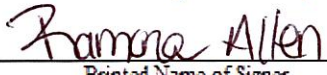
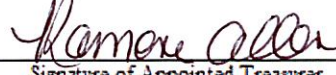


Disclosure Report Cover

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 CAMPAIGN TO ELECT RAMONA ALLEN			c. ID Number
b. Mailing Address (include City, State and Zip Code) 2711 WHITE OAK DRIVE BURLINGTON, NC 27215			d. Date Filed 05/27/2026
			e. Phone Number (336) 437-4832
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 09/18/2025	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name 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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <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	
7. Type of Fund (if applicable, check one)		State/County	
<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"/> 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	
8. Number of Fundraisers this Report 0		10. Special Report Name	
3. Account Information		3. Account Information	
a. Financial Institution Full Name WOODFOREST NATIONAL BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN RELATED ACTIVITY	c. Account Code RA26	<div style="border: 2px solid blue; padding: 5px; font-weight: bold; color: blue;">RECEIVED</div> <div style="color: red; font-weight: bold; margin-top: 10px;">JUN 02 2026</div>	c. Account Code
	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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		05/27/2026 Date	
FOR OFFICE USE ONLY			
Date Received:	6-2-26	Employee:	A
Date Postmarked:		Employee:	
Date Scanned:	6-2-26	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	
CAMPAIGN TO ELECT RAMONA ALLEN	2025 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		\$ 315.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 757.00	\$ 1,072.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,330.00	\$ 1,330.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 500.00	\$ 500.00
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)		\$ 2,587.00	\$ 2,902.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,890.61	\$ 2,890.61
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)	\$ 328.19	\$ 328.19
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)	\$ 500.00	\$ 500.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,718.80	\$ 3,718.80
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ (816.80)	\$ (816.80)
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Page 1 of 2

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	Electric Funds Tran		12/20/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/24/2025	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card		09/27/2025	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/23/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		10/03/2025	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/08/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		12/07/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/13/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/16/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/08/2025	\$	21.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/26/2025	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card		10/16/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/22/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/13/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/16/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		10/03/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		12/13/2025	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/22/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		12/12/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		09/24/2025	\$	1.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		12/13/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		09/25/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran		11/08/2025	\$	50.00
4. Total only this Page					\$	\$627.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$757.00

Aggregated Contributions from Individuals

Page 2 of 2

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	Electric Funds Tran		10/29/2025	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	RA26	Electric Funds Tran		09/21/2025	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	RA26	Electric Funds Tran		11/09/2025	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	RA26	Electric Funds Tran		10/31/2025	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$130.00
5. Total of ALL CRO-1205 Pages					\$	\$757.00
<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
ROBERT BRADY 5914 A STONEY MOUNTAIN BURLINGTON, NC 27217						
						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	Electric Funds Tran		12/09/2025	\$ 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
ANTHONY BROADWAY 1016 GALVESTON CT HAW RIVER, NC 27255						
						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	Electric Funds Tran		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
BOB BYRD 2826 CHARLOTTE LN BURLINGTON, NC 27215						
						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	Electric Funds Tran		11/12/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,330.00	

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	
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	
ANNIE HAIRSTON 424 AVON AVE BURLINGTON, NC 27215						
					e. Election Sum to Date	
					\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	RA26	Electric Funds Tran		12/12/2025	\$ 20.00	
<input type="checkbox"/>	RA26	Electric Funds Tran		12/13/2025	\$ 20.00	
<input type="checkbox"/>	RA26	Electric Funds Tran		12/22/2025	\$ 40.00	
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 MCLVER 404 W MONTCASLTE DR GREENSBORO, NC 27406						
					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	Electric Funds Tran		11/22/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 580.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,330.00	

Contributions from Political Party Committees

Pg 1 of 1

Amendment

Yes No

Use this form to report contributions from a political party

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. Comments	
NCDP NC DEMOCRATS 220 HILLSBOROUGH ST RALEIGH, NC 27603					
				c. Election Sum to Date	
				\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
RA26	In-Kind	VOTE BUILDER	09/18/2025	\$ 500.00	
				\$	
				\$	
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

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	
CAMPAIGN TO ELECT RAMONA ALLEN							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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	
ALAMANCE COUNTRY BOARD OF ELECTIONS 1128 SOUTH MAIN ST GRAHAM, NC 27253							
				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:		\$ 84.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Check	O	12/08/2025	\$ 84.00	FILING FEE		
				\$			
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	
CAROLINA BANNER & SIGN CO 3535 HILLSBOROUGH RD DURHAM, NC 27705							
				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:		\$ 667.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	12/23/2025	\$ 667.00	CAMPAIGN BANNERS		
				\$			
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	
APRIL CLARK 4392 CANDANCE RIGDE CT GREENSBORO, NC 27406							
				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:		\$ 99.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Electric Funds Tran	O	10/30/2025	\$ 72.00	DTF TSHIRTS		
				\$			
5. Total only this Page						\$ 823.00	
6. Total of ALL CRO-1310 Pages						\$ 2,890.61	
<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)							

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	
CAMPAIGN TO ELECT RAMONA ALLEN							
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FOODLION 894 BURLINGTON, NC 27215							
				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:		\$ 56.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	10/26/2025	\$ 56.83	FOOD FOR THE EVENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
GIVE BUTTER NC							
				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:		\$ 205.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	12/31/2025	\$ 205.45	PLATFORM FEES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
HARRIS TEETER BURLINGTON, NC 27215							
				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:		\$ 73.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	12/21/2025	\$ 73.65	FOOD AND DRINK FOR EVENT		
				\$			
5. Total only this Page						\$ 335.93	
6. Total of ALL CRO-1310 Pages						\$ 2,890.61	
<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)							

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	
CAMPAIGN TO ELECT RAMONA ALLEN							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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	
JACKIE DARK 1040 FLATS AVE MEBANE, NC 27302							
				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:		\$ 80.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	12/05/2025	\$ 80.00	FOOD AND DECORATIONS		
				\$			
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	
NATASHA WOODS 2305 S JIM MINOR RD MEBANE, NC 27302							
				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:		\$ 165.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Electric Funds Tran	O	12/17/2025	\$ 165.00	FOOD FOR THE EVENT		
				\$			
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	
OFFICE DEPOT 1825 SOUTH CHURCH ST BURLINGTON, NC 27215							
				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:		\$ 305.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	11/23/2025	\$ 105.78	PRINT MEDIA		
RA26	Debit Card	O	11/28/2025	\$ 92.36	PRINT MEDIA		
5. Total only this Page						\$ 443.14	
6. Total of ALL CRO-1310 Pages						\$ 2,890.61	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

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	
CAMPAIGN TO ELECT RAMONA ALLEN							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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	
RACE TOP PRINT 74 E GLENWOOD AVE SMYRNA, DE 19977							
				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:		\$ 128.09	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	11/13/2025	\$ 128.09	Campaign Advertisement		
				\$			
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	
U-PRINTINGX 8000 HASKELL AVE VANNUYS, CA 91406							
				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:		\$ 723.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	11/19/2025	\$ 169.05	BANNER		
RA26	Debit Card	O	11/27/2025	\$ 169.16	YARD SIGNS		
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	
U-PRINTINGX 8000 HASKELL AVE VANNUYS, CA 91406							
				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:		\$ 723.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	11/29/2025	\$ 102.25	CAMPAIGN CARDS		
RA26	Debit Card	O	12/07/2025	\$ 102.52	CAMPAIGN CARDS		
5. Total only this Page						\$ 671.07	
6. Total of ALL CRO-1310 Pages						\$ 2,890.61	
<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)							

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	
CAMPAIGN TO ELECT RAMONA ALLEN							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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	
U-PRINTINGX 8000 HASKELL AVE VANNUYS, CA 91406							
				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:		\$ 723.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	12/23/2025	\$ 180.70	PALM CARDS		
				\$			
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	
VISTAGO PRINT LLC 6706 LOHMAN FORD RD LAGO VISTA, TX 78645							
				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:		\$ 436.77	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
RA26	Debit Card	O	12/17/2025	\$ 436.77	CAMPAIGN CARDS		
				\$			
5. Total only this Page						\$ 617.47	
6. Total of ALL CRO-1310 Pages						\$ 2,890.61	
<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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
CAMPAIGN TO ELECT RAMONA ALLEN						
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	RA26	Debit Card	O	10/19/2025	\$ 10.68	FOOD EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	11/09/2025	\$ 29.89	FLYERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	12/17/2025	\$ 25.00	DECORATIONS FOR EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	09/24/2025	\$ 0.70	CASHAPP FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	10/24/2025	\$ 1.84	CASH APP FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Electric Funds Tran	O	11/04/2025	\$ 27.00	TSHIRT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	12/19/2025	\$ 41.27	FOOD R EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	10/18/2025	\$ 50.00	FOOD FOR DECORATIONS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	11/09/2025	\$ 29.89	CAMPING PRINTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	11/09/2025	\$ 37.79	EVENT ADVERTISING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	11/21/2025	\$ 39.48	EVENT ADVERTISING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	12/18/2025	\$ 23.97	BLANK TSHIRTS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	RA26	Debit Card	O	10/19/2025	\$ 10.68	FOOD FOR EVENT
4. Total only this Page					\$	328.19
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	328.19
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	
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. Type of Contributor	
NCDP NC DEMOCRATS 220 HILLSBOROUGH ST RALEIGH, NC 27603		<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
VOTE BUILDER		09/18/2025	\$ 500.00
			\$
			\$
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