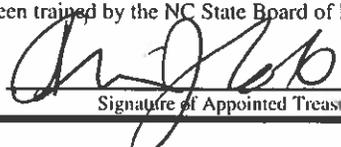


Disclosure Report Cover

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 COMMITTEE TO Elect JOANNE LEVITAN			c. ID Number	
b. Mailing Address (include City, State and Zip Code) 2106 Talmage Dr. Leland NC 28451			d. Date Filed 10/16/23	
			e. Phone Number 914 907 3255	
2. Report Year 2023	3. Period Start Date (mm/dd/yy) 7-2-2023	4. Period End Date (mm/dd/yy) 9/26/2023	5. Treasurer Full Name FRANK COLE	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report 0		10. Special Report Name		
11. Account Information		11. Account Information		
a. Financial Institution Full Name TRUIST		a. Financial Institution Full Name		
b. Purpose FOR ALL Campaign Expenses		b. Purpose		c. Account Code
				d. Period Begin Balance
				\$ 100.00
				\$
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.				
FRANK COLE Printed Name of Signer		 Signature of Appointed Treasurer		10/16/2023 Date
FOR OFFICE USE ONLY				
Date Received: RECEIVED	Employee: <u> m </u>	Delivery Method		
Date Postmarked: OCT 16 2023	Employee: _____	<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed		
Date Scanned: BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training		
Date Data Entered: _____	Employee: _____			
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>				

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 JOANNE LEVITAN	35 DAY 2023	
Start of Election Cycle: January 1, 2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 100	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 6098	\$ 6238.38
7) Contributions from Political Party Committees (CRO-1220)	\$ 500	\$ 500
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)	\$ 6598	\$ 6738.38
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 538.17	\$ 538.17
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 84.81	\$ 84.81
15) Loan Repayments (CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$
17) In-Kind Contributions (CRO-1510)	\$	\$ 40.38
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 622.98	\$ 663.36
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 6075.02	\$ 6075.02
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

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 JOANNO LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jessica Bloomberg 140 Judd St Fairfield CT 06824				Social Worker			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				TOWN OF FAIRFIELD CT		\$ 25.00	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC	8/5/23	8/5/23		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Christopher Stappas 6 James Terrace Towaco NJ 07062				Advisor			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Summit Financial		\$ 100.00	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		8/22/23		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Doug ABKRAMSON 518 St Charles St Atlanta GA 30308				NO Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT Employed		\$ 50.00	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC	9/4	9/4/23		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 175.00	
5. Total of ALL CRO-1210 Pages						\$ 6098.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNO LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jean Brick 2128 Talmage Dr. Leland NC 28451				Network Engineer			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Ribbon Communication		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		7/18/23		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Judi Lerman (Leman) 8 Wyeth Ct Pleasantville NY				President			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Schwebel Plastic Film Co.		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		7/20/23		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tilita Alexander 657 Poplar Branches Close SE Belville NC 28451				Court Manager			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				STATE OF North Carolina		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		8/4/23		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 6098.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Manalee Demark 2709 Empire Dr Leland NC 28451				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	C.C.		8/5/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Francine Mehler 957 TANNIN BARK CIR. Leland NC 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 36.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CC		9/15/2023	\$ 36.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				NO JOB TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 61.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 6098	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Stephan Zerio 1149 LEESBURG DR. LELAND, NC 28451				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CREDIT CARD		7/12/2023	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Diane Pascoe 2149 Forest View Circle Leland NC. 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CREDIT CARD		7/13/2023	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Cathie Carpenter 2850 PINE BLOOM WAY LELAND NC 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CREDIT CARD		7/13/2023	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 125.00	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Leslie McCarthy 6004 Shore Park Dr Leland NC 28451			No Job Title				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit CARD		7/13/2023	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Howard Cohen 5532 Mt Pleasant Cir. LELAND NC 28451			NO JOB TITLE				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit Card		7/14/2023	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Marlene Anderson 1151 Hillbridge Dr Leland NC 28451			NO JOB TITLE				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Credit Card		7/14/2023	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Frank Cole 2517 Empire Dr Leland NC 28451				No Job Title			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	/	Credit Card		7/14/2023	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Leslie Sternstein 1109 Larchmont Ct Leland NC 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	/	Credit Card		7/14/2023	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Laurie Janus 340 Azalea Dr Wilmington NC 28409				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	/	Credit Card		7/15/2023	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Pg 7 of 29 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 JOANNO LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CALLIE EDMUNDSON 2133 SIMMERMAN WAY LELAND NC 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 50.00	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		8/5/23		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HOLLY SEGALLA 386 ELLIS RD BOLIVIA NC 28422				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 25.00	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		7/17/23		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 75.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 6098.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Claudia Tidwell 1110 Cornell CT Leland NC 28451				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	/	CC		7/18/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Carol Smolen 16838 Isle of Palms Dr Delray Beach, FL 33484				NO JOB TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	/	CC		7/18/23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
George Jones 118 Thistle Pond Dr Bloomfield CT 06002				NO JOB TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	/	C.E.		7/14/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 6098	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Linda Miller 5325 Kings Hill Dr. Cumming GA 30040				No Job Title			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		7/20/23		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Suzanne Tenenbaum 2100 Simmerman Way Leland NC 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		7/24/23		\$ 20.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Chris Zimmermann 5022 Stone Point Dr Leland NC 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	C.C.		7/24/23		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 70.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 6098	

Contributions from Individuals

Pg 10 of 29 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 JOANNO HEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Dale Todd 1233 N. Sleepy Oak Lane Leland NC 28451				No Job Title			
				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	
<input type="checkbox"/>	1	CC		7/25/23		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sherril Horne 9 Kinneys Sawmill Rd Whitehouse Station NJ 08889				No Job Title			
				c. Employer's Name/Specific Field			
				Not Employed		e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		8/4/23		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Kim Hill Gramlich 892 Chain Rd Castle Hayne NC 28429				No Job Title			
				c. Employer's Name/Specific Field			
				Not Employed		e. Election Sum to Date	
						\$ 5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	CC		8/4/23		\$ 5.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 80.00	
5. Total of ALL CRO-1210 Pages						\$ 6098.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Page 11 of 29 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) COMMITTEE TO ELECT JOANNG LEVITAN						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jan Abbott 1116 Leesburg Dr. ✓ Leland N.C. 28451				b. Job Title/Profession No Job Title ✓		d. Comments	
				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	
<input type="checkbox"/>	1	✓ C.C. ✓		8/4/23		\$ 100.00	
<input type="checkbox"/>				✓		\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Howard Flicker 2968 PULLEN DR ✓ Leland NC 28451				b. Job Title/Profession NO JOB TITLE ✓		d. Comments	
				c. Employer's Name/Specific Field NOT EMPLOYED ✓		e. Election Sum to Date \$ 25.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	✓ C.C. ✓		8/4/23		\$ 25.00	
<input type="checkbox"/>				✓		\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Marlene Barney ✓ 8508 Lakeview Dr ✓ Wilmington NC 28412				b. Job Title/Profession NC JOB TITLE ✓		d. Comments	
				c. Employer's Name/Specific Field NOT EMPLOYED ✓		e. Election Sum to Date \$ 25.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	✓ C.C. ✓		8/4/23		\$ 25.00	
<input type="checkbox"/>				✓		\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 150.00 ✓	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 6098	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Lisa Crosby 2141 Cokesbury Court Leland NC 28451				No Job Title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	C.C.		8/5/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Maryann Gherardi 2120 Talmadge Dr Leland NC 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	C.C.		8/5/23	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Susan Curcio 4174 Beach Dr. SE St. Petersburg FL 33705				NO JOB TITLE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 00.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CC		8/5/23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 175.00	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNO HEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TIMOTHY COSTELLO 4 ALAMEDA PLACE MT. VERNON NY 10552				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 180.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	check		8/31/23		\$ 180.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARTIN O'NEIL 2729 WINDY PT RD SUPPLY NC 28462				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	check		8/22/23		\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GAIL MACDONALD 1120 WEST BRICKHAVEN COVE LELAND NC 28451				NO JOB TITLE			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	check		8/21/23		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 255.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 6098.10	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Joanne Leviton ✓					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Gerald Gallagher ✓ 1001 Leesburg Dr. Leland NC 28451		NO JOB TITLE (C) NO JOB TITLE Not employed ✓			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Not employed ✓		\$ 30.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check ✓		8/12/23	\$ 30.00 ✓
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Marsha Lynn Becka ✓ 2132 Talmage Dr. Leland NC 28451		NO JOB TITLE (C) NO JOB TITLE Not employed ✓			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Not employed ✓		\$ 50.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check ✓		9/21/23	\$ 50.00 ✓
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Dale Todd ✓ 1233 N. Sleepy Oak Ln Leland NC 28451		NO JOB TITLE (C) NO JOB TITLE Not employed ✓			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Not employed ✓		\$ 100.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	C.C. ✓		9/25/23	\$ 50.00 ✓
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 130.00
5. Total of ALL CRO-1210 Pages					\$ 6098
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BAUNNE LEVITAN					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jayne Alexander ✓ 2159 Shelmore Way Leland NC 28451			b. Job Title/Profession NO JOB TITLE NOT EMPLOYED		d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 100.00 ✓	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	C.C. ✓		8/7/23	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Denise Anderson ✓ 128 Morning Side Rd Colonia NJ 07067			b. Job Title/Profession IT Professional		d. Comments	
			c. Employer's Name/Specific Field ADP ✓		e. Election Sum to Date \$ 25.00 ✓	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	C.C. ✓		8/7/23	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hannah Bradsky 1152 Lillibridge Dr Leland NC 28451			b. Job Title/Profession NO JOB TITLE NOT EMPLOYED		d. Comments	
			c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 50.00 ✓	
i. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	C.C. ✓		8/5/23	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 175 ✓	
5. Total of ALL CRO-1210 Pages					\$ 6098	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Randi Clegg 1610 N. Stillwood Dr Leland NC 28451			NOTE employed NO JOB TITLE (FC)		NO JOB TITLE		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOTE employed		\$ 50.00		
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	C.E. ✓			8/10/23 ✓	\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Walt Cortiss 2877 Pine Bloom Way Leland NC 28451			NOTE employed NO JOB TITLE (FC)		NO JOB TITLE		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 50.00		
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	C.C. ✓			8/11/23 ✓	\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Alexandra Drinkwine 330 First Ave Delham NY 10803			NOTE employed NO JOB TITLE (FC)		NO JOB TITLE		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 25.00		
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	C.C. ✓			8/7/23 ✓	\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 125.00	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOANNE LEVITAN						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Michael Davis 1120 North Ave New Rochelle NY 10804			b. Job Title/Profession LAWYER /		d. Comments	
			c. Employer's Name/Specific Field Zerchner Elkman /			
					e. Election Sum to Date \$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	C.E.		8/5/23	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Russell Gans Randall 8506 NORTH SHORELINE WAY Leland NC 28451			b. Job Title/Profession NOT EMPLOYED NO JOB TITLE FC		d. Comments NOT A JOB TITLE EMPLOYED	
			c. Employer's Name/Specific Field NOT EMPLOYED			
					e. Election Sum to Date \$ 35.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	C.C.		8/9/23	\$ 35.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Kathy Golden 4912 S. Widdfield Lane SPOKANE WA 99223			b. Job Title/Profession NO JOB TITLE FC NOT EMPLOYED		d. Comments NOT A JOB TITLE EMPLOYED	
			c. Employer's Name/Specific Field NOT EMPLOYED			
					e. Election Sum to Date \$ 36.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	CC		8/6/23	\$ 36.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 121.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 6098	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TOM GOODWIN 3020 Mulberry Greens LN Jefferson GA 30544				Not Employed NO JOB TITLE (FC)		NO JOB TITLE	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not Employed		\$ 50.00 ✓	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	C.C. ✓		8/7/23	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Peter Grand 26 LAKE DR Shelter Island NY 11964				Publicity/Publish			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self		\$ 25.00 ✓	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	C.C. ✓		8/7/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Gabriel Gruner 34 Bristlecone CT Dover, DE 19904				Not Employed NO JOB TITLE (FC)		NO JOB TITLE	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT Employed		\$ 25.00 ✓	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	C.C. ✓		8/9/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 100.00 ✓	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BAUNE LEVITAN						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mitchell Heymann 6090 Shore Park Dr. Leland NC 28451			b. Job Title/Profession NO JOB TITLE (FC) NOT EMPLOYED		d. Comments NO JOB TITLE		
			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		
<input type="checkbox"/>	1	C.C.		8/5/23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Constance Heymann 905 MOUND BATTER RD WILMINGTON NC 28403			b. Job Title/Profession NO JOB TITLE (FC) NOT EMPLOYED		d. Comments NO JOB TITLE		
			c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 36.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	C.C.		8/9/23	\$ 36.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Celia Intili 1 Hillside Terrace WOODLAND PARK NJ 17424			b. Job Title/Profession NO JOB TITLE (FC) NOT EMPLOYED		d. Comments NO JOB TITLE		
			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		
<input type="checkbox"/>	1	C.C.		8/7/23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 236.00		
5. Total of ALL CRO-1210 Pages					\$ 6098		
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BAUNNE LEVITAW							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Chris Kalomon 5209 Bancroft Lake Dr Leland NC. 28451				Social Worker			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF ✓		\$ 25.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1 ✓	CC ✓		8/8/23,	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Robert Kanich 3564 Muskogee Circle Southport NC 28461				NO JOB TITLE EMPLOYED		NO JOB TITLE	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOTE EMPLOYED		\$ 25.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1 ✓	C.C. ✓		8/14/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Amy Keith ✓ 538 Kamway Dr Wilmington NC 28403				DIRECTOR ✓			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				UNCW ✓		\$ 25.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1 ✓	C.C. ✓		8/17/23,	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 75.00 ✓	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Page 21 of 29 ^{FC} 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) COMMITTEE TO ELECT JOAUNE LEVITAN						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Fran Klein 2525 Empire Dr ✓ Leland NC 28451				b. Job Title/Profession NO JOB TITLE (FC) NOT EMPLOYED		d. Comments NO JOB TITLE	
				c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 25.00	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	✓ C.C. ✓		8/8/23	\$ 25.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Meryle Kramer 2212 Villamar Dr ✓ Leland NC. 28451				b. Job Title/Profession NOT EMPLOYED NO JOB TITLE (FC)		d. Comments NO JOB TITLE	
				c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 25.00	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	✓ CC ✓		8/7/23	\$ 25.00 ✓		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mark Leeds ✓ 4019 Cowdell Lane Southport NC 28461				b. Job Title/Profession NOT EMPLOYED NO JOB TITLE (FC)		d. Comments NO JOB TITLE	
				c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 25.00 ✓	
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	✓ CC ✓		8/8/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 75.00 ✓	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAW							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Miriam Lopez 5130 Barcroft Lake Dr Leland NC 28451 ✓				Financial Analyst			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self /		\$ 100.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CC ✓		8/8/23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Steven Mathews 961 Tanin Bark CW Leland NC 28451				NO JOB TITLE (FC) NOT EMPLOYED		NO JOB TITLE	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 100.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CC ✓		8/7/23	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tracy Medina 2405 Plantation Piney way Leland NC 28451				NO JOB TITLE (FC) NOT EMPLOYED		NO JOB TITLE	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 50.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CC		8/7/23	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 250.00 ✓	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 6098	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOANNE LEVITAN						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Barbara Muller 20 Church St A52 Greenwich CT 06830				b. Job Title/Profession NO JOB TITLE (FC) NOT EMPLOYED		d. Comments NO JOB TITLE	
				c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CC		8/7/23	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Paul 1463 Cape Fear North Dr Leland NC 28451				b. Job Title/Profession NO JOB TITLE (FC) NOT EMPLOYED		d. Comments NO JOB TITLE	
				c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CC		8/9/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Theresa Piscitelli 2106 Colony Pines Leland NC 28451				b. Job Title/Profession NO JOB TITLE (FC) NOT EMPLOYED		d. Comments NO JOB TITLE	
				c. Employer's Name/Specific Field NOT EMPLOYED		e. Election Sum to Date \$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CC		8/15/23	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 6098	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOANNE LEVITAN						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Gail Reardon 1092 Sandy Grove Pl Leland NC 28451			NO NOT EMPLOYED NO JOB TITLE (FC)		NO JOB TITLE		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 100.00 ✓		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	CC ✓			8/8/23	\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Gail Ritter ✓ 5006 Barcroft Lake Dr Leland NC 28451			NOT EMPLOYED NO JOB TITLE (FC)		NO JOB TITLE		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 25.00 ✓		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	CC ✓			8/9/23	\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Sharon Rasner ✓ 5043 Stoney Pt Dr Leland NC 28451			NOT EMPLOYED NO JOB TITLE (FC)		NO JOB TITLE		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 25.00 ✓		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	CC ✓			8/9/23	\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 150.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 6098	

Contributions from Individuals

Amendment Yes No
 Pg 25 of 29

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) COMMITTEE TO ELECT JAUNE LEVITAW				2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Steven ROTZ 2154 Forest View Cir Leland NC 28451		NO JOB TITLE (FC) NOT Employed		NO JOB TITLE	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		NOT Employed ✓		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	C.C.		8/7/23	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Karen Samborsky 2110 Talmage Dr Leland NC 28451		NO JOB TITLE (FC) NOT Employed		NO JOB TITLE	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		NOT Employed ✓		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	C.C.		8/7/23	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jill Smath ✓ 416 Hemlocks Rd Larchmont NY 10538		Social Worker ✓			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		Home Care ✓		\$ 25.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	CC ✓		8/13/23	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 150.00 ✓
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 6098

Contributions from Individuals

Pg 26 of 29

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 JOANNO HEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Janet Stiegler 1412 W. Gantry Ct Leland NC 28451				No Job Title			
				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	
<input type="checkbox"/>	/	CC	8		8/7/23	\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Eric Terashima 9455 Lyn Marie Dr. NE Leland NC 28451				No Job Title			
				c. Employer's Name/Specific Field			
				Not Employed		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	/	CC			8/7/23	\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Maureen Tocher 1118 Lillibridge Dr Leland NC 28451				No Job Title			
				c. Employer's Name/Specific Field			
				Not Employed		e. Election Sum to Date	
						\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	/	CC			8/7/23	\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 6098.00	

Contributions from Individuals

Page 27 of 29 ^{FC} 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) COMMITTEE TO ELECT BAUNNE LEVITAN						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Valucka ✓ 1013 Leesburg Dr. Leland N.C. 28451				b. Job Title/Profession NO JOB TITLE NOT EMPLOYED		d. Comments NO JOB TITLE	
				c. Employer's Name/Specific Field NOT EMPLOYED ✓		e. Election Sum to Date \$ 20.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1 ✓	CC ✓		8/1/23 ✓	\$ 20.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Andrew Warner 2800 Quebec St NW Apt 64 Washington DC 20008				b. Job Title/Profession Analyst		d. Comments	
				c. Employer's Name/Specific Field U.S GOVT ✓		e. Election Sum to Date \$ 25.00 ✓	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1 ✓	C.C.		8/7/23 ✓	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ellen Weinberg ✓ 2634 Empire Dr Leland NC 28451				b. Job Title/Profession NO JOB TITLE (FC) NOT EMPLOYED		d. Comments NO JOB TITLE	
				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		
<input type="checkbox"/>	1 ✓	C.C.		8/7/23 ✓	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 145.00 ✓	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 6098	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOANNE LEVITAN						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Kathleen Wein 1105 Jamesford CT Leland NC 28451			NO JOB TITLE NOT EMPLOYED		NO JOB TITLE		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 25.00 /		
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	CC ✓			8/5/23	\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Andrea West ✓ 5027 Stonew Pt Dr Leland NC 28451			NO JOB TITLE NOT EMPLOYED		NO JOB TITLE		
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 50.00 /		
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	C.C. ✓			8/28/23	\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
Tania Wilk ✓ 2 Valley View Dr Stamford CT 16903			OWNER ✓				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			Alan Weiss Productions ✓		\$ 25.00 /		
7. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1 ✓	C.C. ✓			8/13/23	\$ 25.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages						\$ 6098	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

Contributions from Individuals

Pg 29 of 29

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) COMMITTEE TO ELECT JOANNE LEVITAN						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Hugh Williams 1440 Midland Ave Apt 1F Bronxville NY 10708				b. Job Title/Profession Fund Raiser ✓		d. Comments	
				c. Employer's Name/Specific Field Red Cross ✓		e. Election Sum to Date \$ 1800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1 ✓	CC ✓		8/12/23	\$ 1800.00		
<input type="checkbox"/>				✓	\$ ✓		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Gail Wilson 2132 Villamer Dr Leland N.C. 28551				b. Job Title/Profession Not employed NO JOB TITLE		d. Comments NO JOB TITLE	
				c. Employer's Name/Specific Field Not Employed ✓		e. Election Sum to Date \$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1 ✓	CC ✓		8/7/23	\$ 25.00		
<input type="checkbox"/>				✓	\$ ✓		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1825.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 6098	

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 JOANUE LEVITAN							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
BRUNSWICK COUNTY DEMOCRATIC PARTY P O BOX 503 SUPPLY N.C. 28462 910-754-8880							
						c. Election Sum to Date	
						\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
1	check		8-7-2023	\$ 500.00			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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			
				\$			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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						\$ 500.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>						\$ 500.00	

Disbursements

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT JOANNE LEVITAN							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
North Brunswick Chamber of Commerce 497 olde Waterford Way Belville NC 28451						DONATION TO COFC	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CC	010	9/16/2023	\$ 75.00	DONATION TO COFC		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
AGE Graphics LLC 52231 State Rt 248 LONG BOTTOM OH 45743						CAMPAIGN SIGNS	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 430.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CC	F	8/4/2023	\$ 430.00	FOR CAMPAIGN SIGNS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STAPLES 322 S. COLLEGE RD Wilmington NC 28403						PRINTING Campaign POSTERS	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 33.17	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CC	B	7/12/2023	\$ 33.17	CAMPAIGN POSTERS		
5. Total only this Page						\$ 538.17	
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)						\$ 538.17	
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 2

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOANNE LEVITAN	2. ID Number
---	--------------

3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	1	Debit from CC Payment	K O ^{PR}	7/12/2023	\$.75	ACT BLUE PROCESSING FEE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	7/13/2023	\$ 1.51	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	7/14/2023	\$ 3.06	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	7/17/2023	\$ 1.38	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	7/18/2023	\$ 3.38	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	7/20/2023	\$ 1.88	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	7/24/2023	\$.68	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	7/25/2023	\$.75	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	7/15/2023	\$ 1.38	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	8/4/2023	\$ 3.47	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	8/5/2023	\$ 1.13	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	8/5/2023	\$ 3.01	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	8/22/2023	\$ 1.50	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	9/4/2023	\$.75	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	9/25/2023	\$.75	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	8/7/2023	\$ 19.84	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	8/9/23	\$ 2.59	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	8/8/23	\$ 3.38	ACT BLUE
<input type="checkbox"/> Add	1	"	K O ^{PR}	8/6/23	\$.54	ACT BLUE
<input type="checkbox"/> Remove	1	"	K O ^{PR}	8/8/23	\$.76	ACT BLUE

4. Total only this Page	\$ 50.49
5. Total of ALL CRO-1315 Pages <small>(This line must be on line 14 of Detailed Summary Page CRO-1100)</small>	\$ 84.81

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 |
| I - Postage | J - Penalties | H* - Holding Public Office Expenses |
| O* - Other | K* - Office Expenses | Q* - Donations to Legal Expense Fund |

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

