Disclosure Report Cover

RECEIVED

FEB 22 2024

MOORE BOE

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
ELLIE COLLINS FOR SCHOOL BOARD	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
335 DRIFTWOOD CIR, UNIT B SOUTHERN PINES, N.C. 28387	02-19-24
	e. Phone Number
	910 692 8289

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	1/1/24	2/17/2024	ELLIE COLLINS

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name		
FIRST NATIONAL BANK		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
CAMPAIGN ACCOUNT FOR RECEIPTS + EXPENDITURES		$ 0

11. Account Information

a. Financial Institution Full Name		
b. Purpose	**c. Account Code**	**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.

ELLIE COLLINS	Ellie Collins	2-19-24
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	2-22-24	Employee:	B	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail ☐ Registered Mail
Date Scanned:		Employee:		☒ Hand Delivered ☐ Electronically Filed
Date Data Entered:		Employee:		☐ 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
ELECT ELLIE COLLINS FOR SCHOOL BOARD	1st quarter	

Start of Election Cycle: January 1, 2024		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ -0-	$
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 504.99	$ 504.99
6) Contributions from Individuals	*(CRO-1210)*	$ 2653.-	$ 2653.-
7) Contributions from Political Party Committees	*(CRO-1220)*	$	$
8) Contributions from Other Political Committees	*(CRO-1230)*	$	$
9) Loan Proceeds	*(CRO-1410)*	$	$
10) Refunds/Reimbursements to the Committee	*(CRO-1240)*	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$	$
11b) Contributions from Not-For-Profit Organizations	*(CRO-1250)*	$	$
11c) Outside Sources of Income	*(CRO-1250)*	$	$
11d) Legal Expense Fund - Other Sources	*(CRO-1270)*	$	$
11e) Exempt Purchase Price Sales	*(CRO-1265)*	$	$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 3157.99	$ 3157.99
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$	$
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$	$
13c) Coordinated Party Expenditures	*(CRO-1310)*	$	$
14) Aggregated Non-Media Expenditures	*(CRO-1315)*	$	$
15) Loan Repayments	*(CRO-1420)*	$	$
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 1981.56	$ 1981.56
17) In-Kind Contributions	*(CRO-1510)*	$ 82.99	$ 82.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2064.55	$ 2064.55
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1093.44	$ 1,093.44
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 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
ELECT ELLIE COLLINS FOR SCHOOL BOARD	

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		CHECK		12-19-2023	$ 50.-	
☑ Add ☐ Remove		CHECK		01-08-2024	$ 50.-	
☑ Add ☐ Remove		CHECK		01-22-2024	$ 50.-	
☑ Add ☐ Remove		CHECK		01-27-2024	$ 25.-	CL
☑ Add ☐ Remove		CHECK		01-29-2024	$ 50.-	
☑ Add ☐ Remove		CHECK		02-05-2024	$ 50.	BM
☑ Add ☐ Remove		CASH		02-08-2024	$ 50.	
☑ Add ☐ Remove		CHECK		02-08-2024	$ 50	GH
☑ Add ☐ Remove		CHECK		02-13-24	$ 50	DM
☑ Add ☐ Remove		CHECK		02-13-24	$ 50	LM
☑ Add ☐ Remove		CC	SIGN UP GENIUS	01-31-24	$ 29.99	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	

4. Total only this Page	$ 504.99
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 504.99

Contributions from Individuals

Pg 1 of 9

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JUDY LEACH 35 PINEWILD DR PINEHURST N.C. 28374	OFFICE MGR	JAMES LEACH INSURANCE		$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01-31-2024	$ 100 -
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
M. WALKER 3310 DRIFTWOOD CIR SOUTHERN PINES NC 28387	ADM. ASSISTANT	ARTS COUNCIL OF MOORE COUNTY		$ 75.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐				02-08-24	$ 75.
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
W. LANEY PO BOX 877 ABERDEEN N.C. 28315	RETIRED			$ 75.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐				02-12-24	$ 75.-
☐					$
☐					$

4. Total only this Page	$ 250.-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653.

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE R. GANIS 749 BURLWOOD DR SOUTHERN PINES NC 28387	RETIRED			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/31/2024	$ 100 -
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
M. FINEMAN 536 LAKES N. WEST END N.C. 27376	RETIRED			$ 200.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/31/2024	$ 200.-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANGIE SCHERER 1417 McCASKILL RD CARTHAGE NC 28327	N/A			$ 100 -

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		02-02-2024	$ 100.-
☐					$
☐					$

4. Total only this Page	$ 400-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653.-

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
M.L. GARDAM 214 STARLAND LN SOUTHERN PINES NC 28387	RETIRED			$ 250.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/17/2024	$ 250.-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PHYLLIS HAJNOS 405 W. CONNECTICUT AVE SOUTHERN PINES N.C. 28387	N/A			$ 200.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/23/2024	$
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JENNIFER BERK 175 WOODLAND DR. PINEHURST N.C. 28374	N/A			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01-23-2024	$ 100.-
☐					$
☐					$

4. Total only this Page	$ 550-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653.-

Contributions from Individuals

Pg 4 of 9 | 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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
VICKI ALSOP PO BOX 921 WEST END N.C. 27376	N/A			$ 200.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/07/2024	$ 200.-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MIRIAM HAGE 2 VILLAGE LN. PINEHURST N.C. 28374	RETIRED			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/14/2024	$ 100.-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BARBARA ROTHBEIND 210 LAKE FOREST DR. PINEHURST N.C. 28374	N/A			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/16/2024	$ 100-
☐					$
☐					$

4. Total only this Page	$ 400.-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653-

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JUDY T. OLDHAM 245 WEYMOUTH RD SOUTHERN PINES NC 28387	N/A			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/15/2024	$ 100.-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOAN BRUNO 6 PINE CRESCENT DR WHISPERING PINES NC 28327	RETIRED			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/15/2024	$ 100.-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN BURNS 410 TEAKWOOD LN SOUTHERN PINES NC 28387	RETIRED			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/16/2024	$ 100.-
☐					$
☐					$

4. Total only this Page	$ 300-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653.-

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BETH S. OWENS 413 TEAKWOOD LN SOUTHERN PINES NC 28387	RETIRED			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		12-28-23	$ 100-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN L. MONROE 525 HARDEE BRANCH RD WEST END NC 27376	RETIRED			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/08/2024	$ 100-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GAIL CAMERON 2 TEWKESBURY CT PINEHURST NC 28374	RETIRED			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		01/09/2024	$
☐					$
☐					$

4. Total only this Page	$ 300-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653.

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELIZABETH MANLEY 903 N. SYCAMORE ST. ABERDEEN NC 28315	MENTAL HEALTH PROFESSIONAL	SELF-EMPLOYED		$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		02-12-2024	$ 100.-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
~~REBECCA~~ J. BEITTEL 702 WILDWOOD RD ABERDEEN NC 28315	DR.	FIRST HEALTH		$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		02-14-24	$ 100.-
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN MANNION, JR P.O. BOX 1783 SOUTHERN PINES NC 28388	RETIRED			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK			$ 100-
☐					$
☐					$

4. Total only this Page	$ 300-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653.-

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
LORETTA JACOBSON 351 DRIFTWOOD CIR., UNITA SOUTHERN PINES NC 28387	RETIRED	
	c. Employer's Name/Specific Field	e. Election Sum to Date
		$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		02-14-2024	$ 100-
☐					$
☐					$

3. Contributor Information ☐ Add ☐ 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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ 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
☐					$
☐					$
☐					$

4. Total only this Page	$ 100-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653-

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
ELECT ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELLIE COLLINS 336 DRIFTWOOD CIR. UNIT B SOUTHERN PINES NC 28387				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		check	filing fee	12-15-23	$ 53.-
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 53.-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2653.-

Refunds/Reimbursements From the Committee

Pg 1 of 2

Amendment ☐ Yes ☑ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
ELLIE COLLINS FOR SCHOOL BOARD	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
ELLIE COLLINS 335 DRIFTWOOD CIR. UNIT B SOUTHERN PINES NC 28387	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	SEE ATTACHED
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $
b. Job Title/Profession: BOOKKEEPER	c. Employer's Name/Specific Field: SELF EMPLOYED	g. Comments	k. Account Code
l. Form of Payment: CHECK	m. Required Remarks: CAMPAIGN EXPENDITURES	n. Date (mm/dd/yyyy)	o. Amount: $

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount: $

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount: $

4. Total only this Page	$
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 1981.56

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

Refunds/Reimbursements From the Committee
Form CRO-1320

1) Elect Ellie Collins for School Board
2) ..
3a) Ellie Collins, 335 Driftwood Cir., Unit B., Southern Pines, NC 28387
b) self-employed/bookkeeper
c)
d) Candidate Cte.
e) County
f) ..
g)

h) Original Receipt Date	I) Original Amt.	j) Election Sum to Date	k) account code = 0 CAMPAIGN EXPENDITURES
1/10/24-paper cutter	$ 23.96	$23.96	
1/17/24 -badges	13.90	37.86	
1/17/24-business cards	21.39	59.25	
1/20/24 Badge Holders	33.17	92.42	
1/22/24 Yard signs	362.97	455.39	
1/22/24 thank U cards	4.27	459.66	
1/27/ yard signs & palm cards	694.43	1,154.09	
2/6 address labels	10.69	1,164.78	
2/7 envelopes	37.44	1,202.22	
2/7 thank U cards	4.27	1,206.49	
2/7 photo copies	118.24	1,324.73	
2/8 business cards	21.39	1,346.12	
2/9 postage stamps	68.00	1,414,12	
2/9 business cards	34.99	1.449.11	
2/10 palm cards	144.32	1,593.43	
2/10 photo copies	4.73	1,598.16	
2/10 ink	56.70	1,654.86	
2/12 yard signs	288.40	1,943.26	
2/12 postage stamps	33.48	1,976.74	
2/13 boxes for palm cards	4.82	1,981.56	