			1	Yes No							
Disclosure Report Cover											
				c. ID Number							
				RCQAYQ							
				d. Date Filed							
				10/21/2025							
				e. Phone Number							
614.404.2111											
/dd/yy)	4. Period E (mm/dd/yy)	nd Date	5. Treasurer Full								
	10/2	20/25	Michelle Naomi B	arson							
9. Typ	pe of Report	(check on	ly one type of report	from one category)							
Munici		State/C	ounty	Referendum							
	Organizational		Organizational	Organizational							
	Thirty-five day		Quarterly	Pre-referendum							
				2 000							
	Pre-primary		First	Final Cri							
	Pre-election		Second	Supplemental Final							
			Third	Aanual							
		L		Special							
18				10. Special Report Name							
	I can land	Other: Year End Mid Year									
	Final			5 & Control							
 	Final Special		Year End	£ 6 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Final Special		Year End Final	58							
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F4	Special 3	11. Account I a. Financial Insti Truliant Feder	Year End Final Special Information Station Full Name	58 HTY							
	Special 3	11. Account I a. Financial Insti Truliant Feder	Year End Final Special Information Station Full Name	c. Account Code							
F4	Special 3	11. Account I a. Financial Insti Truliant Feder	Year End Final Special Information Station Full Name	c. Account Code B1F4							
F4	Special 3	11. Account I a. Financial Insti Truliant Feder	Year End Final Special Information Station Full Name	c. Account Code B1F4 d. Period Begin Balance							
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	/dd/yy) 9. Tyj Munici	/dd/yy) 4. Period E (mm/dd/yy) 10/2 9. Type of Report Municipal Organizational Thirty-five day Pre-primary Pre-election Pre-runoff Semi-annual Mid Year	4. Period End Date	4. Period End Date							

CRO-1000

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

	. Type of Report		3. ID Number
Friends of Michelle Barson	Pre-election		RCQAYQ
Start of Election Cycle: January 1, _	2025	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2714.75	\$ 2714.75
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 30.00	\$ 30.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,610.00	\$ 2,610.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 74.75	\$ 74.75
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0
11) Other Receipt Sources 11a) Interest on Bank Accounts	(CDO 1250)		
	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organization		\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	lld and lle)	\$ 2,714.75	\$ 2,714.75
EXPENDITURES 13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,021,48	f 2.021.49
13b) Contributions to Candidates/Political Committee			\$ 2,021.48
		\$ 0	\$ 0
	(CRO-1310)	\$ 0	\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1		\$ 2,021.48	\$ 2,021.48
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	ct line 18)	\$ 693.27	\$ 693.27
ADDITIONAL INFORMATION			
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0	ANNEX 基础。 [4] [4] [4]
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0	特別的
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0	
25) Administrative Support	(CRO-1710)	\$ 0	\$ 0
26) Forgiven Loans	(CRO-1440)	\$ 0	\$ 0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded	(CRO-1215)	\$ 0	\$ 0

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Amendment

Yes

No

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

Friends of Michelle					
		RCQAYQ			
3. Contributor Info	ormation		HILL LIGHT		BY BY BY BY BY BY
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add	B1F4	Cash	open acct	06/23/25	\$ 5.00
Remove Add				00/23/23	Ψ 5,00
Remove	B1F4	Cash		09/05/25	\$ 25.00
Add Add					
Remove					\$
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Remove					\$
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Remove					\$
4. Total only this		FENT CENTRAL		\$	35
5. Total of ALL ((This line must be on li		ages mmary Page CRO-1100)		\$	35

Contr	ibutions fro	m Individuals		1	Pg <u>1</u> 0	of <u>8</u>	Amendmen	
Use this	form to report ind	ividual contributions	over \$5	0 or contributions w	nder \$50 if form C	RO 1205 is 1	Yes Yes	⊠ N
		(and Fund if applica			MOI DO MINIMO	2. ID Nu		
Friends	of Michelle Barson	n					RCQAYQ	
3. Contr	ibutor Informati	on		Add R	emove	Sie mil 194		
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	
	city, state, & zip)			Enterprise Data (Governance	Friend		
Connie I								
	Lakeshore Dr			c. Employer's Name/				
Стенино	ns, NC 27012			First Citizens Ba	nk	o Flortion	Sum to Date	
1						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	B1F1	CC			08/12/	2025	\$	50
	B1F1	CC			10/02	/2025	\$	50
							\$	
3. Contr	ibutor Informati	on	X	Add R	emove			118.75 7.0
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
	city, state, & zip)			Retired		Friend		
Dana Hu								
	ns, NC 27012			c. Employer's Name/ N/A	Specific Field	-		
Cicinmo	us, NC 27012			N/A		e. Election	Sum to Date	
1								
						\$	75	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	B1F1	CC			08/12/	2025	\$	50
	B1F1	CC			10/02	/2025	\$	25
							\$	
	ibutor Informatio			Add R	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Professio		d. Commer	nts	
	city, state, & zip)			Property Manage	r	Friend		
8480 Lis	lor North			c. Employer's Name/	Specific Viold	-		
	ns, NC 27012			Self	speciae Fiera	-		
	,			Ben		e. Election	Sum to Date	
						\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	B1F1	CC			08/14/		\$	250
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

425

425

\$

\$

Conti	ributions fro	m Individuals			Pg	2	of	8	Amendment Yes	N
Use this	form to report ind	lividual contributions	over \$5	0 or contributions	s under	\$50 if form	CRO 120	5 is not		
1. Com	mittee Full Name	(and Fund if applica	able)		1		2. 1	D Numl	ber	5,49,64
Friends	of Michelle Barso	n]	RCQAYQ	
3. Conti	ributor Informati	on The Indian		Add	Reme	ove		700		
	me, Mailing Address	& Phone		b. Job Title/Profe	ssion			omments		
	e city, state, & zip)			Retired			Frie	end		
Linda A	itmore Cove Ct			c. Employer's Na	mo/Spac	rific Field				
	ns, NC 27012			N/A	шызрес	.nic Pieiu				
1							e. Ele	ection Su	m to Date	
								\$	50	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/d	d/yyyy)		k. Amount	
	B1F1	Check				07/2	1/2025		\$	50
								:1	\$	
									\$	
3. Contr	ibutor Informati	on		Add	Remo	ove			111111111111111111111111111111111111111	
	me, Mailing Address	& Phone		b. Job Title/Profes	ssion		d. Co	mments		
	city, state, & zip)			Retired			Frie	nd		
Janice N 4312 La				c. Employer's Nar	no/Snoo	igo Etald				
	ns, NC 27012			N/A	шегорее	IIIC PICKI				
							e. Ele	ction Sun	n to Date	
								\$	50	
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Ш									\$	
									\$	
	ibutor Informatio			Add	Remo	ve			FRANKS.	
l.	ne, Mailing Address &	& Phone		b. Job Title/Profes				mments		
Rebecca	city, state, & zip)			Business Deve	lopmei	nt Manager	Frie	nd		
	estnut Ridge Drve			c. Employer's Nan	ne/Sneci	fic Field				
	Salem, NC 27013			AbbieVie						
							e. Elec	ction Sum	to Date	
							5	5	90	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd	/уууу)	1	k. Amount	
	B1F1	CC				22/08	3/2025		\$	40
	B1F1	CC				10 ghi	W2025		\$	50

4. Total only this Page

5. Total of ALL CRO-1210 Pages

190

615

\$

\$

\$

1. Committee Full Name (and Fund if applicable) RCQAYQ			dividual contributions		0 or contr	ributio	ns under \$50 if form	CRO 1205 is	not used	es 🔀 N		
3. Contributor Information	1. Com	nittee Full Name	(and Fund if applica	ble)		MAA.		2. ID N	umber			
F-Val Name, Mailling Address & Phone (included city) S. Account Code Name N	Friends	of Michelle Barso	on						RCQAY(Q		
Murse Practitioner		and the second second			Add		Remove					
Angle Reser 1900 Dummore Lanc 1900 Dummore 1900 Dummore Lanc 1900 Dummore La		_	& Phone		b. Job T	itle/Pro	fession	d. Comm	ents			
1900 Dummore Lane Clemmons, NC 27012 Clemmons					Nurse	Practi	ioner	Friend				
Clemmons												
Prior S. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount					-		ame/Specific Field					
S	Cicinno	ms, INC 27012			Optun	n		TO	6 . 5 .			
F. Frior g. Account Code h. Form of Payment Lin-Kind Description J. Date (mm/ddyyyyy) k. Amount								e. Electio	n Sum to Date			
BIFI CC 08/22/2025 \$ 50								\$	50			
3. Contributor Information Add Remove	f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption	j. Date (mm/e	ld/yyyy)	k. Amount	t		
		B1F1	CC				08/2	22/2025	\$	50		
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Carla Day 5178 Little Brook Lane Winston Salem, NC 27104 B1F1 CC B1F1 CC Carla Day 5. Date (mm/dd/yyyy) C. Employer's Name/Specific Field Self C. Employer's Name/Specific Field Reynolds America C. Employer									\$			
A. Comments									\$			
Inspector Mama	3. Contr	ibutor Informati	ion:		Add		Remove		Service Control			
Carla Day 5178 Little Brook Lane C. Employer's Name/Specific Field Self	a. Full Nar	me, Mailing Address	& Phone		b. Jeb T	itle/Prof	ession	d. Comm	ents			
C. Employer's Name/Specific Field Self Se					Inspec	tor Ma	ma	Friend				
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 BIF1 CC 08/22/2025 \$ 25 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Philip Parker 4851 Hearthstone Road Clemmons, NC 27012 6. Election Sum to Date Reynolds America 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 BIF1 CC 22/08/2025 \$ 100 4. Total only this Page \$ 175 5. Total of ALL CRO-1210 Pages						yer's N	ame/Specific Field					
S 25	Winston	Salem, NC 27104	}		Self							
Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount								e. Election	Sum to Date			
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a. Full Name, Mailing Address & Phone (include city, state, & zip) Philip Parker 4851 Hearthstone Road Clemmons, NC 27012 Reynolds America 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 B1F1 CC 22/08/2025 \$ 100 4. Total only this Page \$ 175 5. Total of ALL CRO-1210 Pages	Ц								\$			
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Philip Parker 4851 Hearthstone Road Clemmons, NC 27012 C. Employer's Name/Specific Field Reynolds America c. Employer's Name/Specific Field Reynolds America c. 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 B1F1 CC 22/08/2025 \$ 100 \$ 4. Total only this Page \$ 175 5. Total of ALL CRO-1210 Pages			& Phone				ession		ents			
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B1F1 CC 22/08/2025 \$ 100 \$ 4. Total only this Page \$ 175 5. Total of ALL CRO-1210 Pages	f Drine	a Assaurt Code	L Day of Barrey			4.	1					
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						E UV		\$		175		
				20.1100	Marin S			\$		790		

Use this	form to report in	dividual contributions	over \$5	0 or contr	ibution	s under \$50 if form	CRO 1205 is	not used	_ [A] _ N		
1. Com	mittee Full Name	e (and Fund if applic		2. ID N	umber						
Friends	of Michelle Barso	on						RCQAYQ			
	ributor Informat			Add		Remove					
	me, Mailing Address	s & Phone		b. Job T			d. Comm	d. Comments			
	e city, state, & zip)			Superv	visor, E	Biostats	Friend				
Sarah G	aussom wenbrook Ct						_				
	ons, NC 27012					me/Specific Field					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				roisi c l of Me	Iniversity	a Flaction	a Sum to Date			
) Sensor	01 1010	dieme					
							\$	25			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	iption	j. Date (mm/do	/уууу)	k. Amount			
	B1F1	CC				08/22	2/2025	\$	25		
								\$			
								\$			
	ibutor Informati			Add		Remove	n venn sylfyer		to the rive		
	me, Mailing Address	& Phone		b. Job Ti	tle/Profe	ession	d. Comme	ents			
	city, state, & zip)			Nurse			Friend				
Roxy Ke	nneay kefield Drive										
	ns, NC 27012			Atrium		me/Specific Field					
	, 1(0 2 / 0 12			Wake I			a Floation	Sum to Date			
					010011	supus:	\$	50			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion	j. Date (mm/dd		k. Amount			
	B1F1	CC				08/22		\$	50		
								\$			
								\$			
3. Contri	ibutor Informati	on		Add		Remove	1000	NAME OF THE PARTY.	SV 010		
	ne, Mailing Address	& Phone		b. Job Tit	le/Profe		d. Commer	nts			
	city, state, & zip)			Talent A	Adivos		Friend				
	ash Walker nnmore Lane										
	ns, NC 27012					ne/Specific Field					
Cicinno	110 27012			Bristol 1	viyers	Squibb	a Floation	Come to Date			
							s	Sum to Date 25			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/		k. Amount			
	B1F1	CC				22/08/	2025	\$	25		
								\$			
								\$			
4. Total	only this Pag	e	1300				\$		100		
5. Total	of ALL CRO	-1210 Pages			13.54		Φ.				
(Thin time	winet he on line 6 of	Dat. 11 10 D 0					\$		890		

Use this	form to report ind	dividual contributions	over \$5	0 or contr	ibution	s under \$50 if form (CRO 1205 is	not used	, KA ;,,	
1. Com	nittee Full Name	(and Fund if applica	ble)	usudkies.			2. ID N	umber		
Friends	of Michelle Barso	n						RCQAYQ		
	ributor Informati		X	Add		Remove				
	me, Mailing Address	& Phone		b. Job Title/Profession				d. Comments		
	e city, state, & zip)			Health	care pr	ofessional	Friend			
Paula Bu 124 Huro				. 121		101 101 111 1				
	-Salem, NC 27103	3		Aledad		ume/Specific Field				
	,			Account	10		e. Election	1 Sum to Date		
					198		\$	25		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description j. Date (mm/de			L/yyyy)	k, Amount		
	BIFI	CC					2/2025	\$	25	
								\$		
								\$		
3. Contri	ibutor Informati	on	×	Add		Remove			In Name	
a. Full Nan	ne, Mailing Address	& Phone		b. Job Tit	tle/Profe		d. Comme	nts	4	
	city, state, & zip)			Homen	naker		Friend			
	Sabrina Lestuzzi-Williamson									
	8420 Kinsale Ct Clemmons, NC 27012				yer's Na	me/Specific Field				
Cleminor	18, NC 2/012			N/A			770 44			
							e. Election	Sum to Date		
							\$	200		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	i. In-Kind Description		j. Date (mm/dd/	/уууу)	k. Amount		
Ц	B1F1	CC				08/23	/2025	\$	200	
								\$		
								\$		
	butor Informatio			Add		Remove				
	ie, Mailing Address &	& Phone		b. Job Tit			d. Commer	nts		
Monica V	city, state, & zip)			Researc	h Cons	sultant	Friend			
	nbrook Square Ct		1	e Employ	rorte Nas	ne/Specific Field				
	Salem, NC 27103		ł	Bellomy		nerspecific rieid	-			
	ŕ			Building	,		e. Election	Sum to Date		
							\$	1,000		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Descrip	tion	j. Date (mm/dd/	уууу)	k. Amount		
	B1F1	CC				2308/	2025	\$	1,000	
								\$		
								\$		
4. Total	only this Page	e il light in the control of		제 목일다			\$		1,225	
	of ALL CRO-	-1210 Pages Detailed Summary Page Cl					\$		2,115	

Use this	form to report ind	lividual contributions	over \$5	0 or conti	ribution	s under \$50 if form	CRO 1205 is	not used	
1. Comn	nittee Full Name	(and Fund if applica	ible)	RIV.	SWITE.		2. ID N		
	of Michelle Barson							RCQAYO	Q
	ibutor Informati		X	Add		Remove			
	ne, Mailing Address	& Phone			itle/Prof	ession	d. Comm	ents	
	city, state, & zip)			Home	maker		Friend		
Jennifer I	Ptouts terford Village Dr	<u></u>							
	ns, NC 27012	ive		c. Emple	oyer's Na	me/Specific Field			
Cicinanoi	15,110 27012			IN/A			a Floatio	n Sum to Date	
								u Sum to Date	
							\$	20	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	iption	j. Date (mm/d	d/yyyy)	k. Amoun	t .
	B1F1	CC				08/2	8/2025	\$	20
								\$	
								\$	
	butor Informatio			Add		Remove			
	ne, Mailing Address &	& Phone		b. Job Ti		ssion	d. Commo	ents	
Daniel Be	city, state, & zip)			Attorn	ey		Friend		
PO Box 1				a Emplo	wowle Na				
	Salem, NC 27113			Self	yer's Nai	me/Specific Field			
	7.1.20			Sen			e Election	Sum to Date	
							\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	otion	j. Date (mm/do	I/vvvv)	k. Amount	
	B1F1	CC					4/2025	\$	100
								\$	
								\$	
	butor Informatio			Add		Remove		Lastery.	Dix El
	e, Mailing Address &	. Phone		b. Job Ti	tle/Profes	sion	d. Comme	nts	
Valerie Le	ity, state, & zip)			Owner			Friend		
455 Caroli				. 171	1. 187	/Cl			
	Salem, NC 27113			Zoe b (ne/Specific Field			
	, 110 27115			2.000	лgame		e Flection	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i In-Ki	ind Descrip	ntion	j. Date (mm/dd	\$	25	
	B1F1	CC	25 200-150	на везех гр	LIVIA			k. Amount	
	DITT					09/13	/2025	\$	25
								\$	
4. Total	only this Page		Carlot S		yearing.		\$	Φ	145
	of ALL CRO-		- INVI				Φ		145
		THAT I MED					\$		2,260

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Use this	form to report ind	lividual contributions	over \$5	0 or contributions un	nder \$50 if form C	RO 1205 is	not used	es 🛛 N
1. Com	mittee Full Name	(and Fund if applica	able)			2. ID N		
Friends	of Michelle Barson	n					RCQAY	2
3. Conti	ributor Informati	on	X	Add R	emove	NAME OF		
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comm	ents	
	e city, state, & zip)			Attorney		Friend		
Sean Le	w ierrywood Dr			77 1 1 1 1 1	N 140 WH 2 V			
	ons, NC 27012			c. Employer's Name/Sean Lew, PLLC		Sean		
	,			Boan Bow, I ELC	, Attorney at 13		n Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y		k. Amoun	t
	B1F1	CC			10/15	5/25	\$	100
				=			\$	
							\$	
3. Contr	ibutor Informatio	An .		Add Re	emove		1 4	
	me, Mailing Address			b. Job Title/Profession		d. Comme	ents	
(include	city, state, & zip)						,	
				c. Employer's Name/S	pecific Field			
						L		
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
							\$	
							\$	
							\$	
	ibutor Informatio			Add Re	move			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comme	nts	
	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
				c. Employer's Name/S	pecific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
							\$	50
LJ ————							\$	
							\$	
f. Total	only this Page				Paritago S Tiv	\$		100
Park the later	of ALL CRO-							
(This line	most be on line 6 of I	Detailed Summary Page C	POL 1100)			\$		2610

Contributions from Political Party Committees

Use this form to report contributions from a political party

	ull Name (and Fund i	f applicable)					2. ID	Number	
Friends of Mich	elle Barson							RCQAY	Q
3. Contributor l	Information		X	Add	Re	move			
	ng Address & Phone						b. Cor	uments	
(include city, state									
Clemmons Dem 130 Whitmore C									
Clemmons, NC							c Elec	tion Sum to Da	ite
							\$	74.75	
d. Account Code	e. Form of Payment	f. In-Kind D	Descripti	ion		g. Date (mm/dd/yyy	y)	h. Amount	
B1F1	Check					07/21/		\$ 74.7	75
								\$	
								\$	
3. Contributor I	nformation			Add	Ren	nove			
a. Full Name, Mailin	ig Address & Phone						b. Con	ments	
(include city, state	e, & zip)								
							c. Elec	tion Sum to Da	ite
							\$.,	
d. Account Code	e. Form of Payment	f. In-Kind D	escripti	on		g. Date (mm/dd/yyy)	y)	h. Amount	
								\$	
								\$	
								\$	
3. Contributor I	nformation			Add	Ren	nove			
a. Full Name, Mailin	g Address & Phone						b. Com	ments	
(include city, state	, & zip)								
							c. Elect	tion Sum to Da	te
							\$		
d. Account Code	e. Form of Payment	f. In-Kind Do	escriptio	on .		g. Date (mm/dd/yyyy)	h. Amount	
							^	\$	
								\$	
								\$	
4. Total only t	his Page						\$	74.75	
5. Total of AL	L CRO-1220 Page	es					•	G4 55	
	on line 7 of Detailed Summi		100)				\$	74.75	

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No

	Full Name (and Fun	d if applicable)	(1) 12 () () () () () () () () () (2. ID Number
Friends of Mic					RCQAYAQ
3. Type of Dish	A COLUMN TO A COLU	ase use separate (CRO-1310 forms for each	type of Disbursen	nent.)
Operating I			indidates/Political Committees	Co	pordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)				Website
Wix.com LTD					
Yunitsman 5 To	el Aviv		c. Level Registered (Specify)		
Israel			Federal 🛛	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 48.00
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BIFI	Debit	0	08/22/2025	\$24.00	Website
B1F1	Debit	0	10/07/25	\$24.00	Website
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					u. commence
,					
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				Website hosting
GoDaddy.com 100 S. Mill Ave			. T. 1D '. 10 10		
Ste 1600	;		c. Level Registered (Specify)	C	-
Tempe, AZ 852	Q 1		Federal State	County:	a Flacton Court to Date
1011pc, AZ 632	01		State	Municipality:	e. Election Sum to Date
					\$ 12.19
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 thi	is Page	(1) 1 (1) 1 (1) 1 (1) (1) (1) (1) (1) (1	E 151 FE I ENGE I S	THE PROPERTY.	\$ 60.19
	CRO-1310 Pages		THE PERSON OF	E BULL STORY	J 00.17
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	0 if Operating Expenses)		¢ 0.001.40
			0 if Contrib to Candidates/Politic		\$ 2,021.48
			if Coordinated Party Expenditu	res)	
	es (List detailed exp			13,453 141	CONTRACTOR OF THE
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund		D - To Anothe	
I - Postage	J - Penalties		cal Party ce Expenses		Public Office Expenses n to Legal Expense Fund
O* - Other	· · · · · · · · · · · · · · · · · · ·			20	
* Codes require	e detailed explanati	on in required re	emarks field (k)	THE RELEASE OF THE PARTY OF THE	

Dis	shu	rse	me	nts
	3 W U		111	11 13

Yes

Amendment

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	Full Name (and Fun	d if applicable)		THE NEW YORK	2. ID Number
Friends of Micl					RCQAYQ
3. Type of Disb			CRO-1310 forms for each t	ype of Disburser	nent.)
Operating I			ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				Website
Wix.com LTD	1.4.				_
Yunitsman 5 Te	el Aviv		c. Level Registered (Specify)		_
Israel			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
BIFI	Debit		09/08/25	\$24.00	Website
				\$	
4. Payee Inform	nation		Add	Remove	SUPERINE PROPERTY
	ing Address & Phone		b. Coordinated Committee No	ame	d. Comments
(include city, state,			-		Yard signs
Wooten Graphi					
172 Hinkle Lan	· -		c. Level Registered (Specify)		
Welcome, NC 2	2/3/4		Federal	County:	
			State	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 Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					Filing fee
Forsyth Co Boa					
201 N. Chestnut			c. Level Registered (Specify)		
Winston Salem,	NC 27101		Federal	County:	
			State	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 feee
				0	
				\$	
5. Total only thi	The second secon		2 11 2 22 7 3 24 1		\$ 673.88
(This line goes in (This line goes in		mary Page CRO-1100	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 2,021.48
	es (List detailed ex			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EN THE SECTION OF THE
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fund G - Politic K* - Offic	Iraising cal Party ce Expenses		er Candidate g Public Office Expenses on to Legal Expense Fund
* Codes require	e detailed explanati	on in required re	emarks field (k)	CONTRACTOR OF THE PARTY.	E UNITED BEING

TO L. I.					Amend	ame
Disbursements	Pg	<u> </u>	3 of	7		Ye

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)

Friends of Mich	un ivame (anu run	и и аррисавие)	DESCRIPTION OF THE PERSON NAMED IN		2. ID Number
3. Type of Disb		nsa usa sanarata f	CRO-1310 forms for each	tune of Dichurga	RCQAYQ
Operating E			andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform		\boxtimes	Add	Remove	Deponditures
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					Flyers
Alpha Creations					11,900
PO Box 11624			c. Level Registered (Specify)		
Winston Salem,	NC 27116		Federal T	County:	
,			State 🖂	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
D.D.					flyers
B1F1	Check		10/02/2025	\$118.65	Try or o
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					Shirts
American Scree	•				
7009 Orchard Pa			c. Level Registered (Specify)		
Clemmons, NC	27012		Federal	County:	
			State 🖂	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
BIFI	Debit		09/02/2025	\$388.17	Shirts
4. Payee Inform	ation		Add	Remove	
a. Full Name, Mailir	ng Address & Phone		b. Coordinated Committee N		d. Comments
include city, state,	& zip)				Print ad
Clemmons Cour	ier				
PO Box 765			c. Level Registered (Specify)		
Clemmons, NC	27012		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 254.75
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					Print ad
B1F1	Debit		08/10/2025	\$254.75	11111 60
				\$	
5. Total only this	s Page	ALESS HERRIS	DENER MINERALIS		\$ 1,177.78
The state of the s	CRO-1310 Pages	TIL THE	E DE FOUL ENNIE (
		mary Page CRO-110	0 if Operating Expenses)		D 0001 40
(This line goes in l	ine 13b of Detailed Sun	mary Page CRO-110	0 if Contrib to Candidates/Politic	cal Comm)	\$ 2,021.48
			0 if Coordinated Party Expenditu		
. Purpose Code	s (List detailed ex	enditure code in	(h.) above)		
A* - Media	B* - Printing	C* - Fund	draising	D - To Anoth	ner Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund
O* - Other	detailed explanati			I CHECKSON STREET	

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No

Disbursements

Pg <u>4</u>

of 8

Amendment Yes

No

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1. Committee F	'ull Name (and Fun	d if applicable)			2. ID Number
Friends of Mich	nelle Barson				RCQAYQ
3. Type of Disb	ursement (Plea	ise use separate C	CRO-1310 forms for each t	vpe of Disbursem	ent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	現場を開発した。
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	anie	d. Comments
(include city, state, Anedot, Inc 3723 Greenville Dallas, TX 410	e Ave	1.1.12.1	c. Level Registered (Specify)		Transfer fee
Danas, IA 410	02		Federal	County:	77
			State	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	Tranfer fee
B1F1	debit		08/12/25	\$2.30	Transfer fee
4. Payee Inform	ation		Add	Remove	ARREST STATE OF THE PARTY OF TH
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, Anedot, Inc 3723 Greenville	& zip)		c. Level Registered (Specify)		Transfer fee
Dallas, TX 4100	02		Federal	County:	
			State	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
BIF1	Debit		08/14/2025	\$10.30	Transfer Fee
B1F1	Debit		08/15/2025	\$2.30	Transer Fee
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, Anedot, Inc					Transfer fee
3723 Greenville	Ave		c. Level Registered (Specify)		
Dallas, TX 4100			Federal	County:	
,			State	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 thi	s Page	图文章 [查表] [改		THE RESERVE	\$ 20.80
6. Total of ALL (This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	mary Page CRO-1100	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu	,	\$ 2,021.48
	es (List detailed ex				
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fund G - Politic K* - Offic	draising cal Party ce Expenses		er Candidate Public Office Expenses n to Legal Expense Fund
* Codes require	e detailed explanati	on in required re	emarks field (k)	CACS DODS	MARKET MARKET STATE OF THE STAT

D	is	h	п	rs	e	m	ρ	n	fe	
~	13	v	u	13	v		v	ш	LO	

Pg <u>5</u>

of <u>8</u>

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Amendment Yes

No

1. Committee F	Full Name (and Fun	d if applicable)	建設計製 到展 13	A STATE OF THE REAL PROPERTY.	2. ID Number
Friends of Mich	nelle Barson				RCQAYQ
3. Type of Disb	ursement (Plea	ase use separate C	CRO-1310 forms for each t	vpe of Disbursen	nent.)
Operating E			ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inform			Add	Remove	自己的 医自己性 化多元 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				Transfer Fee
Anedot, Inc					
3723 Greenville			c. Level Registered (Specify)		
Dallas, TX 410	02		Federal	County:	
			State 🖂	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		08/22/25	\$4.30	Transfer Fee
B1F1	debit		08/22/25	\$1.30	Transfer Fee
4. Payee Inform	aation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					Transfer Fee
Anedot, Inc	10F-02				
3723 Greenville	e Ave		c. Level Registered (Specify)		
Dallas, TX 410	02		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 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 Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				Transfer Fee
Anedot, Inc					
3723 Greenville	: Ave		e. Level Registered (Specify)		
Dallas, TX 4100)2		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 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
BIF1	Debit		08/22/2025	\$1.30	Transfer Fee
5. Total only thi	is Page	517 42 15	EARLY DET GLOSS 1	THE STATE OF	\$ 12.40
	CRO-1310 Pages	0 2 1 1 THE SE	ENDERED I		
(This line goes in	line 13a of Detailed Sun	ımary Page CRO-1100	0 if Operating Expenses)		¢ 2.021.40
			If Contrib to Candidates/Political		\$ 2,021.48
) if Coordinated Party Expenditu	res)	
	es (List detailed ex			1 3 CONT. O. LESS.	
A* - Media	B* - Printing	C* - Fund		D - To Anoth	
E - Salaries I - Postage	F* - Equipment J - Penalties				Public Office Expenses
O* - Other	J - renames	K" - Oille	ee Expenses	Q" - Donatio	n to Legal Expense Fund
The same of the sa	e detailed explanati	ion in required re	emarks field (k)	NE BURN YES	在国际的时间,但可能处理是不可以

Disbursements

Amendment Yes

 \boxtimes

No

Disbursements $Pg \quad \underline{6} \quad \text{of} \quad \underline{8} \quad \underline{\square} \quad Ye$ Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun	id it applicable)	的技术部分		2. ID Number
Friends of Mich			CDO YOYO C	A 51 4	RCQAYQ
3. Type of Disb			CRO-1310 forms for each	and the same of th	
Operating I			undidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add D. Coordinated Committee N	Remove	
	ing Address & Phone		D. Coordinated Committee N	ame	d. Comments Transfer Fee
(include city, state, Anedot, Inc	& ZIP)				Transfer Fee
3723 Greenville	- Ave		c. Level Registered (Specify)		
Dallas, TX 410			Federal	County:	-
, 111 110	-		State	Municipality:	e. Election Sum to Date
				manipanty,	
				-11	\$ 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 Inform	ation		Add	Remove	PERSONAL PROPERTY OF THE PERSON NAMED IN
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				
Anedot, Inc					
3723 Greenville			c. Level Registered (Specify)		
Dallas, TX 4100)2		Federal	County:	
			State 🖂	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 Inform	ation		Add	Remove	CLOSINE SUCCESSION SUCCESSION
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					Transfer Fee
Anedot, Inc					
3723 Greenville			c. Level Registered (Specify)		
Dallas, TX 4100)2		Federal	County:	
			☐ State	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 thi	s Page	图 15 (字及) 章	\$ 100 5 M A 100 C 1	1 3 3 3 h 633	\$ 59.60
	CRO-1310 Pages		E LITTED LETTER 1	A RESERVE	
	line 13a of Detailed Sun				\$ 2,021.48
			0 if Contrib to Candidates/Politic		2,021.40
			0 if Coordinated Party Expenditu	res)	
A* - Media	B* - Printing	penditure code in C* - Fund		D	an Caudidata
E - Salaries	F* - Equipment				her Candidate g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other					
" Codes require	e detailed explanati	ion in required re	emarks field (k)	TOTAL EXPLOY	

Disbursements

Yes

Amendment

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	full Name (and Fun	d if applicable)	度 [37] (美) [4] [8] [1]	A RELIEF	2. ID Number
Friends of Mich	nelle Barson				RCQAYQ
3. Type of Disb		ise use separate C	CRO-1310 forms for each t	vpe of Disbursen	ient.)
Operating E			ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	West of the second seco
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				Transfer Fee
Anedot, Inc					
3723 Greenville			c. Level Registered (Specify)		
Dallas, TX 410	02		Federal	County:	
			State 🖂	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 Inform	ation		Add	Remove	STATES OF SECTION
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	& zip)				Transfer Fee
Anedot, Inc					
3723 Greenville	Ave		c. Level Registered (Specify)		
Dallas, TX 4100	02		Federal	County:	1
			State 🖂	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 Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				Transfer Fee
Anedot, Inc					
3723 Greenville	Ave		c. Level Registered (Specify)		
Dallas, TX 4100)2		Federal	County:	
			State 🖂	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
				\$	
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	CRO-1310 Pages				T 12.00
		mary Page CRO-1100	0 if Operating Expenses)		0.001.10
(This line goes in	line 13b of Detailed Sun	mary Page CRO-1100	o if Contrib to Candidates/Political		\$ 2,021.48
) if Coordinated Party Expenditu	res)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anothe	
E - Salaries I - Postage	F* - Equipment J - Penalties		eal Party ce Expenses		Public Office Expenses
O* - Other	J - Felialities	K OIII	e myhenses	Q" - Donation	n to Legal Expense Fund
	e detailed explanati	on in required re	emarks field (k)	\$ 45 THE SHIPS	A CONTRACTOR OF THE PARTY OF TH

Disbursements	ements
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Amendment Yes

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No

	Full Name (and Fun	d if applicable)		HANDER WAS	2. ID Number
Friends of Michelle Barson					RCQAYQ
3. Type of Dist	- Application		CRO-1310 forms for each 1	type of Disbursen	nent.)
Operating 1			andidates/Political Committees	C	pordinated Party Expenditures
4. Payee Inform			Add	Remove	THE RESERVE
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee N	ame	d. Comments
					Transfer Fee
Anedot, Inc					
3723 Greenville Ave Dallas, TX 41002			c. Level Registered (Specify) Federal		
					e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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4. Payee Inform	nation		Add Remove		CERTIFICATION OF THE
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state,	& zip)				
			e I aval Degistered (Streets a		-
			c. Level Registered (Specify)	Country	4
			State	County:	a Floation Compt. D.
			State	Municipality:	e. Election Sum to Date
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4 D I C		52		\$	
4. Payee Information a. Full Name, Mailing Address & Phone			Add Remove b. Coordinated Committee Name		
a. Full Name, Mail (include city, state,			b. Coordinated Committee Na	anie	d. Comments
include city, state,	& ZIP)				
			c. Level Registered (Specify)		
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					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
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5. Total only th		世年十十五日十五日		W Was as let	\$ 4.30
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	es (List detailed ex		0 if Coordinated Party Expenditu	resj	
A* - Media	B* - Printing	C* - Fund	Land to the second seco	D - To Anoth	er Candidate
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politic		 D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund 	
	e detailed explanati	on in required re	emarks field (k)	THE RESERVE	I MANAGEMENT AND A STATE OF THE