

Disclosure Report Cover

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

Amendment

Yes

No

1. Committee Information

a. Full Name

Friends of Michelle Barson

c. ID Number

RCQAYQ

b. Mailing Address (include City, State and Zip Code)

3929 Woodhaven Court
Clemmons, NC 27012

d. Date Filed

10/21/2025

e. Phone Number

614.404.2111

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	06/23/25	10/20/25	Michelle Naomi Barson

6. Type of Committee (Check One)

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

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

"Booster Fund"
 Building Fund

Other:

8. Number of Fundraisers this Report

0

11. Account Information

a. Financial Institution Full Name

Truliant Federal Credit Union

b. Purpose

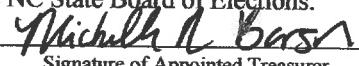
B1F4
 d. Period Begin Balance
 \$ 0

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.

Michelle N Barson

Printed Name of Signer


Signature of Appointed Treasurer

Oct. 20, 2025

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

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
Friends of Michelle Barson	Pre-election	RCQAYQ
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start		\$ 2714.75 <i>(C)</i>
		\$ 2714.75
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 30.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,610.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 74.75
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,714.75
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 2,021.48
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,021.48
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 693.27
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0
25) Administrative Support	(CRO-1710)	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

Contributions from Individuals

Pg 1 of 8 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	
Friends of Michelle Barson				RCQAYQ	
3. Contributor Information <input checked="" type="checkbox"/>			Add <input type="checkbox"/>	Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Connie Frazier 3532 N Lakeshore Dr Clemmons, NC 27012			b. Job Title/Profession Enterprise Data Governance		d. Comments Friend
			c. Employer's Name/Specific Field First Citizens Bank		
			e. Election Sum to Date		
			\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	B1F1	CC		08/12/2025	\$ 50
<input type="checkbox"/>	B1F1	CC		10/02/2025	\$ 50
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/>			Add <input type="checkbox"/>	Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dana Hulme 255 Ashbourne Lake Ct Clemmons, NC 27012			b. Job Title/Profession Retired		d. Comments Friend
			c. Employer's Name/Specific Field N/A		
			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
<input type="checkbox"/>	B1F1	CC		08/12/2025	\$ 50
<input type="checkbox"/>	B1F1	CC		10/02/2025	\$ 25
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/>			Add <input type="checkbox"/>	Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Amy Taylor North 8480 Lismore St Clemmons, NC 27012			b. Job Title/Profession Property Manager		d. Comments Friend
			c. Employer's Name/Specific Field Self		
			e. Election Sum to Date		
			\$ 250		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	B1F1	CC		08/14/2025	\$ 250
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 425
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 425

Contributions from Individuals

Pg 2 of 8

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	
Friends of Michelle Barson					RCQAYQ	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Linda Arrigo 130 Whitmore Cove Ct Clemmons, NC 27012					b. Job Title/Profession Retired (I.T. professional) c. Employer's Name/Specific Field N/A d. Comments Friend e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	Check		07/21/2025	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Janice Nelligan 4312 LaVale Ct Clemmons, NC 27012					b. Job Title/Profession Retired c. Employer's Name/Specific Field N/A d. Comments Friend e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		08/15/2025	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Rebecca Hinston 2780 Chestnut Ridge Drve Winston Salem, NC 27013					b. Job Title/Profession Business Development Manager c. Employer's Name/Specific Field AbbieVie d. Comments Friend e. Election Sum to Date \$ 90	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		22/08/2025	\$ 40	
<input type="checkbox"/>	B1F1	CC		10/04/2025	\$ 50	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 190	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 615	

Contributions from Individuals

Pg 3 of 8

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	
Friends of Michelle Barson					RCQAYQ	
3. Contributor Information			<input checked="" type="checkbox"/>	Add	<input type="checkbox"/>	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) Angie Reese 1900 Dunmore Lane Clemmons, NC 27012			b. Job Title/Profession		d. Comments	
			Nurse Practitioner		Friend	
			c. Employer's Name/Specific Field			
			Optum			
			e. Election Sum to Date			
			\$ 50			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		08/22/2025	\$ 50	
<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) Carla Day 5178 Little Brook Lane Winston Salem, NC 27104			b. Job Title/Profession		d. Comments	
			Inspector Mama		Friend	
			c. Employer's Name/Specific Field			
			Self			
			e. Election Sum to Date			
			\$ 25			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		08/22/2025	\$ 25	
<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) Philip Parker 4851 Hearthstone Road Clemmons, NC 27012			b. Job Title/Profession		d. Comments	
			Marketing		Friend	
			c. Employer's Name/Specific Field			
			Reynolds America			
			e. Election Sum to Date			
			\$ 100			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		22/08/2025	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 175	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 790	

Contributions from Individuals

Pg 4 of 8 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	
Friends of Michelle Barson					RCQAYQ	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)					b. Job Title/Profession Supervisor, Biostats c. Employer's Name/Specific Field Wake Forst University School of Medicine	
Sarah Gaussoin 1708 Havenbrook Ct Clemmons, NC 27012					d. Comments Friend	
					e. Election Sum to Date \$ 25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		08/22/2025	\$ 25	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)					b. Job Title/Profession Nurse	
Roxy Kennedy 1765 Lakefield Drive Clemmons, NC 27012					d. Comments Friend	
					c. Employer's Name/Specific Field Atrium Health Wake Forest Baptist	
					e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		08/22/2025	\$ 50	
<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 Talent Adivsor	
Lesley Nash Walker 1870 Dunnmore Lane Clemmons, NC 27012					d. Comments Friend	
					c. Employer's Name/Specific Field Bristol Myers Squibb	
					e. Election Sum to Date \$ 25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		22/08/2025	\$ 25	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 890	

Contributions from Individuals

Pg 5 of 8

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)

Friends of Michelle Barson

2. ID Number

RCQAYQ

3. Contributor Information

Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Paula Burleson 124 Huron Court Winston-Salem, NC 27103		Healthcare professional	Friend
		c. Employer's Name/Specific Field	
		Aledade	
		e. Election Sum to Date	\$ 25

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	B1F1	CC		08/22/2025	\$ 25
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input checked="" type="checkbox"/>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Sabrina Lestuzzi-Williamson 8420 Kinsale Ct Clemmons, NC 27012		Homemaker	Friend
		c. Employer's Name/Specific Field	
		N/A	
		e. Election Sum to Date	\$ 200

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	B1F1	CC		08/23/2025	\$ 200
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/>		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Monica Varandani 2442 Wynbrook Square Ct Winston-Salem, NC 27103		Research Consultant	Friend
		c. Employer's Name/Specific Field	
		Bellomy	
		e. Election Sum to Date	\$ 1,000

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	B1F1	CC		2308/2025	\$ 1,000
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 1,225
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5. Total of ALL CRO-1210 Pages	\$ 2,115
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(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 6 of 8

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)

Friends of Michelle Barson

2. ID Number

RCQAYQ

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession Homemaker	d. Comments Friend
Jennifer Pfouts 1991 Waterford Village Drive Clemmons, NC 27012		c. Employer's Name/Specific Field N/A	e. Election Sum to Date \$ 20

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	B1F1	CC		08/28/2025	\$ 20
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession Attorney	d. Comments Friend
Daniel Besse PO Box 15306 Winston Salem, NC 27113		c. Employer's Name/Specific Field Self	e. Election Sum to Date \$ 100

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	B1F1	CC		09/14/2025	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession Owner	d. Comments Friend
Valerie Lecoeur 455 Carolina Circle Winston-Salem, NC 27113		c. Employer's Name/Specific Field Zoe b Organic	e. Election Sum to Date \$ 25

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	B1F1	CC		09/15/2025	\$ 25
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 145
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 2,260

Contributions from Individuals

Pg 8 of 8 Yes No Amendment

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	
Friends of Michelle Barson					RCQAYQ	
3. Contributor Information <input checked="" type="checkbox"/>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert Sipprell 4125 Briar Creek Rd Clemmons, NC 27012			b. Job Title/Profession Retired		d. Comments Friend	
			c. Employer's Name/Specific Field N/A		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		09/21/25	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lindsey Najmulski 8088 Glengariff Rd Clemmons, RD 27012			b. Job Title/Profession Education Compliance Manager		d. Comments Friend	
			c. Employer's Name/Specific Field Atrium Health Wake Forest Baptist Health		e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC			\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/>			<input type="checkbox"/> Add	<input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Laura Williams 5108 Old Plantation Circle Winston-Salem, NC 27104			b. Job Title/Profession Manager		d. Comments Friend	
			c. Employer's Name/Specific Field TTI Global Resources		e. Election Sum to Date \$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		10/02/05	\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2510	

Contributions from Individuals

Pg 8 of 8 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	
Friends of Michelle Barson					RCQAYQ	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Sean Lew 2151 Cherrywood Dr Clemmons, NC 27012					b. Job Title/Profession Attorney c. Employer's Name/Specific Field Sean Lew, PLLC, Attorney at L	
					d. Comments Friend Sean e. Election Sum to Date \$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	B1F1	CC		10/15/25	\$ 100	
<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 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"/>					\$	
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 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"/>					\$ 50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 100	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2610	

Contributions from Political Party Committees

Pg 1 of 1 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable) Friends of Michelle Barson			2. ID Number RCQAYQ	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Clemmons Democrats 130 Whitmore Cove Ct Clemmons, NC 27012			b. Comments c. Election Sum to Date \$ 74.75	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
B1F1	Check		07/21/25	\$ 74.75
				\$
				\$
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			\$ 74.75	
5. Total of ALL CRO-1220 Pages			\$ 74.75	
<i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				

Disbursements

Pg 1 of 8 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
Friends of Michelle Barson					RCQAYAQ
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wix.com LTD Yunitsman 5 Tel Aviv Israel			b. Coordinated Committee Name		d. Comments Website
			c. Level Registered (Specify)		e. Election Sum to Date \$ 48.00
			<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:	
			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit	0	08/22/2025	\$24.00	Website
B1F1	Debit	0	10/07/25	\$24.00	Website
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GoDaddy.com 100 S. Mill Ave Ste 1600 Tempe, AZ 85281			b. Coordinated Committee Name		d. Comments Website hosting
			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:	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) GoDaddy.com 100 S. Mill Ave Ste 1600 Tempe, AZ 85281			b. Coordinated Committee Name		d. Comments Website hosting
			c. Level Registered (Specify)		e. Election Sum to Date \$ 12.19
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		08/07/2025	\$12.19	Website hosting
				\$	
5. Total only this Page					\$ 60.19
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2,021.48
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 2 of 8 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
Friends of Michelle Barson					RCQAYQ
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wix.com LTD Yunitsman 5 Tel Aviv Israel			b. Coordinated Committee Name		d. Comments
					Website
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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
B1F1	Debit		09/08/25	\$24.00	Website
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wooten Graphics 172 Hinkle Lane Welcome, NC 27374			b. Coordinated Committee Name		d. Comments
					Yard signs
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 644.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		09/16/2025	\$300.00	Yard signs
B1F1	Debit		09/24/2025	\$344.68	Yard signs
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Forsyth Co Board of Elections 201 N. Chestnut St. Winston Salem, NC 27101			b. Coordinated Committee Name		d. Comments
					Filing fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 5.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Cash		07/10/2025	\$5.00	Filing fee
				\$	
5. Total only this Page					\$ 673.88
6. Total of ALL CRO-1310 Pages					\$ 2,021.48
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 3 of 7 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
Friends of Michelle Barson					RCQAYQ
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
					Flyers
Alpha Creations PO Box 11624 Winston Salem, NC 27116			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	
					e. Election Sum to Date
					\$ 384.86
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Check		08/19/25	\$266.21	flyers
B1F1	Check		10/02/2025	\$118.65	flyers
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
					Shirts
American Screen Printing 7009 Orchard Path Drive Clemmons, NC 27012			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	
					e. Election Sum to Date
					\$ 538.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		08/16/25	\$150.00	Shirts
B1F1	Debit		09/02/2025	\$388.17	Shirts
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
					Print ad
Clemmons Courier PO Box 765 Clemmons, NC 27012			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal	<input type="checkbox"/> County:	
			<input type="checkbox"/> State	<input checked="" type="checkbox"/> Municipality:	
					e. Election Sum to Date
					\$ 254.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		08/10/2025	\$254.75	Print ad
				\$	
5. Total only this Page					\$ 1,177.78
6. Total of ALL CRO-1310 Pages					\$ 2,021.48
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 4 of 8 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	
Friends of Michelle Barson				RCQAYQ	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			e. Election Sum to Date		
			\$ 4.60		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	debit		08/12/25	\$2.30	Transfer fee
B1F1	debit		08/12/25	\$2.30	Transfer fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			e. Election Sum to Date		
			\$ 12.60		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		08/14/2025	\$10.30	Transfer Fee
B1F1	Debit		08/15/2025	\$2.30	Transfer Fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			e. Election Sum to Date		
			\$ 3.60		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		08/22/2025	\$2.30	Transfer Fee
B1F1	Debit		08/22/2025	\$1.30	Transfer Fee
5. Total only this Page					
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)					
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 5 of 8 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
Friends of Michelle Barson					RCQAYQ
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
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:		\$ 5.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	debit		08/22/25	\$4.30	Transfer Fee
B1F1	debit		08/22/25	\$1.30	Transfer Fee
4. Payee Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
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:		\$ 4.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		08/22/2025	\$2.30	Transfer Fee
B1F1	Debit		08/22/2025	\$1.90	Transfer Fee
4. Payee Information			<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
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:		\$ 2.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		08/22/2025	\$1.30	Transfer Fee
B1F1	Debit		08/22/2025	\$1.30	Transfer Fee
5. Total only this Page					
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 6 of 8 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
Friends of Michelle Barson					RCQAYQ
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 48.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	debit		08/23/25	\$8.30	Transfer Fee
B1F1	debit		08/23/25	\$40.30	Transfer Fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 5.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		08/28/2025	\$1.10	Transfer Fee
B1F1	Debit		09/14/2025	\$4.30	Transfer Fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 5.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		09/15/2025	\$1.30	Transfer Fee
B1F1	Debit		09/212025	\$4.30	Transfer Fee
5. Total only this Page					\$ 59.60
6. Total of ALL CRO-1310 Pages					\$ 2,021.48
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* - Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 7 of 8 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
Friends of Michelle Barson					RCQAYQ
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 5.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	debit		10/02/25	\$1.30	Transfer Fee
B1F1	debit		10/02/25	\$4.30	Transfer Fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 4.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		10/02/2025	\$2.30	Transfer Fee
B1F1	Debit		10/02/2025	\$2.30	Transfer Fee
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 2.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	Debit		10/04/2025	\$2.30	Transfer Fee
				\$	
5. Total only this Page					\$ 12.50
6. Total of ALL CRO-1310 Pages					\$ 2,021.48
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 8 of 8

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
Friends of Michelle Barson					RCQAYQ
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Anedot, Inc 3723 Greenville Ave Dallas, TX 41002			b. Coordinated Committee Name		d. Comments
					Transfer Fee
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:					e. Election Sum to Date
					\$ 4.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	debit		10/15/25	\$4.30	Transfer Fee
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
				\$	
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
				\$	
				\$	
5. Total only this Page					\$ 4.30
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2,021.48
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)					