

JAN 29 2026

# Disclosure Report Cover

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

Amendment  
 Yes  No

<b>1. Committee Information</b>	
a. Full Name COMMITTEE TO ELECT CAMILLE COSTIN HARRELL CLERK OF COURT	c. ID Number NHL-FE2
b. Mailing Address (include City, State and Zip Code) 984 ROOKS RD ATKINSON, NC 28421	d. Date Filed 01/22/2026
	e. Phone Number (910) 471-9345

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 07/01/2025	4. Period End Date (mm/dd/yy) 12/31/2025	5. Treasurer Full Name BRITTANY CASTEEN
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>		
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<b>State/County</b>	
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Organizational	<b>Referendum</b>
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
		<input type="checkbox"/> Final	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Year End	
			<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		
0				

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN ACCT ONLY - CHECKING	c. Account Code CH122026	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		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

Brittany Casteen Printed Name of Signer      B. Oliver Signature of Appointed Treasurer      01/23/2026 Date

**FOR OFFICE USE ONLY**

Date Received: 1/29/2020      Employee: all

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_      Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_      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

Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT CAMILLE COSTIN HARRELL CLERK OF COURT	<b>2. Type of Report</b> 2025 Year End Semi-Annual	<b>3. ID Number</b> NHL-FE2
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<b>Start of Election Cycle: January 1, 2025</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>	\$ 0.00	\$ 0.00

## RECEIPTS

<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)	\$ 0.00	\$ 0.00
<b>6) Contributions from Individuals</b> (CRO-1210)	\$ 6,201.43	\$ 6,201.43
<b>7) Contributions from Political Party Committees</b> (CRO-1220)	\$ 0.00	\$ 0.00
<b>8) Contributions from Other Political Committees</b> (CRO-1230)	\$ 0.00	\$ 0.00
<b>9) Loan Proceeds</b> (CRO-1410)	\$ 0.00	\$ 0.00
<b>10) Refunds/Reimbursements to the Committee</b> (CRO-1240)	\$ 0.00	\$ 0.00
<b>11) Other Receipt Sources</b>		
<b>11a) Interest on Bank Accounts</b> (CRO-1250)	\$ 0.00	\$ 0.00
<b>11b) Contributions from Not-For-Profit Organizations</b> (CRO-1250)	\$ 0.00	\$ 0.00
<b>11c) Outside Sources of Income</b> (CRO-1250)	\$ 0.00	\$ 0.00
<b>11d) Legal Expense Fund - Other Sources</b> (CRO-1270)	\$ 0.00	\$ 0.00
<b>11e) Exempt Purchase Price Sales</b> (CRO-1265)	\$ 0.00	\$ 0.00
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 6,201.43	\$ 6,201.43

## EXPENDITURES

<b>13) Disbursements</b>		
<b>13a) Operating Expenditures</b> (CRO-1310)	\$ 0.00	\$ 0.00
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)	\$ 0.00	\$ 0.00
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)	\$ 0.00	\$ 0.00
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)	\$ 0.00	\$ 0.00
<b>15) Loan Repayments</b> (CRO-1420)	\$ 0.00	\$ 0.00
<b>16) Refunds/Reimbursements from the Committee</b> (CRO-1320)	\$ 0.00	\$ 0.00
<b>17) In-Kind Contributions</b> (CRO-1510)	\$ 3,651.43	\$ 3,651.43
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 3,651.43	\$ 3,651.43
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)	\$ 2,550.00	\$ 2,550.00

## ADDITIONAL INFORMATION

<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)	\$ 0.00	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)	\$ 0.00	
<b>22) Debts and Obligations owed by the Committee</b> (CRO-1610)	\$ 0.00	
<b>23) Debts and Obligations owed to the Committee</b> (CRO-1620)	\$ 0.00	
<b>24) Account Transfers Within the Committee</b> (CRO-1720)	\$ 0.00	
<b>25) Administrative Support</b> (CRO-1710)	\$ 0.00	\$ 0.00
<b>26) Forgiven Loans</b> (CRO-1440)	\$ 0.00	\$ 0.00
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2220)	\$ 0.00	\$ 0.00
<b>28) Contributions to be Refunded</b> (CRO-1215)	\$ 0.00	\$ 0.00

CRO-1100

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT CAMILLE COSTIN HARRELL CLERK OF COURT	<b>2. ID Number</b> NHL-FEZ
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
WILLIAM DAWSON 503 S. BENNETT ST BURGAW, NC 28425			RETIRE		
			<b>c. Employer's Name/Specific Field</b> RETIRE		
					<b>e. Election Sum to Date</b> \$ 1,000.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	Check		12/20/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
ANN DEBNAM P.O. BOX 35 ATKINSON, NC 28421			OWNER/DIRECTOR		
			<b>c. Employer's Name/Specific Field</b> QUINN MCGOWEN		
					<b>e. Election Sum to Date</b> \$ 500.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	Check		12/28/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
EVERETT DURHAM 3657 REID CR SHERRILLS FORD, NC 28673			OWNER		
			<b>c. Employer's Name/Specific Field</b> D&H MARKETING		
					<b>e. Election Sum to Date</b> \$ 250.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	Check		12/30/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>					\$ 1,750.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,201.43

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT CAMILLE COSTIN HARRELL CLERK OF COURT	<b>2. ID Number</b> NHL-FEZ
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MILTON GREEN 1041 HIGHSMITH RD BURGAW, NC 28425		RETIRED			
		<b>c. Employer's Name/Specific Field</b> RETIRED			
				<b>e. Election Sum to Date</b>	
				\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	Check		12/23/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CAMILLE COSTIN HARRELL 984 ROOKS RD ATKINSON, NC 28421		MEMBER SERVICE REPRESENTATIVE			
		<b>c. Employer's Name/Specific Field</b> FOUR COUNTY ELECTRIC			
				<b>e. Election Sum to Date</b>	
				\$ 1,440.86	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	In-Kind	FILING FEE - PENDER BOARD ELECTIONS	12/10/2025	\$ 1,117.26
<input type="checkbox"/>	CH122026	In-Kind	BURGAW CHRISTMAS PARADE FLOAT FEE	12/11/2025	\$ 100.00
<input type="checkbox"/>	CH122026	Cash		12/16/2025	\$ 100.00

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CAMILLE COSTIN HARRELL 984 ROOKS RD ATKINSON, NC 28421		MEMBER SERVICE REPRESENTATIVE			
		<b>c. Employer's Name/Specific Field</b> FOUR COUNTY ELECTRIC			
				<b>e. Election Sum to Date</b>	
				\$ 1,440.86	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	In-Kind	AD IN TOPSAIL TIMES	12/28/2025	\$ 123.60
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 1,540.86
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 6,201.43

# Contributions from Individuals

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT CAMILLE COSTIN HARRELL CLERK OF COURT	<b>2. ID Number</b> NHL-FE2
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
RANDY HARRELL 984 ROOKS RD ATKINSON, NC 28421			TOOL AND DIE MAKER/MACHINIST		
			<b>c. Employer's Name/Specific Field</b> GE		
					<b>e. Election Sum to Date</b>
					\$ 2,310.57
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	In-Kind	CHRISTMAS FLOAT SUPPLIES AT HUDSONS	12/12/2025	\$ 170.99
<input type="checkbox"/>	CH122026	In-Kind	24 X 72 INCH SIGNS FOR CHRISTMAS FLOAT	12/12/2025	\$ 282.48
<input type="checkbox"/>	CH122026	In-Kind	500 - 18 X24 YARD SIGNS FROM AGE GRAPHICS	12/15/2025	\$ 1,270.00

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
RANDY HARRELL 984 ROOKS RD ATKINSON, NC 28421			TOOL AND DIE MAKER/MACHINIST		
			<b>c. Employer's Name/Specific Field</b> GE		
					<b>e. Election Sum to Date</b>
					\$ 2,310.57
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	In-Kind	500 YARD SIGN STAKES - PURCHASED FROM	12/16/2025	\$ 480.36
<input type="checkbox"/>	CH122026	In-Kind	100 YARD SIGN STAKES - PURCHASED FROM	12/21/2025	\$ 106.74
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
CHELSEA KABAKABA 1170 DEBRICK RD EUGENE, OR 97401			ASSISTANT DISTRICT ATTORNEY		
			<b>c. Employer's Name/Specific Field</b> NC JUDICIAL SYSTEM		
					<b>e. Election Sum to Date</b>
					\$ 200.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	CH122026	Check		12/22/2025	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>					\$ 2,510.57
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 6,201.43

# Contributions from Individuals

Amendment

Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT CAMILLE COSTIN HARRELL CLERK OF COURT						NHL-FEZ	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ANNETTE MATTHIS 1713 EDMOND MATTHIS RD CLINTON, NC 28328				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				RETIRED		<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CH122026	Check		12/23/2025		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KATHRYN PRUITT 2800 US HWY 117 N BURGAW, NC 28425				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
				RETIRED		<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CH122026	Check		12/26/2025		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CHARLES WELLS 1640 NC HWY 53 WEST BURGAW, NC 28425				OWNER/REALTOR			
				<b>c. Employer's Name/Specific Field</b>			
				CHARLES WELLS REALITY		<b>e. Election Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CH122026	Check		12/12/2025		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 400.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 6,201.43	

# In-Kind Contributions

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT CAMILLE COSTIN HARRELL CLERK OF COURT			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
CAMILLE COSTIN HARRELL 984 ROOKS RD ATKINSON, NC 28421		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 1,440.86	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FILING FEE - PENDER BOARD ELECTIONS		12/10/2025	\$ 1,117.26
BURGAW CHRISTMAS PARADE FLOAT FEE		12/11/2025	\$ 100.00
AD IN TOPSAIL TIMES		12/28/2025	\$ 123.60
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
RANDY HARRELL 984 ROOKS RD ATKINSON, NC 28421		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 2,310.57	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
CHRISTMAS FLOAT SUPPLIES AT HUDSONS HARDWARE STORE		12/12/2025	\$ 170.99
24 X 72 INCH SIGNS FOR CHRISTMAS FLOAT PURCHASED FROM ALL WAYS GRAPHICS		12/12/2025	\$ 282.48
500 - 18 X24 YARD SIGNS FROM AGE GRAPHICS		12/15/2025	\$ 1,270.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
RANDY HARRELL 984 ROOKS RD ATKINSON, NC 28421		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 2,310.57	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
500 YARD SIGN STAKES - PURCHASED FROM AMAZON		12/16/2025	\$ 480.36
100 YARD SIGN STAKES - PURCHASED FROM AMAZON		12/21/2025	\$ 106.74
			\$
<b>4. Total only this Page</b>		\$ 3,651.43	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 3,651.43	





# NORTH CAROLINA STATE BOARD OF ELECTIONS

## Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

### FILED BY:

Committee Name: Committee to Elect Camille Costin Harvell Clerk of Court

Treasurer Name: Brittany Casteen

Treasurer Address: 352 Horse Branch Rd.

(include city, state, & zip) Burgaw, NC 28425

Treasurer Phone: 252-342-0544

### Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12/17/2025  
Date Signed

Camille Costin Harvell  
Signature