

Disclosure Report Cover

Amendment

☐ Yes ☒ No

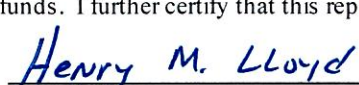
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

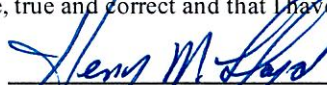
1. Committee Information			
a. Full Name			c. ID Number
COMMITTEE TO ELECT SAMIRA KHAN			
b. Mailing Address (include City, State and Zip Code)			d. Date Filed
1015 DUNLEIGH DR BURLINGTON, NC 27215			10/24/2026
			e. Phone Number
			(336) 647-7227
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	07/01/2026	10/17/2026	HENRY M LLOYD
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign ☐ Party ☐ Joint Fundraiser ☐ PAC ☐ Referendum ☐ Legal Expense Fund		Municipal State/County Referendum ☐ Organizational ☐ Organizational ☐ Thirty-five day ☐ Quarterly ☐ Pre-primary ☐ First ☐ Pre-election ☐ Second ☐ Pre-runoff ☒ Third ☐ Semi-annual ☐ Fourth ☐ Mid Year ☐ Semi-annual ☐ Year End ☐ Mid Year ☐ Final ☐ Year End ☐ Special ☐ Final ☐ ☐ Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ "Booster Fund" ☐ Building Fund ☐ Presidential Election Year Candidates Fund ☐ NC Public Campaign Financing Fund ☐ Other:			
8. Number of Fundraisers this Report			
0			
3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	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

10/24/2026
 Date

FOR OFFICE USE ONLY			
Date Received:	<u>10/24/26</u>	Employee:	<u>JA</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<u>10/24/26</u>	Employee:	<u>JA</u>
Date Data Entered:	_____	Employee:	_____
		Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed ☐ 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 SAMIRA KHAN		2026 Third Quarter			
Start of Election Cycle: January 1, 2025			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 851.82		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 330.00		\$ 330.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,100.00		\$ 10,914.76	
7) Contributions from Political Party Committees (CRO-1220)		\$ 1,636.19		\$ 1,636.19	
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		\$ 88.65	
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)		\$ 4,066.19		\$ 12,969.60	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2,264.46		\$ 8,316.05	
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)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 2,000.00	
17) In-Kind Contributions (CRO-1510)		\$ 1,336.19		\$ 1,336.19	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,600.65		\$ 11,652.24	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,317.36		\$ 1,317.36	
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 IndividualsPage 1 of 1

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	
COMMITTEE TO ELECT SAMIRA KHAN					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	BOA-CK1	Credit Card		09/22/2026	\$ 25.00
☐ Add ☐ Remove	BOA-CK1	Credit Card		09/18/2026	\$ 50.00
☐ Add ☐ Remove	BOA-CK1	Credit Card		09/14/2026	\$ 25.00
☐ Add ☐ Remove	BOA-CK1	Credit Card		10/09/2026	\$ 10.00
☐ Add ☐ Remove	BOA-CK1	Credit Card		08/12/2026	\$ 50.00
☐ Add ☐ Remove	BOA-CK1	Credit Card		10/12/2026	\$ 50.00
☐ Add ☐ Remove	BOA-CK1	Credit Card		08/25/2026	\$ 50.00
☐ Add ☐ Remove	BOA-CK1	Credit Card		09/22/2026	\$ 20.00
☐ Add ☐ Remove	BOA-CK1	Credit Card		08/03/2026	\$ 50.00
4. Total only this Page					\$ 330.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 330.00

Contributions from Individuals

Pg 1 of 4

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	
COMMITTEE TO ELECT SAMIRA KHAN							
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SUMAYYA AMIN 16 ELM RIDGE LANE GREENSBORO, NC 27408				PHYSICIAN			
				c. Employer's Name/Specific Field			
				CONE HEALTH			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	BOA-CK1	Credit Card		09/18/2026		\$ 200.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
FARAH AWAN 6901 MATZINGER CT OAK RIDGE, NC 27310				NO PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						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	
☐	BOA-CK1	Credit Card		08/22/2026		\$ 100.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SARAH BAIG 1858 YATRES MILL ST HIGH POINT, NC 27265				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NO EMPLOYER			
						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	
☐	BOA-CK1	Credit Card		09/18/2026		\$ 100.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,100.00	

Contributions from Individuals

Pg 2 of 4

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	
COMMITTEE TO ELECT SAMIRA KHAN						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ZAIB BHATTI 3210 ELK ST BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NO EMPLOYER			
					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	
☐	BOA-CK1	Credit Card		09/18/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TAYYBA BUTTAR 6600 ALLEY RD SUMMERFIELD, NC 27358			PHYSICIAN			
			c. Employer's Name/Specific Field			
			OLD VINEYARD BEHAVIOR HEALTH SERVICES			
					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	
☐	BOA-CK1	Credit Card		10/12/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT CHUNG 2235 CRESCENT DR GRAHAM, NC 27253			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NO EMPLOYER			
					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	
☐	BOA-CK1	Credit Card		10/04/2026	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,100.00	

Contributions from Individuals

Pg 3 of 4

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	
COMMITTEE TO ELECT SAMIRA KHAN						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHAMAILA GHAUS 3000 CROSBY CT SUMMERFIELD, NC 27358			TEACHER			
			c. Employer's Name/Specific Field			
			NATIONAL HERITAGE ACADEMIES			
					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	
☐	BOA-CK1	Credit Card		08/22/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
UZMA KHAWAJA 120 NORTH EMILY CT HIGH POINT, NC 27265			NOT EMPLOYEED			
			c. Employer's Name/Specific Field			
			NO EMPLOYER			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	BOA-CK1	Credit Card		08/10/2026	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AYSHA MAHMOOD 6206 BAY HILL CT GREENSBORO, NC 27410			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NO EMPLOYER			
					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	
☐	BOA-CK1	Credit Card		09/18/2026	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,100.00	

Contributions from IndividualsPg 4 of 4

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	
COMMITTEE TO ELECT SAMIRA KHAN						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAHUL SACHDEV 71001 WILKINSON CHAPEL HILL, NC 27517			DENTIST			
			c. Employer's Name/Specific Field			
			NO EMPLOYER		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	
☐	BOA-CK1	Credit Card		10/09/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AHMED TELAN-SIE 4509 WOODSFIELD DR GREENSBOKRO, NC 27406			PHYSICIAN			
			c. Employer's Name/Specific Field			
			ALLIANCE MEDICAL ASSOCIATES		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	
☐	BOA-CK1	Credit Card		10/15/2026	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,100.00	

CRO-1210

NC State Board of Elections

April 2007

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	
COMMITTEE TO ELECT SAMIRA KHAN					
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
ALAMANCE COUNTY DEMOCRATIC PARTY PO BOX 1607 BURLINGTON, NC 27216					
				c. Election Sum to Date	
				\$ 1,336.19	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
BOA-CK1	In-Kind	PRINT MEDIA	09/17/2026	\$ 36.36	
BOA-CK1	In-Kind	BILLBOARD	10/01/2026	\$ 296.30	
BOA-CK1	In-Kind	PRINT MEDIA	10/06/2026	\$ 1,003.53	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
DEMOCRATIC WOMEN OF ALAMANCE COUONTY PO BOX 1815 BURLINGTON, NC 27215					
				c. Election Sum to Date	
				\$ 300.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
BOA-CK1	Check		07/02/2026	\$ 50.00	
BOA-CK1	Check		07/02/2026	\$ 250.00	
				\$	
4. Total only this Page				\$ 1,636.19	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 1,636.19	

Disbursements

Pg 1 of 2

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 SAMIRA KHAN							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACTBLUE NC							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 202.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BOA-CK1	Electric Funds Tran	O	10/17/2026	\$ 83.62	PAYMENT PROCESSING		
				\$	FEE		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
MAX BENGASSAT 3504 CHARING CROSS RD GREENSBORO, NC 27455							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BOA-CK1	Check	O	08/04/2026	\$ 300.00	PRINT MEDIA		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HYEMIN IM 16494 CAMPUS BOX ELON, NC 27244							
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BOA-CK1	Check	O	10/14/2026	\$ 200.00	WEBSITE EXPENSE		
				\$			
5. Total only this Page						\$ 583.62	
6. Total of ALL CRO-1310 Pages							
(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)						\$ 2,264.46	
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 2 of 2

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 SAMIRA KHAN							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VICTORY STORE 5200 SW 30TH STREET DAVENPORT, IA 52802 (888) 968-2688				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						\$ 1,680.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BOA-CK1	Check	O	07/06/2026	\$ 437.60	PRINT MEDIA		
BOA-CK1	Check	O	08/18/2026	\$ 437.87	PRINT MEDIA		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
VICTORY STORE 5200 SW 30TH STREET DAVENPORT, IA 52802 (888) 968-2688				c. Level Registered (Specify)		e. Election Sum to Date	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						\$ 1,680.84	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
BOA-CK1	Check	O	09/16/2026	\$ 430.95	PRINT MEDIA		
BOA-CK1	Check	O	09/25/2026	\$ 374.42	PRINT MEDIA		
5. Total only this Page						\$ 1,680.84	
6. Total of ALL CRO-1310 Pages							
(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)						\$ 2,264.46	
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)							

In-Kind Contributions

Pg 1 of 1

Amendment

☐ 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)		2. ID Number	
COMMITTEE TO ELECT SAMIRA KHAN			
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ALAMANCE COUNTY DEMOCRATIC PARTY PO BOX 1607 BURLINGTON, NC 27216		☐ Individual	
		☐ Candidate	
		☒ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 1,336.19	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINT MEDIA		09/17/2026	\$ 36.36
BILLBOARD		10/01/2026	\$ 296.30
PRINT MEDIA		10/06/2026	\$ 1,003.53
4. Total only this Page		\$ 1,336.19	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,336.19	

CRO-1510

NC State Board of Elections

December 2007