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
ELLIE COLLINS FOR SCHOOL BOARD	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
335 DRIFTWOOD CIR, UNIT B SOUTHERN PINES NC 28387	
	e. Phone Number
	9106928289

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	7/1/2024	10-18-2024	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		$ 2470.59

11. Account Information

a. Financial Institution Full Name		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
		$

RECEIVED
OCT 28 2024
MOORE BOE

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.

Printed Name of Signer _____ Signature of Appointed Treasurer _____ Date _____

FOR OFFICE USE ONLY

Date Received:	10/28/24	Employee:	MH	Delivery Method
Date Postmarked:		Employee:		☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed
Date Scanned:		Employee:		
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
EDDIE COLLINS FOR SCHOOL BOARD	3rd quarter	

Start of Election Cycle: January 1, 2024		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 2470.59	$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1689.99	$ 2584.98
6) Contributions from Individuals	(CRO-1210)	$ 6391.-	$ 11,529.-
7) Contributions from Political Party Committees	(CRO-1220)	$ 450.-	$ 450.-
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)		$ 8530.99	$ 14563.98
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 8108.80	$ 11588.21
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 86.32	$ 86.32
15) Loan Repayments	(CRO-1420)	$	$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$ 161.-	$ 243.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 8356.12	$ 11918.52
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 2645.46	$ 2645.46
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)	$	$

Contributions from Individuals

Pg 1 of 19

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 MANGRUM 355 RED FOX RIDGE RD CAMERON, N.C. 28326 910 237-2330	retired	—		$ 250.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		7/31/2024	$ 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
NANCY K. HARDY 164 CHAMPIONS RIDGE SOUTHERN PINES NC 28387 910 725-0459	retired			$ 100.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08/08/2024	$ 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
ANNE FRIESEN 20 BROOKWINE DR. PINEHURST N.C. 28374 910 690 9345	CEO	Empowerment Now. com		$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 100.-
☐					$
☐					$

4. Total only this Page	$ 450-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ ~~6451~~ 6391.-

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
LYNN GARDAM 214 STARRAND LN SOUTHERN PINES NC 28387 910 695-1923	RETIRED TEACHER	—		$ 500-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 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
LYNN C. HANCOCK 46 WHITE HAVEN DR. PINE HURST, NC 28374 910 215-9045	RETIRED			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 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
PHYLLIS HAINOS 405 W. CONNECTICUT AVE SOUTHERN PINES N.C 28387 336 324 5763	NOT EMPLOYED			$ 450-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 250.-
☐					$
☐					$

4. Total only this Page	$ 600-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

Contributions from Individuals

Pg 3 of 19 | 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
MONIQUE BAKER 220 RAMBLE RIDGE CARTHAGE N.C. 28327 910 603 7508	BEHAVIOR ANALYST	PBH		$ 30-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 30-
☐					$
☐					$

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 HANCOCK 80 BLAKE BLVD #3982 PINEHURST N.C. 28374 703 300-2448	RETIRED EDUCATOR			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 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
BONNIE HANLEY 86 AMBEL CT PINEHURST N.C. 28374 910 528-9854	RETIRED			$ 25-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 25-
☐					$
☐					$

4. Total only this Page	$ 155-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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
PATRICIA F. HARRIS 24 PINE RIDGE DR. WHISPERING PINES NC 28327 910 690 9202	Retired			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-13-2024	$ 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
KRISTIN M WARD 215 ADAMS CIR PINEHURST NC 28387 215 512-0410	CHIEF OF STAFF	EISNER ADVISORY GRP.		$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-10-2024	$ 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
PATRICIA BROWN-DEMPSEY 209 HOLLY SPRINGS SOUTHERN PINES N.C 28387 843 422-8101	RETIRED			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-13-2024	$ 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)*	$ 6391-

Contributions from Individuals

Pg 5 of 19 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
LARRY RAY BRAYBOY 14 OVERPECK LN PINEHURST N.C. 28374 910 384 2528	RETIRED	—		$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 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. SW PINEHURST N.C. 28374 910 603 0600	OFFICE MGR.	MATTHEW ROTHBEIND ATTORNEY		$ 200-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 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 N.C. 28374 804 436-6512	RETIRED			$ 200-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-13-2024	$ 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)*	$ 4391-

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
ELAINE M SILLS 160 WEST HEDGELAWN WAY SOUTHERN PINES N.C. 28387 910 690-5379	retired c. Employer's Name/Specific Field	e. Election Sum to Date $ 40-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 40.-
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
GEORGE L. ALLEN 11 HAMMON DR WHISPERING PINES N.C. 28327 910 949-3832	Retired c. Employer's Name/Specific Field	e. Election Sum to Date $ 75-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 75.-
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JACLYN FEENEY 48 WILDWOOD CT SOUTHERN PINES NC 28387 917 589-5396	ATTORNEY c. Employer's Name/Specific Field UNC	e. Election Sum to Date $ ~~100~~ 150-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-11-2024	$ 100-
☐	1	online		8-16-2024	$ 50
☐					$

4. Total only this Page	$ 265-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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
CAROL HANSEN 52 HIGHLAND VIEW DR. SOUTHERN PINES NC 28387 910 528-2209	SALES	OLD GOLF SHOP		$ 300.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-14-2024	$ 300.-
☐					$
☐					$

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
PAM PATTERSON 2575 CENTER CHURCH RD SANFORD NC 27330 919 352-8499	retired	educator		$ 200.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-14-2024	$ 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
ELIZABETH CARPENTER 565 ORCHARD RD SOUTHERN PINES NC 28387 910- 692-0720	SALES	COUNTRY BOOKSHOP		$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08-16-2024	$ 100-
☐					$
☐					$

4. Total only this Page	$ ~~100~~ 500-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

Contributions from Individuals

Pg 8 of 19

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
ROBERTA W. QUIS 240 N. BETHESDA RD SOUTHERN PINES NC 28387 910 489-8756	retired educator	~~educator~~		$ 200

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08-17-2024	$ 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
MINDY FINEMAN 536 7 LKS N WEST END NC 27376	retired teacher			$ 300-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Online		8-16-24	$ 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
CAROL DUFFY 542 SANDLEWOOD DR. SOUTHERN PINES NC 28387 910 690-7037	retired			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08-21-2024	$ 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)*	$ 6391-

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
ELNIE 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
MARY WENDY PAEBLE 385 ROOTY BRANCH RD VASS, N.C. 28394 910 245-3056	retired			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08-21-2024	$ 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 336 209 8978	retired			$ 150-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08-21-2024	$ 50-
☐					$
☐					$

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
ANN MC ALLISTER PO BOX 4057 PINEHURST NC 28374 910 295 7111	retired			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		8-26-24	$ 100.
☐					$
☐					$

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)*	$ 6391-

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
MIRIAM HAGE 2 VILLAGE LN. PINEHURST NC 28374 910 233-2245	retired			$ 200.-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		08-26-24	$ 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
VIRGINIA FENTON 905 LAKE AVE SPRING LAKE N.J. 07762 732-449-7147	retired			$ 200--

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		08-26-2024	$ 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
JUDY LEACH 35 PINEWILD DR PINEHURST N.C. 28374 910-690-3019	OFFICE ADMINISTRATOR	STATE FARM INSURANCE		$ 450-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		08-29-2024	$ 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)*	$ 1391-

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
WENDY SMITHSON P.O. BOX 2207 SOUTHERN PINES N.C. 28388 910 692-7450	NOT EMPLOYED			$ 450-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		08-29-2024	$ 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
NANCY CUNNINGHAM 700 DONALD ROSS DR PINEHURST N.C. 28374 404 312 7058	retired			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		09-04-2024	$ 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
ELIZABETH MANLEY 903 N. SYCAMORE ST. ABERDEEN NC 28315 9106908699	MENTAL HEALTH PROFESSIONAL	SELF-EMPLOYED		$ 110

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09-10-2024	$ 10
☐					$
☐					$

4. Total only this Page	$ 360-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1391-

Contributions from Individuals

Pg 13 of 19

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
ERNIE 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
WILMA LANEY PO BOX 877 ABERDEEN NC 28315	retired			$ 175-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09-22-2024	$ 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
PEGGY J. FLOYD 235 NATIONAL DR. PINEHURST N.C 28374	REAL ESTATE AGT	KELLER-WILLIAMS		$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09-21-24	$ 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
~~WARREN~~ JERI BOARD 3 MCDONALD PL PINEHURST NC 28374	retired			$ 110-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In kind	refreshments for meet n greet	09-22-2024	$ 60-
☐					$
☐					$

4. Total only this Page	$ 260-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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 WINSTON 30 SURREY CIR. N PINEHURST N.C. 28374 919 621-6512	retired			$ 85-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		09-13-2024	$ 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
JENNIFER BEAK 175 WOODLAND DR. PINEHURST N.C. 28374 910 528-7067	RETIRED			$ 150-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		09-15-2024	$ 50-
☐					$
☐					$

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
XINYAN SHI 25 C CARDINAL DR. WHISPERING PINES N.C. 28327 336 430-9582	PROFESSOR	UNC-PEMBROKE		$ 500-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09-16-2024	$ 500.-
☐					$
☐					$

4. Total only this Page	$ 625-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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
ANNICE ALT 512 PENICK WOODS LN # 9201 SOUTHERN PINES NC 28387 917 612 4916	retired			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		9-23-24	$ 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 BOWMAN 4 PINE CREST DR WHISPERING PINES N.C. 28327 910 949 2623	retired			$ 100-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		09-25-2024	$ 50
☐					$
☐					$

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
ANN PETERSEN 545 ORCHARD RD SOUTHERN PINES N.C. 28387	retired			$ 110

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		9/29/2024	$ 50
☐					$
☐					$

4. Total only this Page	$ 200-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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
BRIAN J. DEATON 205 HIGHLAND RD SOUTHERN PINES NC 28387 910 603-8762	retired			$ 75-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		09-30-2024	$ 25
☐					$
☐					$

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 J. HEINS 503 COTTAGE LN. SOUTHERN PINES N.C 28387 910 690-3054	retired			$ 200-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		10-1-2024	$ 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
JOHN MANNION PO BOX 1783 SOUTHERN PINES NC 28387	retired			$ 200

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	check		10-03-2024	$ 100
☐					$
☐					$

4. Total only this Page	$ 325-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 639-

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
ERNIE 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
SUSAN BOWNESS 15 JAMES RIVER PL PINEHURST NC. 28374	Retired executive			$ 250-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		10-04-2024	$ 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
PAM PATTERSON 2575 CENTER CHURCH RD SANFORD NC 27330 919 352 8490	retired			$ 250-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		09-12-2024	$ 50
☐					$
☐					$

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
R. ALEXANDER BOWNESS 15 JAMES RIVER PL PINEHURST NC 28374	PRESIDENT	BOWNESS CUSTOM HOMES		$ 200-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	Check		10-1-2024	$ 200-
☐					$
☐					$

4. Total only this Page	$ 500-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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
DENNIS MCCRACKEN 419 E SOUTH ST ABERDEEN NC 28315	retired educator			$ 50-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		10-10-2024	$ 50-
☐					$
☐					$

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
CATHY ROOFE 257 NATIONAL DR PINEHURST N.C. 28374	retired	—		$ 150-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		10-10-2024	$ ~~100~~ 150-
☐					$
☐					$

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
DR. CHRISTOPH DIASIO 10 SPUR RD PINEHURST NC 28374	Pediatrician	Sandhills Pediatrics		$ 250-

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	online		10-14-2024	$ 250-
☐					$
☐					$

4. Total only this Page	$ ~~500~~ 450-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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
MARY LOU BERNETT 635 REDWOOD 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
☐	1	MAIL		10-16-2024	$ 50-
☐					$
☐					$

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	$ 50-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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
MARCEY KATZMAN 285 SUGAR GUM #40 PINEHURST NC 28374	retired c. Employer's Name/Specific Field	e. Election Sum to Date $ 151

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	1	In-kind	food for Meet N Greet	10-17-2024	$ 101-
☐					$
☐					$

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	$ 101-
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 6391-

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
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		07/22/2024	$ 20.-	CHM
☐ Add ☐ Remove		Cash		8/10/24	$ 10-	
☐ Add ☐ Remove		Cash		08/10/2024	$ 10	
☐ Add ☐ Remove		Cash		08/10/2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10/2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10/2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10/2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10/2024	$ 10 -	
☐ Add ☐ Remove		Cash		08/10/2024	$ 10 —	
☐ Add ☐ Remove		Cash		08/10/2024	$ 10-	—
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10—	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	
☐ Add ☐ Remove		Cash		08/10-2024	$ 10-	—
☐ Add ☐ Remove		online		08/11-2024	$ 25	ED —
☐ Add ☐ Remove		online		08/11-2024	$ 50	MK —
☐ Add ☐ Remove		online		08-11-2024	$ 50	VG —

4. Total only this Page	$ 335-
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1689.99

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
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	1	online		08-12-2024	$ 5.-	SU
☐ Add ☐ Remove	1	online		08-12-2024	$ 5-	SU
☐ Add ☐ Remove	1	online		08-10-2024	$ 20-	SH
☐ Add ☐ Remove	1	online		08-10-2024	$ 50	LQ —
☐ Add ☐ Remove	1	online		08-10-2024	$ 25	DLT
☐ Add ☐ Remove	1	online		08-13-2024	$ 25	BD-
☐ Add ☐ Remove	1	Check		08-14-2024	$ 50	JTB
☐ Add ☐ Remove	1	Cash		8-16-2024	$ 25-	ND
☐ Add ☐ Remove	1	Check		8-16-2024	$ 50-	CME
☐ Add ☐ Remove	1	check		8-16-2024	$ 50	N.C.
☐ Add ☐ Remove	1	Check		8-16-2024	$ 50	BR
☐ Add ☐ Remove	1	cash		8-17-2024	$ 20	MD
☐ Add ☐ Remove	1	Check		8-17-2024	$ 20	KS
☐ Add ☐ Remove	1	Cash		8-17-2024	$ 30	Tshirts
☐ Add ☐ Remove	1	online		8-17-2024	$ 50	JF
☐ Add ☐ Remove	1	online		8-17-2024	$ 50	AE
☐ Add ☐ Remove	1	Cash		8-21-2024	$ 10 -	CL
☐ Add ☐ Remove	1	Cash		8-21-2024	$ 20-	Tshirts
☐ Add ☐ Remove	1	cash		8-26-24	$ 20	Tshirts
☐ Add ☐ Remove	1	online		8-31-24	$ 25	B.D.
☐ Add ☐ Remove	1	online		09-02-2024	$ 25	J.B.
☐ Add ☐ Remove	1	Online		09-03-2024	$ 25	AB
☐ Add ☐ Remove	1	online		09-07-2024	$ 30	ML

4. Total only this Page	$ 680
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1689.99

Aggregated Contributions from Individuals

Page 3 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
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	1	Check		09-09-2024	$ 25 -	VF
☐ Add ☐ Remove	1	Cash		09-09-2024	$ 25	JA
☐ Add ☐ Remove	1	online		09-10-2024	$ 25	S+D·C
☐ Add ☐ Remove	1	online		09-10-2024	$ 50	VB
☐ Add ☐ Remove	1	~~Check~~ Cash		9-10-2024	$ 30	Tshirts
☐ Add ☐ Remove	1	online		9-13-2024	$ 50	SW
☐ Add ☐ Remove	1	online		9-16-2024	$ 10	LW
☐ Add ☐ Remove	1	Cash		9-16-2024	$ 10	LA
☐ Add ☐ Remove	1	Cash		9-16-2024	$ 20	LB
☐ Add ☐ Remove	1	Cash		9-16-2024	$ 10	Tshirt
☐ Add ☐ Remove	1	Cash		9-17-2024	$ 40	SC
☐ Add ☐ Remove	1	online		9-17-2024	$ 19.99	BH
☐ Add ☐ Remove	1	Check		9-21-2024	$ 30	CD
☐ Add ☐ Remove	1	Cash		9-22-2024	$ 20	SH
☐ Add ☐ Remove	1	Cash		9-22-2024	$ 20	Tshirts
☐ Add ☐ Remove	1	online		9-22-2024	$ 50	CT
☐ Add ☐ Remove	1	online		9-22-2024	$ 20	BH
☐ Add ☐ Remove	1	Check		9-25-2024	$ 50	LC
☐ Add ☐ Remove	1	Check		9-29-2024	$ 50	AN
☐ Add ☐ Remove	1	Cash		9-28-2024	$ 20	tshirts
☐ Add ☐ Remove	1	Cash		10-1-2024	$ 50	MC
☐ Add ☐ Remove	1	online		10-1-2024	$ 20	CJ
☐ Add ☐ Remove	1	online		10-5-2024	$ 30	SM

4. Total only this Page	$ 674.99
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1689.99

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
FRED + MARCEY KATZMAN 285 SUGAR GUM #40 PINEHURST NC 28374	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 151

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
refreshments for MEET N GREET	10-17-2024	$ 101-
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JERI BOARD 3 MC DONALD PL PINEHURST NC 28374	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 110

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
refreshments for Meet N Greet	09-22-2024	$ 60-
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 161-
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 161-

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
MOORE COUNTY DEMOCRATIC PARTY PO BOX 5588 PINEHURST N.C. 28374 910 692-5565	c. Election Sum to Date $ 250.-

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	Check		7/31/2024	$ 250.-
				$
				$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
MOORE COUNTY DEMOCRATIC WOMEN 175 W NEW HAMPSHIRE AVE, #11 SOUTHERN PINES N.C 28387 910 692-5565	c. Election Sum to Date $ 200

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	Check		09-15-2024	$ 200-
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

4. Total only this Page	$ 450-
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 450-

Disbursements

Pg 1 of 6 | 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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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
STAPLES 290 TURNER ST SOUTHERN PINES N.C. 28387 910 692-2781	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 457.33

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	B	08/01/2024	$ 32.09 ✓	business cards
1	debit card	B	10/5/2024	$ 60.96 ✓	magnets

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
XTREME MARKETING 204 E. MAIN ST. PILOT MTN, N.C. 27041 336 444 8946	c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 2843.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	B	08/11/2024	$ 531.79 ✓	yard signs ✓
1	debit card	B	09-07-2024	$ 531.79 ✓	yard signs ✓

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
JUBILEE SCREEN PRINT POBOX 485 WEST END N.C. 27376 910 673-4240	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 388.41

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	O	08-15-2024	$ 388.41 ✓	T-shirts
				$	

5. Total only this Page	$ 1545.04
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)*	$ 8108.80

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

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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
XTREME MARKETING 204 E MAIN ST PILOT MTN NC 27041 336 444 8946	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 3806.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	B	08-27-2024	$ 144.85 ✓	palm cards
1	debit card	B	09-23-2024	$ 818.55 ✓	cards & yard signs

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
STAPLES 290 TURNER ST SOUTHERN PINES N.C 28387 910 692-2781	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 595.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	K	08-28-2024	$ 20.31 ✓	file box/hangers
1	debit card	K	09-09-2024	$ 117.68 ✓	ink

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
JUBILEE SCREEN PRINT PO BOX 485 WEST END NC 27376 910 673-4240	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ ~~659.12~~ 1129.92

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	08-30-2024	$ 270.71 ✓	T-shirts
1	Check	O	09-26-2024	$ 470.80 ✓	T-shirts

5. Total only this Page	$ 1842.90
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)*	$ 8108.80

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 3 of 6 | 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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WALMART 250 TURNER ST ABERDEEN NC 28315 910 695-1255		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 75.62

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	K	09-02-2024	$ 37.81 ✓	display table
1	debit card	K	09-04-2024	$ 37.81 ✓	display table

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THE PILOT PO BOX 58 SOUTHERN PINES NC 28387 910-692-7271		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 1409.-

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	O	09-09-2024	$ 475.- ✓	advertising
1	debit card	O	09-09-2024	$ 178.- ✓	advertising

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THE PILOT P.O. BOX 58 SOUTHERN PINES N.C 28387 910 692 7271		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 3566.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit Card	A	09-10-2024	$ 1832.75 ✓	advertising
1	debit Card	A	10-18-2024	$ 325.- ✓	Advertising

5. Total only this Page	$ 2886.37
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)*	$ 8108.80

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

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SIGN UP GENIUS 13777 BALLYNTINE CORP. PL, # 500 CHARLOTTE N.C. 28277		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 119.96

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	K	09-14-2024	$ 29.99 ✓	sign up system
1	debit card	K	10-14-2024	$ 29.99 ✓	sign up system

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SANDHILLS SENTINEL PO BOX 833 ABERDEEN NC 28315		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 262.65

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	A	09-18-2024	$ 262.65 ✓	advertising
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
XTreme Marketing 204 E. MAIN ST PILOT MTN NC 27041 336 444 8946		☐ Federal ☑ County: ☐ State ☐ Municipality:		$ 4082.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	B	09-24-2024	$ 163.57 ✓	yard signs
1	debit card	B	10-1-2024	$ 112.26 ✓	yard signs

5. Total only this Page	$ 598.46
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)*	$ 8108.80

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

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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STAPLES 290 TURNER ST SOUTHERN PINES NC 28387 910 692-2781		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 736.45

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit Card	K	09-28-2024	$ 27.37 ✓	literature holders
1	debit Card	B	09-28-2024	$ 113.76 ✓	photo Copies

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THE ROBBINS EXPRESS PO BOX 1452 ROBBINS NC 27325 910 639 4675		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 160.

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	09-12-2024	$ 160. ✓	advertising
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STAPLES 290 TURNER ST SOUTHERN PINES NC 28387 910 692 2781		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 812.44

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit Card	K	10-7-24	$ 57.49 ✓	Office Supplies
1	debit Card	K	10-18-2024	$ 18.50 ✓	Office Supplies

5. Total only this Page	$ 377.12
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)*	$ 8108.80

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 6 of 6 | 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
ELLIE COLLINS FOR SCHOOL BOARD	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ 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
X Treme Marketing 204 E MAIN ST PILOT MTN NC 336 444-8946	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 47777.89

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	B	10-11-2024	$ 531.79 ✓	yard signs
1	debit card	B	10-14	$ 163.57 ✓	yard signs

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
THE PILOT PO BOX 58 SOUTHERN PINES NC 28387	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	debit card	A	10-17-2024	$ 32.5-	advertising
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Stripe.com 354 OYSTER PT. BLVD SAN FRANCISCO CA 94080	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 183.31

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	online	O	10-18-2024	$ 163.55	collection fee
				$	

5. Total only this Page	$ 858.91
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)*	$ 8108.80

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

Page 1 of 1

Amendment ☐ Yes ☒ No

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

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

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
☐ Add ☐ Remove	1	debit card	K	08-28-2024	$ 13.90 ✓	T SHIRT BOY
☐ Add ☐ Remove	1	debit card	K	08-30-2024	$ 13.90 ✓	T shirt boy
☐ Add ☐ Remove	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
☐ Add ☐ Remove	1	check	O	09-28-2024	$ 25- ✓	Tax rental at WSOEC
☐ Add ☐ Remove	1	debit card	K	10-03-2024	$ 33.52 ✓	Domino's - yard sign party
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ 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	$ 86.32
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 86.32

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)**