

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information				
a. Full Name			c. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL			STA-R9L1B4-C-001	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO BOX 1350 NORWOOD, NC 28128			07/07/2026	
			e. Phone Number	
			(828) 776-2774	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2026	02/15/2026	06/30/2026	JINGER KELLEY	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ Party ☐ Joint Fundraiser ☐ PAC ☐ Referendum ☐ Legal Expense Fund		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
7. Type of Fund (if applicable, check one)		State/County ☐ Organizational Quarterly ☐ First ☒ Second ☐ Third ☐ Fourth Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
☐ "Booster Fund" ☐ Building Fund ☐ Presidential Election Year Candidates Fund ☐ NC Public Campaign Financing Fund ☐ Other:		Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
3. Account Information				
a. Financial Institution Full Name				
FIRST CITIZENS BANK				
b. Purpose		c. Account Code		d. Period Begin Balance
TRACK CAMPAIGN CONTRIBUTIONS & EXPENSES		01		
		d. Period Begin Balance		
		\$ 28,729.74		
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				
Jinger Kelley		Jinger Kelley		07/07/2026
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	_____	Employee:	_____	Delivery Method
Date Postmarked:	_____	Employee:	_____	☐ Normal Mail
Date Scanned:	_____	Employee:	_____	☐ Registered Mail
Date Data Entered:	_____	Employee:	_____	☐ Hand Delivered
				☐ Electronically Filed
				☐ Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL		2026 Second Quarter		STA-R9L1B4-C-001	
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 28,729.74		\$ 29,351.91	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 200.00		\$ 1,075.00	
6) Contributions from Individuals (CRO-1210)		\$ 43,753.32		\$ 92,885.44	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 972.52	
8) Contributions from Other Political Committees (CRO-1230)		\$ 5,250.00		\$ 74,600.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 25,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 3,000.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 49,203.32		\$ 197,532.96	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4,486.51		\$ 14,414.49	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 31,500.00		\$ 128,513.07	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 195.00		\$ 619.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 25,000.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 1,453.32		\$ 9,260.44	
17) In-Kind Contributions (CRO-1510)		\$ 1,453.32		\$ 10,232.96	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 39,088.15		\$ 188,039.96	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 38,844.91		\$ 38,844.91	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2,000.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove	01	Credit Card		04/13/2026	\$ 50.00	
☐ Add ☐ Remove	01	Credit Card		02/18/2026	\$ 50.00	
☐ Add ☐ Remove	01	Credit Card		05/09/2026	\$ 50.00	
☐ Add ☐ Remove	01	Credit Card		06/29/2026	\$ 50.00	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 200.00	

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GREGORY ABRAMS 1712 BRANDON RD CHARLOTTE, NC 28207			DENTIST			
			c. Employer's Name/Specific Field			
			FRIENDLY DENTAL		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/19/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAMUEL J BURROW 5104 CHILLMARK RD CHARLOTTE, NC 28226			ORTHODONTIST			
			c. Employer's Name/Specific Field			
			LUME PED. ORTHODONTICS		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		02/23/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GRANT CAMPBELL 4647 OWL CREEK LANE CONCORD, NC 28027			PHYSICIAN			
			c. Employer's Name/Specific Field			
			ATRIUM HEALTH		e. Election Sum to Date	
					\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	In-Kind	MONTHLY RENT	03/23/2026	\$ 1,453.32	
☐					\$	
☐					\$	
4. Total only this Page					\$ 2,453.32	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 2 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERIN CASE 510 STREAMSIDE LN MARVIN, NC 28173			OPTOMETRIST			
			c. Employer's Name/Specific Field			
			ELITE NATIONAL		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		06/30/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAEGAN CASHION 20430 HAVENVIEW DR CORNELIUS, NC 28031			NP			
			c. Employer's Name/Specific Field			
			RAEGAN CASHION		e. Election Sum to Date	
					\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		04/01/2026	\$ 350.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOSH DAMESEK 1800 PINWOOD CIR CHARLOTTE, NC 28211			DENTIST			
			c. Employer's Name/Specific Field			
			DAMESEK & DAKESEK DDS PA		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/17/2026	\$ 200.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,050.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 3 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
C SCOTT DAVENPORT 6601 ALEXANDER HALL DR CHARLOTTE, NC 28270			DENTIST			
			c. Employer's Name/Specific Field			
			SCOTT DAVENPORT		e. Election Sum to Date	
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		02/19/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KERRY DOVE 580 WOODHAVEN PL NW CONCORD, NC 28027			PEDIATRIC DENTIST			
			c. Employer's Name/Specific Field			
			CONCORD PEDIATRIC DENTISTRY		e. Election Sum to Date	
				\$ 750.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/19/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES GOODMAN 3808 WHITE CHAPEL WAY RALEIGH, NC 27615			CEO & EXEC. DIR.			
			c. Employer's Name/Specific Field			
			NC DENTAL SOCIETY		e. Election Sum to Date	
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/16/2026	\$ 250.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 4 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES H GOODNIGHT 900 APPLETREE LN CARY, NC 27513			CEO			
			c. Employer's Name/Specific Field			
			SAS INSTITUTE		e. Election Sum to Date	
					\$ 6,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		05/15/2026	\$ 6,800.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CASEY LEO HITE 438 FLAT TOP MOUNTAIN RD FAIRVIEW, NC 28730			CEO			
			c. Employer's Name/Specific Field			
			AREOFLOW HEALTH		e. Election Sum to Date	
					\$ 6,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		05/27/2026	\$ 6,800.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JONATHAN KACZMARSKI 240 PARK VIEW DR BELMONT, NC 28012			DENTIST			
			c. Employer's Name/Specific Field			
			PURPLE TOOTH		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/19/2026	\$ 250.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 13,850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 5 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FIRAS KASSAB 9800 ARISTIDES DR WAXHAW, NC 28173			RHEUMATOLOGIST			
			c. Employer's Name/Specific Field			
			SOTUH CLT RHEUMATOLOGY		e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		03/24/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID KWON 8832 TARRINGTON DR HARRISBURG, NC 28075			DENTIST			
			c. Employer's Name/Specific Field			
			PHILLIPPI & KWON DENTISTRY		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/18/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KEITH LAABS 8 DUXBURY CT DURHAM, NC 27707			INVESTMENTS MANAGER			
			c. Employer's Name/Specific Field			
			TOBACCO ROAD PARTNERS		e. Election Sum to Date	
					\$ 6,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		04/01/2026	\$ 6,800.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 8,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 6 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
REBECCA LARK 7253 3 SISTERS LN CONCORD, NC 28027			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/21/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
REBECCA LARK 7253 3 SISTERS LN CONCORD, NC 28027			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		04/01/2026	\$ 300.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAMUEL LENTZ 399 BUCKINGHAM RD WINSTON SALEM, NC 27104			NO JOB TITLE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		03/16/2026	\$ 250.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,050.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 7 of 12 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS MANSFIELD 1320 RODESSA RUN RALEIGH, NC 27607			EXECUTIVE			
			c. Employer's Name/Specific Field			
			NC MEDICAL BOARD			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		06/30/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MITCH MCCARREL 4556 E HWY 40 VERNAL, UT 84078			SEAMAN			
			c. Employer's Name/Specific Field			
			MITCH MCCARREL			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		06/28/2026	\$ 500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ETHAN MCCONNELL 1322 WENDOVER PARK LN CHARLOTTE, NC 28211			IT			
			c. Employer's Name/Specific Field			
			CLOUDEVATE			
					e. Election Sum to Date	
					\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/19/2026	\$ 100.00	
☐	01	Credit Card		02/19/2026	\$ 500.00	
☐					\$	
4. Total only this Page					\$ 2,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 8 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHEILA MIKHAIL 2707 LITTLELEAF LN HILLSBOROUGH, NC 27278			ENTREPRENEUR			
			c. Employer's Name/Specific Field			
			SHEILA MIKHAIL		e. Election Sum to Date	
				\$ 3,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Check		05/27/2026	\$ 3,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BARRETT MOORE 128 S TRYON ST CHARLOTTE, NC 28202			DENTIST			
			c. Employer's Name/Specific Field			
			UPTOWN CHARLOTTE SMILES		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/18/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID MOORE 2637 ROSWELL AVE CHARLOTTE, NC 28209			PEDIATRIC DENTIST			
			c. Employer's Name/Specific Field			
			BURROW WHELCHER CUPL MOORE PLLC		e. Election Sum to Date	
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/19/2026	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 4,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 9 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID NEWMAN 17120 BELLE ISLE DR CORNELIUS, NC 28031			PHYSICIAN			
			c. Employer's Name/Specific Field			
			ATRIUM		e. Election Sum to Date	
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		04/01/2026	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SEAN OBRIEN 4100 BERRYHILL CT CONCORD, NC 28025			INSURANCE AGENT			
			c. Employer's Name/Specific Field			
			FARM BUREAU INSURANCE		e. Election Sum to Date	
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		06/30/2026	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GARY OYSTER PO BOX 189 FRANKLINTON, NC 27525			DENTIST			
			c. Employer's Name/Specific Field			
			GARY OYSTER		e. Election Sum to Date	
				\$ 5,400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/26/2026	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 10 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GARY OYSTER PO BOX 189 FRANKLINTON, NC 27525			DENTIST			
			c. Employer's Name/Specific Field			
			GARY OYSTER		e. Election Sum to Date	
				\$ 2,500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		05/26/2026	\$ 2,500.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CURTIS PHILLIPPI 4023 ABBEYDALE DR CHARLOTTE, NC 28205			DENTIST			
			c. Employer's Name/Specific Field			
			PHILLIPPI & KWON DENTISTRY		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		02/18/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT ROSTAN 1870 QUEENS RD W CHARLOTTE, NC 28207			MANAGING DIR. - FINANCE			
			c. Employer's Name/Specific Field			
			WATERMARK SERVICES		e. Election Sum to Date	
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		06/05/2026	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 3,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from Individuals

Pg 11 of 12

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL					STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRYAN STARNES 4486 WIKE RD GRANITE FALLS, NC 28630			CFO			
			c. Employer's Name/Specific Field			
			ALG SENIOR LLC		e. Election Sum to Date	
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		04/21/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLIE TREFZGER 400 2ND ST SW HICKORY, NC 28601			CEO			
			c. Employer's Name/Specific Field			
			ALG SENIOR LLC		e. Election Sum to Date	
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		04/21/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SARAH VERADO 8708 CALUMET FARMS DR WAXHAW, NC 28173			CEO			
			c. Employer's Name/Specific Field			
			THE INDEPENDANCE FUND		e. Election Sum to Date	
				\$ 1,500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	01	Credit Card		06/28/2026	\$ 1,500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 3,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32	

Contributions from IndividualsPg 12 of 12 Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL				STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
DAVID BRIAN WILLIAMS 4043 COMMONWEALTH AVE CHARLOTTE, NC 28205			DENTIST		
			c. Employer's Name/Specific Field D BRAIN WILLIAMS DDS PA		
			e. Election Sum to Date		
			\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	01	Credit Card		02/25/2026	\$ 500.00
☐					\$
☐					\$
4. Total only this Page					\$ 500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 43,753.32

CRO-1210

NC State Board of Elections

April 2007

Contributions from Other Political Committees Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL				STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
ELI LILLY & CO. PAC LILLY CORPORATE CENTER INDIANAPOLIS, IN 46285			☐ Candidate ☒ PAC ☐ Referendum		
			c. Level Registered (Specify) ☒ Federal ☐ County: ☐ State ☐ Municipality:		
					e. Election Sum to Date
					\$ 2,500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	Check		04/20/2026	\$ 2,500.00	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
EMERGEORHTO PA PAC INC 120 WILLIAM PENN PLAZA DURHAM, NC 27704			☐ Candidate ☒ PAC ☐ Referendum		
			c. Level Registered (Specify) ☒ Federal ☐ County: ☐ State ☐ Municipality:		
					e. Election Sum to Date
					\$ 1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	Check		04/20/2026	\$ 1,000.00	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NC DENTAL ALLIANCE PAC 2028 LITHO PL SUITE 300 FAYETTEVILLE, NC 28304			☐ Candidate ☒ PAC ☐ Referendum		
			c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		
					e. Election Sum to Date
					\$ 2,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	Check		02/28/2026	\$ 1,000.00	
				\$	
				\$	
4. Total only this Page				\$ 4,500.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 5,250.00	

Contributions from Other Political Committees Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL				STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NC RETAIL MERCHANTS ASSOC PAC PO BOX 1030 RALEIGH, NC 27602			☐ Candidate ☒ PAC ☐ Referendum		
			c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		
					e. Election Sum to Date
					\$ 250.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	Check		04/20/2026	\$ 250.00	
				\$	
				\$	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
UCB INC PAC 28 LIBERTY SHIP WAY SUITE 2815 SAUSALITO, CA 94965			☐ Candidate ☒ PAC ☐ Referendum		
			c. Level Registered (Specify) ☒ Federal ☐ County: ☐ State ☐ Municipality:		
					e. Election Sum to Date
					\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
01	Check		03/02/2026	\$ 500.00	
				\$	
				\$	
4. Total only this Page				\$ 750.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 5,250.00	

Disbursements

Amendment
Pg 1 of 2 ☐ 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) COMMITTEE TO ELECT GRANT CAMPBELL					2. ID Number STA-R9LIB4-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLEN CHESSER FOR NC HOUSE 9578 VALLEY RD MIDDLESEX, NC 27557				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		e. Election Sum to Date
						\$ 5,000.00
f. Account Code 01	g. Form of Payment Check	h. Purpose Code D	i. Date (mm/dd/yyyy) 02/20/2026	j. Amount \$ 5,000.00	k. Required Remarks	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT JONATHAN ALMOND PO BOX 7956 CONCORD, NC 28027				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		e. Election Sum to Date
						\$ 1,500.00
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code D	i. Date (mm/dd/yyyy) 04/27/2026	j. Amount \$ 500.00	k. Required Remarks	
01	Check	D	05/28/2026	\$ 1,000.00		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT REPUBLICAN WOMEN PO BOX 97624 RALEIGH, NC 27624				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		e. Election Sum to Date
						\$ 2,500.00
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code G	i. Date (mm/dd/yyyy) 04/06/2026	j. Amount \$ 2,500.00	k. Required Remarks	
				\$		
5. Total only this Page					\$ 9,000.00	
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>					\$ 31,500.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment
Pg 2 of 2 ☐ 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) COMMITTEE TO ELECT GRANT CAMPBELL					2. ID Number STA-R9LIB4-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO RE-ELECT JEFF ZENGER PO BOX 451 LEWISVILLE, NC 27023				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		e. Election Sum to Date
						\$ 1,000.00
f. Account Code 01	g. Form of Payment Check	h. Purpose Code D	i. Date (mm/dd/yyyy) 06/15/2026	j. Amount \$ 1,000.00	k. Required Remarks	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) NC HOUSE REPUBLICAN CAMPAIGN COMMITTEE PO BOX 97635 RALEIGH, NC 27624				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		e. Election Sum to Date
						\$ 19,500.00
f. Account Code 01	g. Form of Payment Check	h. Purpose Code G	i. Date (mm/dd/yyyy) 04/21/2026	j. Amount \$ 12,000.00	k. Required Remarks	
01	Check	G	05/15/2026	\$ 7,500.00		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) STEVENS FOR JUSTICE PO BOX 97275 RALEIGH, NC 27624				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		e. Election Sum to Date
						\$ 2,000.00
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code D	i. Date (mm/dd/yyyy) 04/27/2026	j. Amount \$ 2,000.00	k. Required Remarks	
				\$		
5. Total only this Page					\$ 22,500.00	
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>					\$ 31,500.00	
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Amendment
Pg 1 of 4 ☐ 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) COMMITTEE TO ELECT GRANT CAMPBELL						2. ID Number STA-R9LIB4-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANEDOT, INC 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify)		e. Election Sum to Date \$ 1,648.20	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code 01	g. Form of Payment Draft	h. Purpose Code O	i. Date (mm/dd/yyyy) 02/20/2026	j. Amount \$ 147.00	k. Required Remarks CC FEES		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANEDOT, INC 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify)		e. Election Sum to Date \$ 739.40	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code 01	g. Form of Payment Draft	h. Purpose Code O	i. Date (mm/dd/yyyy) 04/03/2026	j. Amount \$ 309.20	k. Required Remarks CC FEES		
01	Draft	O	04/23/2026	\$ 80.60	CC FEES		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANEDOT, INC 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112				b. Coordinated Committee Name 		d. Comments 	
				c. Level Registered (Specify)		e. Election Sum to Date \$ 739.40	
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
f. Account Code 01	g. Form of Payment Draft	h. Purpose Code O	i. Date (mm/dd/yyyy) 05/27/2026	j. Amount \$ 100.30	k. Required Remarks CC FEES		
01	Draft	O	06/30/2026	\$ 70.90	CC FEES		
5. Total only this Page						\$ 708.00	
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>						\$ 4,486.51	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 2 of 4 ☐ 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) COMMITTEE TO ELECT GRANT CAMPBELL						2. ID Number STA-R9LIB4-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANEDOT, INC 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 739.40	
f. Account Code 01	g. Form of Payment Draft	h. Purpose Code O	i. Date (mm/dd/yyyy) 06/30/2026	j. Amount \$ 82.90	k. Required Remarks CC FEES		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) EXTRA SPACE STORAGE 220 WINECOFF SCHOOL RD CONCORD, NC 28027				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 840.00	
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code O	i. Date (mm/dd/yyyy) 02/18/2026	j. Amount \$ 60.00	k. Required Remarks SIGN STORAGE		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) EXTRA SPACE STORAGE 220 WINECOFF SCHOOL RD CONCORD, NC 28027				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 240.00	
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code O	i. Date (mm/dd/yyyy) 03/18/2026	j. Amount \$ 60.00	k. Required Remarks SIGN STORAGE		
01	Debit Card	O	04/20/2026	\$ 60.00	SIGN STORAGE		
5. Total only this Page						\$ 262.90	
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>						\$ 4,486.51	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 3 of 4 ☐ 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) COMMITTEE TO ELECT GRANT CAMPBELL						2. ID Number STA-R9LIB4-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) EXTRA SPACE STORAGE 220 WINECOFF SCHOOL RD CONCORD, NC 28027				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 240.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	05/18/2026	\$ 60.00	SIGN STORAGE		
01	Debit Card	O	06/18/2026	\$ 60.00	SIGN STORAGE		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) FEDEX 942 S SHADY GROVE RD MEMPHIS, TN 38120				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 228.77	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	02/17/2026	\$ 228.77	LABELS		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) J-BOOKS SERVICES, INC 236 SUMMERHOUSE PT NORWOOD, NC 28128				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
						\$ 2,660.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	03/18/2026	\$ 2,660.00	CMPN REPORTING		
				\$			
5. Total only this Page						\$ 3,008.77	
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>						\$ 4,486.51	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Amendment
Pg 4 of 4 ☐ 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) COMMITTEE TO ELECT GRANT CAMPBELL					2. ID Number STA-R9LIB4-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> ☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) VISTAPRINT 170 DATA DR WALTHAM, MA 02451				b. Coordinated Committee Name 		d. Comments
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date \$ 506.84
f. Account Code 01	g. Form of Payment Debit Card	h. Purpose Code B	i. Date (mm/dd/yyyy) 05/05/2026	j. Amount \$ 506.84	k. Required Remarks STICKERS, PENS, CUPS	
				\$		
5. Total only this Page					\$ 506.84	
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>					\$ 4,486.51	
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)						

CRO-1310

NC State Board of Elections

December 2009

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT GRANT CAMPBELL					2. ID Number STA-R9L1B4-C-001	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	01	Draft	O	02/18/2026	\$ 18.60	CC FEES
☐ Add ☐ Remove	01	Draft	O	02/22/2026	\$ 20.30	CC FEES
☐ Add ☐ Remove	01	Draft	O	02/26/2026	\$ 20.30	CC FEES
☐ Add ☐ Remove	01	Draft	O	02/28/2026	\$ 40.30	CC FEES
☐ Add ☐ Remove	01	Draft	O	03/18/2026	\$ 10.30	CC FEES
☐ Add ☐ Remove	01	Draft	O	03/26/2026	\$ 40.30	CC FEES
☐ Add ☐ Remove	01	Draft	O	04/15/2026	\$ 2.30	CC FEES
☐ Add ☐ Remove	01	Draft	O	05/11/2026	\$ 2.30	CC FEES
☐ Add ☐ Remove	01	Draft	O	06/06/2026	\$ 40.30	CC FEES
4. Total only this Page					\$ 195.00	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 195.00	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other		K* - Office Expenses		Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL				STA-R9L1B4-C-001	
3. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
GRANT CAMPBELL 4647 OWL CREEK LANE CONCORD, NC 28027			☐ Candidate ☐ PAC		
			☐ Referendum ☐ Party		
			e. Level Registered (Specify)		
			☐ Federal ☐ County: ☐ State ☐ Municipality:		
					h. Original Receipt Date
					03/23/2026
					i. Original Receipt Amount
					\$ 1,453.32
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
PHYSICIAN		ATRIUM HEALTH		p	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
01	Check	REIMB. OF RENT		03/23/2026	\$ 1,453.32
4. Total only this Page					\$ 1,453.32
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,453.32
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL		STA-R9L1B4-C-001	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
GRANT CAMPBELL 4647 OWL CREEK LANE CONCORD, NC 28027		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	
		☐ Other Receipt Source	
		d. Election Sum to Date	
		\$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MONTHLY RENT		03/23/2026	\$ 1,453.32
			\$
			\$
4. Total only this Page		\$ 1,453.32	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,453.32	

Outstanding Loans

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT GRANT CAMPBELL		STA-R9L1B4-C-001	
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) GRANT CAMPBELL 4647 OWL CREEK LANE CONCORD, NC 28027		b. Job Title/Profession	d. Comments
		PHYSICIAN	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		ATRIUM HEALTH	11/15/2021
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 20,000.00	\$ 2,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 2,000.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)			\$ 2,000.00

CRO-1430

NC State Board of Elections

December 2007