest Contributions from Not-for-Profit Organizations Outside Sources of Income

4. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Give Butler
Fundraising website for campaign to elect Ramona Allen T-shirt sales
 b. Not-for-Profit Federal ID # _____
 c. Outside Source Explanation Campaign t-shirt sales
 d. Comments _____
 e. Election Sum to Date \$ 138.65

| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|------------------------|----------------------|-----------|
| RA26 | Debit Card | | 10/17/2025 | \$ 19.65 |
| RA26 | Debit Card | | 10/27/2025 | \$ 119.00 |

4. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Give Butler
Fundraising website for campaign to elect Ramona Allen T-shirt sales
 b. Not-for-Profit Federal ID # _____
 c. Outside Source Explanation Campaign t-shirt sales
 d. Comments _____
 e. Election Sum to Date \$ 68.77

| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|------------------------|----------------------|-----------|
| RA26 | Debit Card | | 10/29/2025 | \$ 19.65 |
| RA26 | Debit Card | | 10/31/2025 | \$ 49.12 |

4. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Give Butler
Fundraising website for campaign to elect Ramona Allen T-shirt sales
 b. Not-for-Profit Federal ID # _____
 c. Outside Source Explanation Campaign t-shirt sales
 d. Comments _____
 e. Election Sum to Date \$ 68.77

| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
|-----------------|--------------------|------------------------|----------------------|-----------|
| RA26 | Debit Card | | 11/08/2025 | \$ 49.12 |
| RA26 | Debit Card | | 11/09/2025 | \$ 19.45 |

5. Total only this Page \$ 276.19

6. Total of ALL CRO-1250 Pages \$ 1,342.17

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)
 (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)
 (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

Other Receipt Sources

Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

Amendment Yes No

1. Committee Full Name (and Fund if applicable) Campaign to elect Ramona Allen **2. ID Number**

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*
 Interest Contributions from Not-for-Profit Organizations Outside Sources of Income

4. Contributor Information Add Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | d. Comments | |
|---|--------------------|--------------------------------|----------------------|-------------------------|
| Give Butter Fundraising website for campaign to elect Ramona Allen T-shirt sales | | | | |
| | | c. Outside Source Explanation | | e. Election Sum to Date |
| | | Campaign T-shirt sales | | \$ 69.75 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
| RA 26 | Debit Card | | 11/09/2025 | \$ 20.03 |
| RA 26 | Debit Card | | 11/09/2025 | \$ 49.12 |

4. Contributor Information Add Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | d. Comments | |
|---|--------------------|--------------------------------|----------------------|-------------------------|
| Give Butter Fundraising website for campaign to elect Ramona Allen T-shirt sales | | | | |
| | | c. Outside Source Explanation | | e. Election Sum to Date |
| | | Campaign T-shirt sales | | \$ 49.12 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
| RA 26 | Debit Card | | 11/17/2025 | \$ 24.56 |
| RA 26 | Debit Card | | 11/25/2025 | \$ 24.54 |

4. Contributor Information Add Remove

| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Not-for-Profit Federal ID # | d. Comments | |
|---|--------------------|--------------------------------|----------------------|-------------------------|
| Give Butter Fundraising website for campaign to elect Ramona Allen T-shirt sales | | | | |
| | | c. Outside Source Explanation | | e. Election Sum to Date |
| | | Campaign T-shirt sales | | \$ 99.30 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
| RA 26 | Debit Card | | 11/27/2025 | \$ 39.30 |
| RA 26 | Debit Card | | 12/01/2025 | \$ 60.00 |

5. Total only this Page \$ 218.17

6. Total of ALL CRO-1250 Pages \$ 1,342.17
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

In-Kind Contributions

Amendment

Pg 1 of 1 Yes No

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) Campaign to Elect Ramona Allen | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) NCDP - NC Democrats 220 Hillsborough St Raleigh, NC 27603 | | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | c. Comments |
| | | | d. Election Sum to Date \$ 500.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 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 <input 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 \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 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 <input 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 \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 500.00 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | | \$ 500.00 |