

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		
ELIE COLLINS FOR SCHOOL BOARD			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
335 DRIFTWOOD CIR, UNIT B SOUTHERN PINES NC 28387	1/9/25		
		e. Phone Number	910-692-8289

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name						
2024	10-19-24	12-31-24	ELIE COLLINS						
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)							
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
7. Type of Fund (if applicable, check one)		10. Special Report Name							
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:									
8. Number of Fundraisers this Report									

11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST NATIONAL BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAGN ACCOUNT	1	RECEIVED	
d. Period Begin Balance		d. Period Begin Balance	
\$ 2645.46		\$	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

ELIE COLLINS

Printed Name of Signer

Elie Collins

Signature of Appointed Treasurer

1/9/25

Date

FOR OFFICE USE ONLY

Date Received:	1/9/25	Employee:	<u>14</u>	Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Scanned:		Employee:		
Date Data Entered:		Employee:		<input type="checkbox"/> 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
ELHIE COLLINS FOR SCHOOL BOARD	4th Quarter	
Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2645.46	\$
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 30 - \$ 2584.98
6) Contributions from Individuals	(CRO-1210)	\$ 300 - \$ 11829.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ \$ 450 -
8) Contributions from Other Political Committees	(CRO-1230)	\$ \$
9) Loan Proceeds	(CRO-1410)	\$ \$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ \$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ \$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ \$
11c) Outside Sources of Income	(CRO-1250)	\$ \$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ \$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ \$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 300 - \$ 14863.98
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 2945.46 \$ 14533.67
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ \$
13c) Coordinated Party Expenditures	(CRO-1310)	\$ \$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ \$ 86.32
15) Loan Repayments	(CRO-1420)	\$ \$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ \$
17) In-Kind Contributions	(CRO-1510)	\$ \$ 243.99
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3045.46 \$ 14863.98
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ -0 - \$ -0 -
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$
24) Account Transfers Within the Committee	(CRO-1720)	\$
25) Administrative Support	(CRO-1710)	\$
26) Forgiven Loans	(CRO-1440)	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$
28) Contributions to be Refunded	(CRO-1215)	\$

Contributions from Individuals

Pg 1 of 1 Yes No

Amendment

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
<i>ELIE COLLINS FOR SCHOOL BOARD</i>					
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	
<i>ANNE FRIESEN 20 BROOKLINE DR PINEHURST NC 28374</i>			<i>CEO</i>		
			c. Employer's Name/Specific Field		
			<i>EMPOWERMENT NOW.org</i>		
e. Election Sum to Date \$ <i>150</i>					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>online</i>		<i>10-20-2024</i>	\$ <i>50-</i>
<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	
<i>CONSTANCE CURTIS 2328 7 LKS S WEST END NC 27376</i>			<i>retired</i>		
			c. Employer's Name/Specific Field		
e. Election Sum to Date \$ <i>50</i>					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>online</i>		<i>10-30-2024</i>	\$ <i>50-</i>
<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	
<i>VICKI ALSOON 864 BROKEN RIDGE TRL WEST END NC 27376</i>			<i>—</i>		
			c. Employer's Name/Specific Field		
			<i>—</i>		
e. Election Sum to Date \$ <i>650-</i>					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>1</i>	<i>check</i>		<i>10-29-2024</i>	\$ <i>200 -</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ <i>300-</i>					
5. Total of ALL CRO-1210 Pages \$ <i>300 -</i>					
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

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)		2. ID Number			
<i>ELIE COLLINS FOR SCHOOL BOARD</i>					
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 (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<i>STRIPE.COM 354 OYSTER PT. BLVD SAN FRANCISCO CA 94080</i>					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date		\$ <i>186.81</i>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	<i>online</i>	0	<i>10-30-2021</i>	\$ <i>3.50</i>	<i>collection fee</i>
				\$	
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<i>THE PILOT PO BOX 58 SOUTHERN PINES NC 28388</i>					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date		\$ <i>4309.37</i>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	<i>debit card</i>	A	<i>10-30-2021</i>	\$ <i>742.62</i>	<i>advertising</i>
				\$	
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
<i>JUBILEE SCREEN PRINT P.O.BOX 485 WEST END, NC 27376</i>					
c. Level Registered (Specify)					
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
e. Election Sum to Date		\$ <i>1232.61</i>			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	<i>check</i>	0	<i>11-15-2021</i>	\$ <i>102.72</i>	<i>T-shirts</i>
				\$	
5. Total only this Page		\$ <i>849.84</i>			
6. Total of ALL CRO-1310 Pages		\$ <i>2945.46</i>			
<p><i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i></p> <p><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i></p> <p><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i></p>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 2 of 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)		2. ID Number	
<i>ELIE COLLINS FOR SCHOOL BOARD</i>			
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 (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
STUDENT SUPPORT SERVICES MORDE COUNTY SCHOOLS 5277 HWY 15-501 SOUTH CARTHAGE NC 28327		d. Comments e. Election Sum to Date \$ <i>2096.62</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
1	Check	0	12/17/2034
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date \$ <i>0</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date \$ <i>0</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
5. Total only this Page			
\$ <i>2096.62</i>			
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>			
\$ <i>294546</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
* Codes require detailed explanation in required remarks field (k)			