

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 ANDREA CAZALES FOR COUNCIL	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1304 COZART ST UNIT 254 DURHAM, NC 27704	d. Date Filed 09/02/2025
	e. Phone Number

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 07/01/2025	4. Period End Date (mm/dd/yy) 08/26/2025	5. Treasurer Full Name BRANDON A JOHNSON
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal	State/County	Referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name		

3. Account Information		3. Account Information	
a. Financial Institution Full Name TRUIST BANK		a. Financial Institution Full Name	
b. Purpose ELECTION DONATIONS AND EXPENSES	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 132.80		d. Period Begin Balance \$

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

Brandon Johnson Digitally signed by Brandon Johnson
 Date: 2025.09.17 15:11:20 -04'00' 09/02/2025

Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 09/17/2025 Employee: KA

Date Postmarked: E-MAIL Employee: _____

Date Scanned: SEP 17 2025 Employee: _____

Date Data Entered: DURHAM BOE Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
ANDREA CAZALES FOR COUNCIL		2025 Thirty-five-day			
Start of Election Cycle: January 1, 2025			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2,124.90		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,195.00		\$ 1,770.00	
6) Contributions from Individuals (CRO-1210)		\$ 1,045.00		\$ 3,245.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
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		\$ 0.00	
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)		\$ 2,240.00		\$ 5,015.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 407.27		\$ 733.11	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 46.33		\$ 370.59	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 453.60		\$ 1,103.70	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,911.30		\$ 3,911.30	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
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	

E-MAIL

SEP 17 2025

DURHAM BO

Aggregated Contributions from Individuals Page 1 of 2

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
ANDREA CAZALES FOR COUNCIL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	01	Credit Card		08/07/2025	\$	35.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/08/2025	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/29/2025	\$	35.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/29/2025	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/05/2025	\$	35.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/07/2025	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/31/2025	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/29/2025	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/06/2025	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/08/2025	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/02/2025	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/12/2025	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/12/2025	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/06/2025	\$	35.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/05/2025	\$	35.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/31/2025	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/27/2025	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/31/2025	\$	35.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/12/2025	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/24/2025	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		08/01/2025	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/31/2025	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Credit Card		07/31/2025	\$	25.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$625.00
5. Total of ALL CRO-1205 Pages					\$	\$1,195.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

E-MAIL

SEP 17 2025

DURHAM BOE

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
ANDREA CAZALES FOR COUNCIL						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/05/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/08/2025	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/11/2025	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/11/2025	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/21/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/04/2025	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/01/2025	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/24/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/12/2025	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/12/2025	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/05/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/05/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/11/2025	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/05/2025	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/01/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/31/2025	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/08/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/01/2025	\$ 25.00	
4. Total only this Page					\$ 570.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,195.00	

E-MAIL

SEP 17 2025

DURHAM BOE

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
ANDREA CAZALES FOR COUNCIL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tracey A. Dryden 108 Briarcliff Road DURHAM, NC 27707				RN			
				c. Employer's Name/Specific Field			
				Hospice of Wake County			
				e. Election Sum to Date			
				\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		07/22/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jesus Castaneda Sosa 1100 Eddy St Unit B San Francisco, CA 94109				Engineer			
				c. Employer's Name/Specific Field			
				Robinhood			
				e. Election Sum to Date			
				\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		07/18/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Felix China 1086 Shoreside Dr Durham, NC 27713				Director			
				c. Employer's Name/Specific Field			
				Doximity			
				e. Election Sum to Date			
				\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		08/24/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,045.00	

E-MAIL
SEP 17 2025
DURHAM BOE

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
ANDREA CAZALES FOR COUNCIL							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
YAMNIA CORTES 911 WISE ST ELDRIDGE, IA 52748				ASSOCIATE PROFESSOR			
				c. Employer's Name/Specific Field			
				IOWA COLLEGE OF NURSING			
						e. Election Sum to Date	
						\$ 135.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		08/08/2025	\$ 35.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JUSTIN Gill 2322 141st St NW Marysville, WA 98271				Nurse Practitioner			
				c. Employer's Name/Specific Field			
				Providence Health & Services			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		07/27/2025	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
James Haggar 5917 drew ave s Minneapolis, MN 55410				Consultant			
				c. Employer's Name/Specific Field			
				M state partners			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		08/08/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 385.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,045.00	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
ANDREA CAZALES FOR COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mike Johnston 1314 Open Air Camp Road Durham, NC 27712			RN			
			c. Employer's Name/Specific Field Aya Healthcare			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		08/23/2025	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Stephanie McGuire 6 Drakesway Ct Durham, NC 27712			Not Employed			
			c. Employer's Name/Specific Field Not Employed			
					e. Election Sum to Date	
					\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		07/19/2025	\$ 25.00	
<input type="checkbox"/>	01	Credit Card		08/06/2025	\$ 35.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NICOLE RUIZ 2425 W MISSOURI AVE PHOENIX, AZ 85015 <i>E-MAIL SEP 17 2025 DURHAM BOE</i>			CEO			
			c. Employer's Name/Specific Field NICOLE RENE HOME LLC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	01	Credit Card		05/02/2025	\$ 25.00	
<input checked="" type="checkbox"/>	01	Credit Card		06/02/2025	\$ 25.00	
<input type="checkbox"/>	01	Credit Card		07/02/2025	\$ 25.00	
4. Total only this Page					\$ 335.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1,045.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
ANDREA CAZALES FOR COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NICOLE RUIZ 2425 W MISSOURI AVE PHOENIX, AZ 85015			CEO			
			c. Employer's Name/Specific Field NICOLE RENE HOME LLC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		08/02/2025	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 25.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,045.00	

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
ANDREA CAZALES FOR COUNCIL							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
DURHAM COUNTY GOVERNMENT NC							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 407.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	07/11/2025	\$ 407.27	25		
				\$			
5. Total only this Page						\$ 407.27	
6. Total of ALL CRO-1310 Pages						\$ 407.27	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

E-MAIL

SEP 17 2025

DURHAM BOE

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
ANDREA CAZALES FOR COUNCIL						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	01	Electric Funds Tran	O	07/01/2025	\$ 31.74	27
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Debit Card	O	08/01/2025	\$ 14.59	27
<input type="checkbox"/> Remove						
4. Total only this Page					\$	46.33
5. Total of ALL CRO-1315 Pages					\$	46.33
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing	C* - Fundraising		D - To Another Candidate	
I - Postage		F* - Equipment	G - Political Party		H* - Holding Public Office Expenses	
O* - Other		J - Penalties	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

E-MAIL

SEP 17 2025

DURHAM BOE

E-MAIL

SEP 17 2025

DURHAM BOE