Amendme	ent	
□ Yes	X	No

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.

1. Committee Information					
a. Full Name					c. ID Number
CARTER 4 ALAMANCE					
b. Mailing Address (include Ci	ty, State and Zip Code)			d. Date Filed
2966 S. CHURCH ST, SUIT BURLINGTON, NC 27215	E 178				10/29/2018
Boldmoron, ne 27213		e. Phone Number			
					(336) 213-2056
2. Report Year 3. Period Star	rt Date (mm/dd/yy)	4. Period End Da	ate (mm/dd/yy)	5. Treasur	er Full Name
2018 0	7/01/2018	10/20/	2018	REBEKA	H W LOY
6. Type of Committee (Check	One) 9. Tv	pe of Report (c	heck only one	type of rep	ort from one category)
X Candidate Campaign Pa		A	State/County	J. J. T.	Referendum
Joint Fundraiser PA		Organizational	Organizatio	nal	Organizational
	gal Expense Fund	Thirty-five day	Quarterly		Pre-referendum
hand hand	ole, check one)	Pre-primary	☐ First		Final
□ "Booster Fund"		Pre-election	Second		Supplemental Final
Building Fund	li li	Pre-runoff	Third		Annual
Presidential Election Year Car		Semi-annual	Fourth		Special Special
NC Public Campaign Financin		Mid Year	Semi-annua	1	
	Ĭ	Year End	Mid Ye	ar	10. Special Report Name
Other:	li li	Final	Year E	nd	
8. Number of Fundraisers this		Special	Final		
		•	Special		
0					
3. Account Information			ount Informati		
a. Financial Institution Full Na	me	a. Fin:	ancial Institutio	on Full Nam	e
FIRST BANK					
b. Purpose	c. Account Code	b. Pur	pose		c. Account Code
CAMPAIGN	1	The same			
		T. E.	CEIVI	CD	
	d. Period Begin Balaı	nce			d. Period Begin Balance
	\$	2,196.27	CEIVI CT 2 9 2011	3	\$
CERTIFICATION		BY:			
I certify that the Committee	or Fund is in complian	ce with all applica	hle providence	of Article 2	24 22B & 22D-22M of
Chapter 163 of the NC General					
funds. I further certify that					
lunds. Hurther certify that	this report is complete	e, true and correct a	and that Thave	been traine	d by the NC State Board
Dohokah W. L.	OU	of alabah	Id tou		10/29/2018
Printed Name of S	Sioner	Signature of	Appointed Treas	surer	Date
	ngirei -	Signature of	Appointed 11pt	Jen er	Duto
FOR OFFICE USE ONLY	entantia		+ .1	Dell	brown Moth od
Date Received:	10/29/18	Employee:	DH		ivery <u>Method</u> Normal Mail
					Registered Mail
Date Postmarked:		Employee:			Hand Delivered
	2/2.110		10		Electronically Filed
Date Scanned: /	0130 18	Employee:	96	-	Electronically Flied
Date Data Entered:		Employee:			Signer has not received mandatory training
Please Note: This form of	annot be used to ame	nd committee info	mation such as	the commi	ttee address, treasurer
	nt treasurer, custodian				
	d the Statement of Or				

Detailed Summary

Amendment □ Yes 🏿 No

Use this form to summarize all disclosure reporting forms a					res La No
1. Committee Full Name (and Fund if applicable) CARTER 4 ALAMANCE	2. Type of Re		3	. ID N	Number
CARTER 4 ALAWANCE	2016 111110	Quarter			
Start of Election Cycle: January 1, 2018			tal this ing Period		Total this Election Cycle
4) Cash on Hand at Start		\$	2,196.27		0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	770.00	\$	995.00
6) Contributions from Individuals	(CRO-1210)	\$	7,785.00) \$	12,310.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	525.00	\$	525.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	1,000.00
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					建筑性 有
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)	\$	632.45	\$	632.45
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)	\$	9,712.45	\$	15,462.45
<u>EXPENDITURES</u>				mes prosecutive	
13) Disbursements		*			al parti
13a) Operating Expenditures	(CRO-1310)	\$	926.28	\$	4,344.77
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)	\$	60.97	\$	91.21
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)	\$	1,527.45	\$	1,632.45
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$	2,514.70	\$	6,068.43
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	9,394.02	\$	9,394.02
ADDITIONAL INFORMATION	I			7	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		"推出"。
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		100
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	3,475.36		
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

				Amendme	ent
Aggregated Contributions from Individuals	Page	1 of	1	☐ Yes	X No
Optional form used to report NC Contributions From Individua	als of \$50	or less		_	

		Fund if applicable)	γ 1 TOM THAIVICAL S OF Φ		2 ID N	Number	met of mangers (a partie		
	ALAMANCE	тини и арупсавле	<u>E (E 14 de la Presidente de Mallando Augustano de Laboración de la Colonia de la Colo</u>		2. 1 10 1	Number			
			Marking International States			83.745 (Kappi)			
3. Contributor Information									
a. Amend	b. Account Code		d. In-Kind Description	e. Date (mm/dd/	уууу)	f. Amoun	ıt		
☐ Add ☐ Remove	1	Cash		10/19/201	8	\$	50.00		
☐ Add ☐ Remove	1	Cash		10/19/201	8	\$	50.00		
☐ Add ☐ Remove	1	Check		07/30/201	8	\$	50.00		
Add Remove	1	Cash		08/09/201	8	\$	25.00		
Add Remove	1	Check		07/31/201	8	\$	50.00		
Add Remove	1	Check		07/31/2013	8	\$	50.00		
☐ Add ☐ Remove	1	Check		10/03/2013	8	\$	50.00		
☐ Add ☐ Remove	1	Check		07/31/2018	8	\$	50.00		
☐ Add ☐ Remove	1	Check		07/31/2018	8	\$	50.00		
☐ Add ☐ Remove	1	Credit Card		07/30/2018	8	\$	50.00		
☐ Add ☐ Remove	1	Credit Card		10/10/2018	8	\$	25.00		
☐ Add ☐ Remove	1	Check		07/26/2018	3	\$	50.00		
☐ Add ☐ Remove	1	Cash		09/17/2018	3	\$	50.00		
☐ Add ☐ Remove	1	Cash	Marie Ma	09/17/2018	3	\$	50.00		
☐ Add ☐ Remove	1	Check	enementalen eta erre	07/26/2018	3	\$	25.00		
☐ Add ☐ Remove	1	Cash		10/15/2018	3	\$	45.00		
☐ Add ☐ Remove	1	Cash		08/08/2018	3	\$	50.00		
4. Total only this Page							\$770.00		
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)							\$770.00		

CRO-1205

NC State Board of Elections

April 2007

Amendment **Contributions from Individuals** of ☐ Yes No 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 CARTER 4 ALAMANCE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **AGENT** BARBARA ACOSTA c. Employer's Name/Specific Field 1347 N. SELLERS MILL RD BURLINGTON, NC 27217 COLDWELL BANKER TRIAD e. Election Sum to Date **REALTORS** 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 08/21/2018 \$ 250.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) OWNER JOHNNY BAKATSIAS c. Employer's Name/Specific Field 142 B. GRAHAM HOPEDALE ROAD BURLINGTON, NC 27215 WESTERN CHARCOAL e. Election Sum to Date **STEAKHOUSE** 1,495.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount In-Kind FOOD 1 10/20/2018 \$ 1,495.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED WALTER BROOM c. Employer's Name/Specific Field 113 EVA DRIVE GIBSONVILLE, NC 27249 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 Check 07/31/2018 \$ 100.00 \$ \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1,845.00

\$

		rom Individuals	-		$\begin{array}{ccc} Pg & \underline{2} & of & \underline{9} \\ under \$50 & if form CRO \end{array}$	_	Amendme Yes is not used	⊠ No
1. Com	mittee Full Name	e (and Fund if applicab					D Number	
CARTI	ER 4 ALAMANO							
	tributor Informati				Remove			
	Name, Mailing Adude city, state, & z			b. Job Title/	Profession	d. C	Comments	
	IA BROWN	1p)		RETIRED				
	DNEY DRIVE			c. Employer'	's Name/Specific Field	1		
	INGTON, NC 27	7215						
						е. ы	lection Sun	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Amount	
	1	Check			07/31/2018		\$	100.00
							\$	
							\$	
	ributor Informati			DOSER PROGRAMMA	Remove			
	Name, Mailing Add			b. Job Title/Profession			omments	
	ide city, state, & z			PHYSICIAN				
	FREY H BROWN ELDSTONE DRI		İ	c. Employer's Name/Specific Field				
	INGTON, NC 27		!	DIAGNOSTIC RADIOLOGY -				
	·		!	ARMC		e. H	e. Dection Sum to Date	
						\$		250.00
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	<u>, </u>	k. Amount	
	1	Check			07/24/2018		\$	250.00
							\$	
							\$	
	ributor Informatio				lemove			
	Name, Mailing Add			b. Job Title/P	rofession	d. Co	omments	
	ide city, state, & zi BURTON	(p)		OWNER				
JACK I	SURTON		ļ	a. Emandament	No /6	┨		

3332 A	3332 ARDMORE STREET			c. amprojer s rame/specific rietu				
BURL	INGTON, NC 27	7215		BW TRAILER INC.				
						e. l	Dection Sum	to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			08/23/2018		\$	500.00
							\$	*
							\$	
4. Tot	al only this Pa	ge				\$		850.00
	al of ALL CR line must be on line	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		7,785.00

				Amenament			
Pg	3_	of	9	☐ Yes	No.		

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number	
	ER 4 ALAMANC							
3. Cont	ributor Informati	ion		Add 🔲 Re	emove	<u> </u>		
	Name, Mailing Add			b. Job Title/P	***** *** <u>****************************</u>	d. (Comments	
(inclu	ıde city, state, & z			OWNER	Addition of the second of the	T	MA MARINE	
	BURTON	- x xx- (II)		e Employer's	s Name/Specific Field	-		
	VILLOGHBY CC INGTON NC, NC			BW TRAIL	***************************************			
DOIG.	NOTOH ITO, IN	, 4141J		D W IIVIII	ER INC.	e. J	Election Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			08/23/2018		\$ 500.00	
	į					_	\$	
						_	\$	
XXX	ributor Informati				emove			
	Name, Mailing Add			b. Job Title/Pr	rofession	d. (Comments	
	ide city, state, & zi	ip)	OWNER	!		!		
RUSTY 604 GR	Y COX REYROCK RD			c. Employer's Name/Specific Field				
WHITSETT, NC 27377				COX TOYO				
l	,					e. F	Dection Sum to Date	
						\$	100.00	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	!	k. Amount	
	1	Check			07/31/2018		\$ 100.00	
							\$	
						ļ	\$	
	ributor Informatio							
	lame, Mailing Add de city, state, & zi			b. Job Title/Pr		d. C	Comments	
	TOPHER DAVIS		,]RETIKED O	RAL SURGEON			
109 TU	IRNBURY PL	,	J	c. Employer's	Name/Specific Field	ĺ		
ELON,	NC 27244		ĺ		ļ	e. F	Dection Sum to Date	
			!			\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	\Box	k. Amount	
	1	Credit Card			09/17/2018		\$ 100.00	
							\$	
							\$	
4. Tota	al only this Pag	ge				\$	700.00	
5. Tota	al of ALL CRO		Page CRO-1100)			\$	7,785.00	
(Inis u	ne must be on line i	b of Detatiea Summary x	age CKU-1100)			i		

				Amendment			
Pg	4	of	9_	☐ Yes	No No		

1. Com	mittee Full Name	e (and Fund if applicab	de)			2.	ID Number	
	ER 4 ALAMANC	······································						
	ributor Informati	222222			emove			
	Name, Mailing Add			b. Job Title/P	rofession	d. 0	Comments	
	ide city, state, & z	iip)		BRANCH M	IANAGER			(Sibana)
	IMURO HADY GROVE	LANE		c. Employer's	s Name/Specific Field	-		
	AM, NC 27253	Di II (L)			ORTGAGE INC.			
	- ,					e.]	Election Sum	to Date
						\$		65.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	
	1	Credit Card			07/31/2018		\$	65.00
							\$	
						_	\$	
	ributor Informati				emove			
	ame, Mailing Add			b. Job Title/Pr	rofession	d. (Comments	
***************************************	de city, state, & zi	ip)		RETIRED	!			1
	S ETHERIDGE			e Employer's	Name/Specific Field	-		İ
	ABLE ROAD NC 27244			C. Emproyer	Name/Special Area	1		
ELON,	NC 2/244				!	e. F	Dection Sum	to Date
					!	\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	100.00
	1	Check		THE RESIDENCE OF THE PARTY OF T	09/04/2018		\$	100.00
						-	\$	
							\$	
3 Contr	ributor Informatio	L An		Add □ Re	move			
201081-411-0-10000	ame, Mailing Add			b. Job Title/Pr	300000 00000000000000000000000000000000	d. (Comments	ZXXIII Buyusay
	de city, state, & zi			RETIRED		 		
TOMM	Y FULLER							
	OODRIDGE CO			c. Employer's	Name/Specific Field			
BURLI	NGTON, NC 27	215	ĺ		}	- F	dection Sum	4- Date
			I			\$	Tection Sum	250.00
f. Prior	o. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	L	k. Amount	230.00
	1	Check		<u> </u>	07/23/2018	7		250.00
			 		0112312010	\dashv	\$	230.00
						\dashv	\$	
						لبر	Φ	117.00
	al only this Pag					\$		415.00
	il of ALL CRC	O-1210 Pages 6 of Detailed Summary P	'age CRO-1100)			\$	7	7,785.00

Amendment **Contributions from Individuals** 5 of ☐ 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 CARTER 4 ALAMANCE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REAL ESTATE INVESTOR JOHN JORDAN c. Employer's Name/Specific Field 1619 PINE AVE SAXAPAHAW, NC 27340 JORDAN PROPERTIES 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 Check 1 07/23/2018 \$ 100.00 \$ ☐ Add ☐ Remove. 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) MANAGER LINDA LASHENDOCK c. Employer's Name/Specific Field **820 SUDBURY COURT** ELON, NC 27244 **GREENVIEW LANDSCAPE** e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 07/31/2018 \$ 75.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) COUNTY COMMISSIONER WILLIAM H LASHLEY c. Employer's Name/Specific Field 2212 COY ST BURLINGTON, NC 27215 ALAMANCE COUNTY e. Election Sum to Date 300.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Check 1 07/26/2018 \$ 300.00 \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

475.00

\$

\$

			Amendment			
Pg	6	of	9_	☐ Yes	X No	

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.1	D Number
CARTI	ER 4 ALAMANC	E					
3. Conti	ributor Informati	on		Add □ R	temove		
	Vame, Mailing Add			b. Job Title/F	rofession	d. C	Comments
(inclu	ide city, state, & z	ip)		OWNER			
	KE LINDLEY			E	N /C at C a ICt a I	-	
	INEWAY DRIVI				s Name/Specific Field	-	
BURLI	INGTON, NC 27	215		LINDLEY	LABORATORIES	_a F	lection Sum to Date
							
						\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			09/04/2018		\$ 200.00
							\$
							\$
3. Contr	ributor Informati	on		Add 🔲 R	emove		
	lame, Mailing Add		<u> </u>	b. Job Title/P	rofession	d. C	Comments
(inclu	de city, state, & zi	ip)		RETIRED			
HARO	LD LOVETTE						
PO BO				c. Employer's	s Name/Specific Field		
HAW F	RIVER, NC 2725	58				<u> </u>	
			I			е. ы	lection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			07/31/2018		\$ 100.00
				-			\$
							\$
3. Contr	ributor Informatio	on		Add □ R	emove	41780 71780	
	lame, Mailing Add			b. Job Title/P	rofession	d. C	omments
(inclu	de city, state, & zi	i p)		OWNER		İ	
	IP MANTZ			- Employer's	Name/Specific Field		
	UNLEIGH DRIV		!				
BUKLI	NGTON, NC 27	215		WENDIS	FRANCHISE	e. Đ	lection Sum to Date
			!				
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	!	k. Amount
	1	Check			07/23/2018		\$ 150.00
							\$
							\$
4. Tota	al only this Pag	ge				\$	450.00
		O-1210 Pages				\$	7,785.00

				Amendme	ent
Pg	7	of	9	☐ Yes	No No

		e (and Fund if applicab	de)			2.	ID Number
CAK11	ER 4 ALAMANC	JE					·
	ributor Informati				Remove		
a. Full N	Name, Mailing Add	ldress & Phone	<u> Phartage</u>	b. Job Title/I	Profession	d.	Comments
	ide city, state, & z	sip)	W/W/A/A	CHIROPRA	ACTOR		A STATE OF THE STA
	IINDER LARENDER RD)		c. Employer'	's Name/Specific Field	1	
	INGTON, NC 27			BACK IN E	BALANCE		- Data
				CHIROPRA	ACTIC		Election Sum to Date
					_	\$	300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount
	1	Check			07/09/2018		\$ 300.00
						_	\$
							\$
	ributor Informati		. u	241.0	Remove		
	Name, Mailing Add			b. Job Title/P	rofession	d. (Comments
·····	ide city, state, & zi	ip)		RETIRED			
	MOFFETT SHLEY WOODS	אַנוענד		c. Employer's	s Name/Specific Field	1	
	NGTON, NC 27				7.4.15000		
	11020.	210			1	e. F	Dection Sum to Date
					:	\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			07/09/2018		\$ 250.00
							\$
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	lame, Mailing Add			b. Job Title/P	rofession	d. C	Comments
	de city, state, & zi	ip)		OWNER	!	1	
	MOORE UITT DRIVE			c. Employer's	s Name/Specific Field		
	NC 27244		ı	DAVID R. N	MOORE, CLU	L,	
			1	ASSOCIATI		e. E	Dection Sum to Date
			!		!	\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Credit Card		·	10/10/2018		\$ 100.00
							\$
							\$
4. Tota	al only this Pag	ge				\$	650.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P.	Page CRO-1100)			\$	7,785.00

				Am	e n dm	ent	
Pg	8	of	9		Yes	X	No

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
CARTI	ER 4 ALAMANC	Œ						
3. Cont	ributor Informati	ion		Add 🔲 R	Remove	L		
727	Name, Mailing Add	7	ELECTE ATTRACTOR OF THE SHIP	b. Job Title/I		d. 0	Comments	10.000000000000000000000000000000000000
(inclu	ide city, state, & z	ip)		RETIRED				
VIC PA				- E-nlovent	- Nama/Specific Field	-		
	ALLEY DRIVE			c. Employer	s Name/Specific Field	-		
GKAH	AM, NC 27253					e. I	Dection Sun	a to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check		701-21-	10/03/2018		\$	100.00
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THE PARTY OF THE P	Name, Mailing Add	A	<u> </u>	b. Job Title/F		d. (Comments	
(inclu	de city, state, & zi	ip)		REAL ESTA	ATE			
	EL POWELL				/BUSINESS MAN			
	X 2104				s Name/Specific Field	-		
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	de city, state, & zi			RETIRED	· · · · · · · · · · · · · · · · · · ·	İ		
DAVID	SCOTT							
	OXHALL LANE		I	c. Employer's	Name/Specific Field			
MEBA]	NE, NC 27302		I		}	e. E	lection Sum	to Date
			!		İ		ICCHOII DWALL	
- ~ [I	T. v. 177 . 1 D	* *	1. 5 ((11/)	\$		100.00
		h. Form of Payment Check	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	***************************************
	1	CHECK			07/31/2018		\$	100.00
							\$	
							\$	
1. Tota	al only this Pag	ge				\$		1,700.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		7,785.00

Conf	ributions fr	om Individuals	\$	P	g 9	of 9		Amendme Yes	nt XINo
		dividual contributions				- **	_		d
		(and Fund if applicab						ID Number	
	ER 4 ALAMANO								
3. Cont	ributor Informati	on		Add 🔲 R	emove				
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/P	rofessio) n	d.	Comments	
(inclu	de city, state, & z	ip)		OWNER					
JOE TI	CKLE				<u></u>	- 10 Ft 11	4		
	JFFMAN MILL I				······································	Specific Field	-		
BURL	INGTON, NC 27	215		JOE'S TRA	ILERS			Election Su	m to Date
								Dection 50	
							\$		300.00
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DAVII	WESTCOTT								
	OX 1598			c. Employer's	Name/	Specific Field			
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CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

NC State Board of Elections

7,785.00 April 2007

700.00

. Committee Fu	II Name (and Day J.	walisahan	A CARLO SERVE AND COMPANY OF THE ACC	ID Number	
CADTED 4 AT	II Name (and Fund if a	ipplicable)	<u> </u>	W Number	
CARTER 4 AL	AMANCE				
3. Contributor I	nformation	☐ Add □	Remove		
	iling Address & Phone	X	b. 0	Comments	
(include city, s	tate, & zip)				
RIDDELL FOR	NC HOUSE 64				
6343 BEALE R	OAD				
SNOW CAMP,	NC 27349			lection Sum to D	oto
			C. 1	2000 Sum to D	
			:	5	200.00
l. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yy	y) h. Amount	
1	Check		09/06/2018	\$	200.00
				\$	
					·
				\$	
3. Contributor In	formation	☐ Add □	Remove		
	iling Address & Phone	erangewagnenthiz(Ref. Ref. Cr.), 125 (B		Comments	an yna rûdhiniiji
(include city, s	_				
STEPHEN ROS	S COMMITTEE				
1314 MCCUST					
BURLINGTON	, NC 27215				
			c. E	lection Sum to Da	ate
			9	3	75.00
l. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	y) h. Amount	
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	1			1 0	75.00
				\$	75.00
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. Full Name, Mai (include city, st	lling Address & Phone tate, & zip)	□ Add □	1705 anning and 110001 Stripes on all and 1100011 Stripes of the	\$	75.00
. Full Name, Mai (include city, s WALKER 4 NC	lling Address & Phone tate, & zip)	□ Add □	1705 anning and 110001 Stripes on all and 1100011 Stripes of the	\$	75.00
i. Full Name, Mai (include city, st WALKER 4 NC P.O. BOX 9727	iling Address & Phone tate, & zip)	☐ Add □	b. C	\$ \$ Comments	
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(include city, standard city), standard city, stand	c. Form of Payment Check		c. E	\$ Somments Rection Sum to Da y) h. Amount \$ \$ \$	1te 250.00

Amendment

Other Dee	aim4 Carrusaa			1 . 1		Amendme		
	eipt Sources		_	$\frac{1}{}$ of $\frac{1}{}$	- :	☐ Yes	X N	
	report income not repo		orm. i.e. interest	income, not for p				tc.
1. Committee Fu	ıll Name (and Fund if a	pplicable)			2.1	D Number		
CARTER 4 AL	AMANCE							
3. Type of Recei		e separate CRO-1 utions from Not-for-						
4. Contributor I	nformation		Add 🔲 Rei	nove				
a. Full Name, Ma	iling Address & Phone		b. Not-for-Pro	it Federal ID#	d. C	omments	· · · · · · · · · · · · · · · · · · ·	
(include city, s	tate, & zip)							
2155 HWY 42		ND	c. Outside Sou	rce Explanation				
MCDONOUGH	I, GA 30252				e. E	lection Sur	n to D	ate
								2.45
					\$		33,	2.45
f. Account Code	g. Form of Payment	h. In-Kind Descrip	ption	i. Date (m m/dd/yy	yy)	j. Amount		
1	Check			10/03/2018		\$	500	0.00
1	In-Kind	FACEBOOK ADVERTISEMEN	ITS	10/10/2018		\$	32	2.45
4. Contributor I	nformation		Add 🔲 Rei	nove				
a. Full Name, Ma	iling Address & Phone		b. Not-for-Prof	it Federal ID#	d. C	omments		
(include city, s	tate, & zip)							
	MILY REVOCABLE T	TRUST		T 1				
2709 DEE STR			c. Outside Sou	rce Explanation				
BURLINGTON	I, NC 2715				e 171	ection Sur	n to De	a fe
					C. 12	CCHOI BUI		
					\$		100	0.00
f. Account Code	g. Form of Payment	h. In-Kind Descrip	ption	i. Date (m m/dd/yy	/yy)	j. Amount		
1	Check			10/03/2018		\$	100	0.00

CRO-1250

5. Total only this Page

6. Total of ALL CRO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income) NC State Board of Elections

December 2007

632.45

632.45

\$

\$

		Amendment
Disbursements	$Pg \underline{1} of \underline{3}$	☐ Yes 🏻 No
		111 4 / 1141 1

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

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	mber 💮	
CARTER 4 AL	AMANCE									
3. Type of Dis bu	rsement (Please	use separate CRO	<i>)-1310</i>	forms for eac	h type	of Disbu	rseme	<u>nt.)</u>		4
X Operating Exp		ributions to Candida	es/Polit	ical Committees	a. 10 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p. 15 p.	☐ Co	ordinat	ed Party E	xpenditures)
4. Payee Inform	ation			Add 🔲	Remo	ve			10 m	
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Com	mittee N	ame	d. Comm	ents	massuspect
(include city, sta	te, & zip)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_						
FRIENDS OF N	√RA							ļ		
NC				c. Level Regis		County				
				State	F	Municip		e Flectio	n Sum to	Date
				L State		, waterior	, unity.			-,
								\$	_	75.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks	
1	Debit Card	0	09	9/24/2018	\$	75.00	DON	NATION		
					\$					
4. Payee Inform	ation			Add 🔲	Remo	ve				
	ailing Address & Ph	one		b. Coordinate	d Com	mittee Na	ame	d. Comm	ents	
(include city, sta	te, & zip)									
ВВ&Т										
PO BOX 58043	5			c. Level Regis						
CHARLOTTE,	NC 28258-0435			Federal	느	County:		- F3 - 41		n .
				State		Municip	anty.	e. Mecilo	n Sum to)	Date
								\$	2	41.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Re	marks	
1	Check	IO	08	8/10/2018	\$	220.81		TAGE A1	ND	
1	Check	0	09	9/11/2018	\$	10.05	MAT	ERIALS		
4. Payee Inform	ation			Add 🔲	Remo	ve		300000		
a. Full Name, Ma	iiling Address & Pho	one		b. Coordinate	d Com	nittee Na	me	d. Comm	ents	
(include city, sta	te, & zip)									
BB&T	_			c. Level Regis	tarad (S	inecify)				
PO BOX 58043				Federal		County:				
CHARLOTTE,	NC 28258-0435			☐ State				e. Election	Sum to I	Date
								•	2 24	52.91
		h. D Cada		((11)			l. Do	quired Re		32.71
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					\$					
5. Total only this	s Page	ka Pina						\$	33	38.28
6. Total of ALL	CRO-1310 Pages									·
(This line goes in	ı line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Exper	ıses)			\$	01	26.28
(This line goes in	ı line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Cand	idates/P	olitical Co	mm)	Ψ	92	20.20
(This line goes in	i line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	ty Expe	nditures)				
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)				ī.	78.45	
A* - Media	B* - Printin	Ç		undraising				er Candio		
E - Salaries	F* - Equipme			itical Party			_		ffice Expe	
I - Postage	J - Penalties	3	K* - O	ffice Expenses		Q* - Do	onatio	n to Legal	Expense	Fund
O* Other				LIZ VEN						
 Codes require 	detailed explanation	a in required rem	arks 11	era (K)				1919		20017000

Disbursem				Pg of	:	☐ Yes 🏻 No
	report expenditures coordinated party ex		ee for operating expe	nses, contributi	ons to can	didate/political
	ill Name (and Fund)	<u> </u>	Martine (1975) (Addilla di Salata eta).		12 т	D Number
CARTER 4 AL		п арумсаме)			12000	
3. Type of Dis bu	rsement (Please	use separate CRO	0-1310 forms for eac	h type of Disbu	rsement.)	
Operating Exp			es/Political Committee			rty Expenditures
4. Payee Inform	ation		☐ Add ☐	Remove		
	ailing Address & Ph	one	b. Coordinate	d Committee N	ame d. C	omments
(include city, sta	_					
MYRICK COM	IPUTER					
316 WEST MA	RKET STREET			stered (Specify) County		
GRAHAM, NC	27253		☐ Federal ☐ State	☐ County	<u> </u>	ection Sum to Date
			State			
					\$	120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		ed Remarks
1	Check	K	10/19/2018	\$ 120.00		E SETUP AND
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	MAINTE	ENANCE
4. Payee Inform	afion		□ Add □	Remove		
	ailing Address & Pho	one		d Committee N	ame d. C	om m en ts
(include city, sta	_			***************************************		
SQUARE						
`	STREET, SUITE 6	500		stered (Specify)		
SAN FRANCIS	CO, CA 94103		Federal	County:		C - t- D-t-
			State	☐ Municip	ality: e. E	ection Sum to Date
					\$	98.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requir	ed Remarks
1	Check	K	09/11/2018	\$ 98.00	CREDIT	CARD READER
				\$		
4. Payee Inform			Add .	Remove d Committee Na	me d C	om ments
1	ailing Address & Pho	one	b. Coordinate	- Committee in	ime d. C	VIII II VIII VIII VIII VIII VIII VIII
(include city, sta	te, & zipj					
USPS 4205 S. NC HW	I 62		c. Level Regis	stered (Specify)		
	NC 27201-0018		Federal	County:		
(800) 275-8777			☐ State	☐ Municip	ality: e. E	ection Sum to Date
					\$	120.00
f Asserut Code	~ Foum of Payment	h Purnose Code	i. Date (mm/dd/yyyy)	li Amount	k. Require	ed Remarks
	g. Form of Payment Check	K	08/07/2018	\$ 120.00	BOX RE	
1	CHECK		00/07/2010	 	DOX KE	
				\$		· ·
5. Total only thi	s Page				\$	338.00
6. Total of ALL	CRO-1310 Pages			16.5		
		Summary Page CRO-	-1100 if Operating Expe	enses)	\$	926.28
(This line goes i	n line 13b of Detailed S	Summary Page CRO	1100 if Contrib to Cand	lidates/Political C	omm) ^v	720,20
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if Coordinated Pa	rty Expenditures)		
7. Purpose Co	des (List detailed	expenditure code				
A* - Media	B* - Printin	~	C* - Fundraising		Another C	
E - Salaries	F* - Equipm		G - Political Party		_	dic Office Expenses
I - Postage	J - Penaltie	S	K* - Office Expense	s Q* - D	onation to	Legal Expense Fund
O* Other						
	e detailed explanatio	n in required rem	arks field (k)			

Amendment

Disbursen	nents				Pg	3_ of	·	3_ 1 Ye	es 🛛 No
Use this form to	report expenditures	from the committ	ee for o	perating exper	ıses	, contribut	ions to	o candidate	:/political
	coordinated party e		and the second				.,		
	ull Name (and Fund	if applicable)						2. ID Nun	aber
CARTER 4 AL	LAMANCE								
3. Type of Disbu	irsement (Please	use separate CR(D-1310	forms for each	lı tvi	e of Disbu	rseme	ent.)	
Operating Exp		ributions to Candida						ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Rer	nove			
	ailing Address & Ph	one		b. Coordinate	d Co	mmittee N	am e	d. Comme	nts
(include city, sta	ite, & zip)								many and the state of the state
VAILTREE EV	ENT CENTER				•••				
1567 BAKATS				c. Level Regis	tere			_	
HAW RIVER, I	NC 27258			Federal		County		a Mastian	Cum to Data
				State		Municip	рашу.	e. Mechon	Sum to Date
								\$	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	arks
1	Check	С	0	7/13/2018	\$	250.00	EVE	ENT CENT	ER
					\$				
5. Total only thi	s Pogo							\$	250.00
								Ъ	230.00
	CRO-1310 Pages								
	n line 13a of Detailed S n line 13b of Detailed S	• •	-		-	o/Dolition1 C	Yo	\$	926.28
	n line 130 of Detailed S n line 13c of Detailed S							-	
	odes (List detailed		- 	4.50	9				
A* - Media	B* - Printin			undraising		D - To	Anot	her Candid	ate
E - Salaries	F* - Equipme	_		litical Party					fice Expenses
I - Postage	J - Penaltie	S	K* - C	Office Expenses	•	Q* - D	onatio	on to Legal	Expense Fund
O* Other							885J-1278		regreeds remain in Practice and a
	e detailed explanatio			INVESTIGATION OF THE PROPERTY					D 1 2000
CRO-1310		NC S	tate Boa	ard of Elections					December 2009

Amendment

Aggregated Non-Media Expenditures	Aggregated	Non-Media	Expenditures
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Page 1 of 1 Amendment Yes X No

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

		ort NC Non-Media	Expenditures of	or less.			
1. Committ	ee Full Name (and	d Fund if applicable)			2. ID N	Number	
CARTER 4	4 ALAMANCE						
pantustitiones. Ch						is a second	
3. Payee In		l n en	J. D Code	la Data (mar (dd/gwyd)	f. Amo		g. Required Remarks
<u> </u>	b. Account Code			e. Date (mm/dd/yyyy)	1. Amo	unt	
☐ Add ☐ Remove	1	Draft	K	07/30/2018	\$	1.75	CC FEE
☐ Add ☐ Remove	1	Draft	K	07/31/2018	\$	1.79	CC FEE
Add Remove	1	Draft	K	09/17/2018	\$	3.20	CC FEE
Add Remove	1	Draft	K	10/10/2018	\$	0.85	CC FEE
Add Remove	1	Draft	K	10/10/2018	\$	3.38	CC FEE
Add Remove	1	Check	O	09/24/2018	\$	50.00	EVENT FEE
4. Total o	nly this Page				\$		60.97
5. Total o	f ALL CRO-1	315 Pages Detailed Summary Pa	ge CRO-1100)		\$		60.97
6. Purpos		detailed expenditu	re code in (d) a	bove)			
	- C - C - C - C - C - C - C - C - C - C	- Printing	C* - Fundr			ther Car	
E - Salaı	ries F*	- Equipment	G - Political				lic Office Expenses
I - Posta O* - Ot		Penalties	K* - Office	Expenses Q* -	- Dona	tions to	Legal Expense Fund
		led explanation i	n required rer	narks field (g)			
		210.00	to Poord of Electio				December 200

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions Use this form to report non-monetary contributions, donation Use CRO-1215 if In-Kind Contributions were or will be	ons, goods or ser			Amendment Yes No mmittee or fund.		
1. Committee Full Name (and Fund if applicable)			2. ID	Number		
CARTER 4 ALAMANCE						
3. Contributor Information	Add □ Re	move				
a. Full Name, Mailing Address & Phone	b. Type of Con	the control of the co	c. Con	ıments		
(include city, state, & zip)	X Individual					
JOHNNY BAKATSIAS 142 B. GRAHAM HOPEDALE ROAD BURLINGTON, NC 27215	Candidate Party PAC Referendum		d. Flee	tion Sum to Date		
	Other Rece		\$	1,495.00		
e. Description		f. Date (mr	n/dd/yyyy)	g. Fair Market Amount		
FOOD	10/20/20		/2018	\$ 1,495.00		
				\$		
				\$		
3. Contributor Information	Add 🔲 Rei	nove				
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	c. Comments		
(include city, state, & zip)	☐ Individual					
SOUTHERN STATES PBA PAC FUND 2155 HWY 42 SOUTH MCDONOUGH, GA 30252	Candidate Party PAC					
,	Referendum		d. Elec	d. Election Sum to Date		
	M Other Recei		\$	532.45		
e. Description		f. Date (mn	ı/dd/yyyy)	g. Fair Market Amount		
FACEBOOK ADVERTISEMENTS		10/10	/2018	\$ 32.45		

CRO-1510

4. Total only this Page

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100) NC State Board of Elections

December 2007

1,527.45

1,527.45

\$

\$

\$

		ons owed	by the committee, to	inclu	de cam	paign credit 2. ID Num	
CARTER 4 ALAMANCE	т кина и архисаме)			1 11 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14		2.5ID:Num	
			Add Remo	NVO.			
	s & Phone	<u> </u>	Note: All payment	CONTRACT VICE	de towa	rd debts sho	uld be listed on
	, at I hole		form CRO-1310				
BB&T			b. Description of Cre	ditor			
PO BOX 580435 CHARLOTTE, NC 28258-0435			STAMPS AND FACEB	OOK F	PAGE		
c. Beginning Balance	d. Total Amount Paid		e. Total Amount Inci	urred		f. Remaini	ng Balance
\$ 32.42	\$	32.42	\$		0.00	\$	0.00
g. Incurred Debts (what the co	mmittee received this p	eriod)	· l				
g1. Purchase Place Full Name	, Mailing Address & Pho	ne	g2. Date (mm/dd/yyy	y)	g3. An	ount	
(include city, state, & zip)			_		\$		
			g4. Purpose Code	75	Degnis	red Remarks	
			g4. Turpose Code	gs.	Kequii	eu Remarks	
g1 Durchasa Dlaga Full Nama	Mailing Address & Pho		g2. Date (mm/dd/yyy	v)	g3. An	ount	
Creditor Information Full Name, Mailing Address & Phone (include city, state, & zip) BB&T O BOX 580435 CHARLOTTE, NC 28258-0435 Beginning Balance \$ 32.42 \$ 32 Incurred Debts (what the committee received this period) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) I. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		, ne	gz. Date (min/du/yyy	<i>J)</i>			
(morado exception)					\$		
			g4. Purpose Code	g5.	Requir	ed Remarks	
g1. Purchase Place Full Name	, Mailing Address & Pho	ne	g2. Date (mm/dd/yyy	y)	g3. An	iount	
(include city, state, & zip)					\$		
			g4. Purpose Code	J ₀ 5	 Requir	ed Remarks	
al Purchase Place Full Name	Mailing Address & Pho	ne	g2. Date (mm/dd/yyy	v)	g3. An	iount	
= · · · · · · · · · · · · · · · · · · ·	,		\$				
			g4. Purpose Code	σ5.	L	ed Remarks	
				185.	110 9411		***************************************
				<u> </u>			
· · · · · · · · · · · · · · · · · · ·	, Mailing Address & Pho	ne	g2. Date (mm/dd/yyy)	<u>y)</u>	g3. Am \$	iount	
(111011110 010), 101010, 11 =							
			g4. Purpose Code	g5.	Requir	ed Remarks	
4. Total only this Page (This should be the sum of a	ll items 'g3.' from this pa	ge)			\$		0.00
		ge CRO-1	100)		\$		3,475.36
							-
	_		undraising			other Candi	
			itical Party			_	Office Expenses
			ffice Expenses	υ^ 	- Othe		

Debts and Obliga	tions Owed Ry	the Cor	nmittee _{Pg} _	2	of '	Amendm 4 🔲 Yes	ent N No		
Use this form to report any						, , , , , , , , , , , , , , , , ,			
1. Committee Full Name (a						2. ID Numbe			
CARTER 4 ALAMANCE	<u> </u>			··········					
3. Creditor Information			Add 🔲 Remo	ve					
a. Full Name, Mailing Addre	ss & Phone		Note: All payment	s mad	de towar	d debts should	l be listed on		
(include city, state, & zip)			form CRO-1310	with	the pay	ee listed as th	is creditor.		
BB&T			b. Description of Cre	ditor					
PO BOX 580435 CHARLOTTE, NC 28258-0435			BB&T CREDIT CARD						
c. Beginning Balance	d. Total Amount Pai	d	e. Total Amount Incurred			f. Remaining	Balance		
\$ 0.00	\$	230.86	\$	3,7	706.22	\$	3,475.36		
g. Incurred Debts (what the	committee received thi	is period)							
g1. Purchase Place Full Nan	e, Mailing Address &	Phone	g2. Date (mm/dd/yyyy	y)	g3. Am	ount			
(include city, state, & zip) USPS			07/15/2018 \$			200.00			
4205 S. NC HW 62 ALAMANCE, NC 27201-0018					5. Required Remarks				
(800) 275-8777					STAMPS				
g1. Purchase Place Full Nam	ie, Mailing Address &	Phone	g2. Date (mm/dd/yyyy	y)	g3. Am	ount			
(include city, state, & zip) WALMART			07/29/2018	\$			10.05		
3141 GARDEN RD			g4. Purpose Code	g5.	5. Required Remarks				
27215			С	MA	MATERIALS				
g1. Purchase Place Full Nan	ne, Mailing Address &	Phone	g2. Date (mm/dd/yyyy	y)	g3. Am	ount			
(include city, state, & zip)			10/09/2018		\$		12.72		
WENDY'S 2423 SOUTH CHURCH STREE	r		g4. Purpose Code	l _a 5	Required Remarks				
27215	-		O			R VOLUNTEERS			
				\perp	L 2 4				
g1. Purchase Place Full Nan	ie, Mailing Address &	Phone	g2. Date (mm/dd/yyy)	<u>y)</u>	g3. Am	ount			
(include city, state, & zip) WENDY'S	***************************************	**************************************	10/14/2018		\$		10.59		
2423 SOUTH CHURCH STREE	Т		g4. Purpose Code			uired Remarks			
27215			О	LUI	NCH FOF	R VOLUNTEERS	5		
g1. Purchase Place Full Nan	ne, Mailing Address &	Phone	g2. Date (mm/dd/yyyy	y)	g3. Am	ount			
(include city, state, & zip) WENDY'S			10/18/2018		\$		15.97		
2423 SOUTH CHURCH STREE	T		g4. Purpose Code		5. Required Remarks				
27215			О	լւտ	NCH FOI	R VOLUNTEERS	S		
4. Total only this Page (This should be the sum of		s page)			\$		3,475.36		
5. Total of ALL CRO (This line must be on line 2)	-1610 Pages 2 of Detailed Summary	y Page CRO-	1100)		\$		3,475.36		
6. Pupose Codes (List	The state of the s		** · · · · · · · · · · · · · · · · · ·				37		
	3* - Printing	C* - F	undraising	D.	- To An	other Candida	ite		
	* - Equipment	G - Po	G - Political Party			H* - Holding Public Office Expenses			

J - Penalties

K* - Office Expenses

O* - Other

Debts and Obligat	ions Owed By the O	Committee	Pg 3	of	4 Yes	No rd purchases	
Use this form to report any t	unpaid debts or obligations o	wed by the commi	itee, to me	iude camp	2. ID Numbe	ra paremases.	
1. Committee Full Name (ar				Z. ID INUMBE			
CARTER 4 ALAMANCE							
3. Creditor Information		Add 🗆	Remove				
a. Full Name, Mailing Addre	ss & Phone	Note: All p	payments n	nade towai	rd debts shoul	d be listed on	
(include city, state, & zip)					ee listed as th	is creditor.	
BB&T	b. Description		tor				
PO BOX 580435 CHARLOTTE, NC 28258-0435		BB&T CREDIT	I CARD			·	
c. Beginning Balance	d. Total Amount Paid	e. Total Amo	otal Amount Incurred		f. Remaining	Balance	
\$ 0.00	\$ 230	0.86 \$		3,706.22	\$	3,475.36	
Ψ	committee received this period	i)					
gl. Purchase Place Full Nam		g2. Date (mm	ı/dd/yyyy)	g3. Am	ount		
(include city, state, & zip)		10/09	0/2018	S		777.00	
MEBANE ENTERPRISES	Marine						
106 NORTH 4TH STREET		g4. Purpose		A	ed Remarks		
MEBANE, NC 27302		A	4	ADVERTISI	EMENT		
g1. Purchase Place Full Nam	e Mailing Address & Phone	g2. Date (mn	n/dd/yyyy)	g3. Am			
(include city, state, & zip)	e, manning zaddress et z nome	09/26	5/2018	\$		36.41	
PAPA JOHNS							
2567 SOUTH CHURCH STREET 27215	I	g4. Purpose		g5. Required Remarks FOOD FOR VOLUNTEERS			
27213	О	ľ	TOOD FOR VOLUNTEERO				
g1. Purchase Place Full Nam	e, Mailing Address & Phone	g2. Date (mn	n/dd/yyyy)	g3. Am	iount	2000	
(include city, state, & zip) TIMES NEWS		10/07	7/2018	\$		475.00	
707 SOUTH MAIN STREET		g4. Purpose	Code	g5. Required Remarks			
27215		A	1	ADVERTISI	NG		
at Purchase Place Full Nam	ne, Mailing Address & Phone	g2. Date (mn	n/dd/yyyy)	g3. An	ount		
(include city, state, & zip)		10/12	2/2018	\$		1,293.72	
TIMES NEWS		g4. Purpose	Code	g5. Required Remarks			
707 SOUTH MAIN STREET 27215				ADVERTISEMENT			
		A					
gl. Purchase Place Full Nam	ne, Mailing Address & Phone	g2. Date (mr	n/dd/yyyy)	g3. An	nount		
(include city, state, & zip)		09/20	0/2018	\$		43.74	
TRACTOR SUPPLY 707 SOUTH MAIN STREET		g4. Purpose	Code	g5. Required Remarks			
27215				MATERIAL	RIALS FOR SIGNS		
		0					
4. Total only this Page	e fall items 'g3.' from this page)			\$		0.00	
5. Total of ALL CRO				\$	}	3,475.36	
	t detailed expenditure c						
A* - Media	B* - Printing (C* - Fundraising			nother Candid		
	F* - Equipment (G - Political Party			_	ffice Expenses	
I - Postage J	J - Penalties	K* - Office Expense	es	O* - Oth	er		
* Codes require detailed ex	colanation in required remarks	field (g5.)					

Amendment

Amendment **Debts and Obligations Owed By the Committee** ☐ Yes Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases. 1. Committee Full Name (and Fund if applicable) **CARTER 4 ALAMANCE** Add 🔲 Remove 3. Creditor Information Note: All payments made toward debts should be listed on a. Full Name, Mailing Address & Phone form CRO-1310 with the payee listed as this creditor. (include city, state, & zip) b. Description of Creditor PO BOX 580435 BB&T CREDIT CARD CHARLOTTE, NC 28258-0435 e. Total Amount Incurred f. Remaining Balance c. Beginning Balance d. Total Amount Paid 3,475.36 0.00 230.86 3,706.22 \$ \$ g. Incurred Debts (what the committee received this period) g2. Date (mm/dd/yyyy) g3. Amount g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) 10/12/2018 \$ 660.88 ALAMANCE NEWS 114 WEST ELM STREET g4. Purpose Code g5. Required Remarks GRAHAM, NC 27253 ADVERTISEMENT g3. Amount g2. Date (mm/dd/yyyy) gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) \$ 14.60 10/17/2018 BELLMONT STORE 4214 NC 49 g4. Purpose Code g5. Required Remarks 27215 LUNCH FOR VOLUNTEERS O g1. Purchase Place Full Name, Mailing Address & Phone g2. Date (mm/dd/yyyy) g3. Amount (include city, state, & zip) \$ 120.00 10/01/2018 FRIENDS OF NRA g4. Purpose Code g5. Required Remarks DONATION g1. Purchase Place Full Name, Mailing Address & Phone g2. Date (mm/dd/yyyy) g3. Amount (include city, state, & zip) 10/19/2018 \$ 14.73 GRANNY'S GOODIES g4. Purpose Code g5. Required Remarks 309 HUFFMAN MILL RD 27215 FOOD FOR VOLUNTEERS O g2. Date (mm/dd/yyyy) g1. Purchase Place Full Name, Mailing Address & Phone g3. Amount (include city, state, & zip) 07/13/2018 \$ 20.81 HOLLOS g4. Purpose Code g5. Required Remarks 309 HUFFMAN MILL RD MATERIALS 27215 C 4. Total only this Page 0.00 \$ This should be the sum of all items 'g3.' from this page) 5. Total of ALL CRO-1610 Pages 3,475.36 (This line must be on line 22 of Detailed Summary Page CRO-1100) 6. Pupose Codes (List detailed expenditure code in (g4.) D - To Another Candidate

C* - Fundraising

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

O* - Other

A* - Media

E - Salaries

I - Postage

B* - Printing

J - Penalties * Codes require detailed explanation in required remarks field (g5.)

F* - Equipment