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

1. Committee Information

a. Full Name
Friends of Michelle Barson

c. ID Number
RCQAYQ

b. Mailing Address (include City, State and Zip Code)
3929 Woodhaven Court
Clemmons, NC 27012

d. Date Filed
Jan. 1, 2026

e. Phone Number
614.404.2111

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	10/21/25	12/31/25	Michelle Naomi Barson

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report (check only one type of report from one category)

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- ☐ Semi-annual
- ☐ Mid Year
- ☐ Year End
- ☒ Final
- ☐ Special

State/County
- ☐ Organizational
- ☐ Quarterly
- ☐ First
- ☐ Second
- ☐ Third
- ☐ Fourth
- Semi-annual
- ☐ Mid Year
- ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
Truliant Federal Credit Union

b. Purpose
Campaign

c. Account Code
B1F4

d. Period Begin Balance
$ 693.27

11. Account Information

a. Financial Institution Full Name
Truliant Federal Credit Union

b. Purpose

c. Account Code
B1F4

d. Period Begin Balance
$ 0

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.

Michelle N Barson
Printed Name of Signer
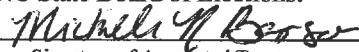
Michelle N Barson (signature)
Signature of Appointed Treasurer

Jan 1, 2026
Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

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

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Friends of Michelle Barson	Final	RCQAYQ

Start of Election Cycle: January 1, 2025		Total this Reporting Period	Total this Election Cycle
4) **Cash on Hand at Start**		$ 693.27	$ 0

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	(CRO-1205)	$ 25.00	$ 0
6)	Contributions from Individuals	(CRO-1210)	$ 0.00	$ 0
7)	Contributions from Political Party Committees	(CRO-1220)	$ 0	$ 0
8)	Contributions from Other Political Committees	(CRO-1230)	$ 0	$ 0
9)	Loan Proceeds	(CRO-1410)	$ 0	$ 0
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	$ 0	$ 0
11)	Other Receipt Sources			
11a)	Interest on Bank Accounts	(CRO-1250)	$ 0	$ 0
11b)	Contributions from Not-for-Profit Organizations	(CRO-1250)	$ 0	$ 0
11c)	Outside Sources of Income	(CRO-1250)	$ 0	$ 0
11d)	Legal Expense Fund – Other Sources	(CRO-1270)	$ 0	$ 0
11 e)	Exempt Purchase Price Sales	(CRO-1265)	$ 0	$ 0
12)	**TOTAL RECEIPTS** *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 25.00	$ 0

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	$ 344.12	$ 0
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	$ 0	$ 0
13c)	Coordinated Party Expenditures	(CRO-1310)	$ 0	$ 0
14)	Aggregated Non-Media Expenditures	(CRO-1315)	$ 0	$ 0
15)	Loan Repayments	(CRO-1420)	$ 0	$ 0
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	$ 374.15	$ 0
17)	In-Kind Contributions	(CRO-1510)	$ 0	$ 0
18)	**TOTAL EXPENDITURES** *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 718.27	$ 0
19)	Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 0	$ 0

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0	
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 0	
22)	Debts and Obligations owed By the Committee	(CRO-1610)	$ 0	
23)	Debts and Obligations owed To the Committee	(CRO-1620)	$ 0	
24)	Account Transfers Within the Committee	(CRO-1720)	$ 0	
25)	Administrative Support	(CRO-1710)	$ 0	$ 0
26)	Forgiven Loans	(CRO-1440)	$ 0	$ 0
27)	48-Hour Notice Reports Sum	(CRO-2220)	$ 0	$ 0
28)	Contributions to be Refunded	(CRO-1215)	$ 0	$ 0

CRO-1100   NC State Board of Elections   August 2008

Disbursements

Pg __1__ of __1__

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
Friends of Michelle Barson	RCQAYQ

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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)	b. Coordinated Committee Name	d. Comments
Publix 3150 Gammon Lane Clemmons, NC 27012	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 323.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	debit	Party	11/07/25	$43.25	Thank volunteer party
B1F1	debit	Party	10/26/25	$280.50	Thank volunteer party

4. Payee Information   ☒ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Michelle Barson BP Gas Station	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality:	**e. Election Sum to Date** $ 20.37

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
B1F1	debit	Owe as other	11/03/2026	$20.37	Gas for car
				$	

4. Payee Information   ☒ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 344.12

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

$ 344.12

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 Contributions from Individuals

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

Amendment: ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Friends of Michelle Barson	RCQAYQ

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	B1F4	Credit		10/27/25	$ 25.00
☐	Add					
☐	Remove					$
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4. Total only this Page	$ 25
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 25

CRO-1205   NC State Board of Elections   April 2007

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
Friends of Michelle Barson	RCQAYQ

3. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
Monica Varandani 2442 Wynbrook Square Ct Winston-Salem, NC 27103	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	8/23/25

e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☒ Municipality:

i. Original Receipt Amount: $ 1,000

f. Purpose Code: I

j. Election Sum to Date: $ 374.15

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Research Consultant	Bellomy	Refunded portion	B1F1

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Return to contributor	11.17.25	$ 374.15

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	

e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

i. Original Receipt Amount: $

f. Purpose Code:

j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	

e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

i. Original Receipt Amount: $

f. Purpose Code:

j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 374.15
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	$ 374.15

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)