Am	e n dm	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	n.
------------	------	---------	--------	-------------	----

Do not use tins	iomitto apaa	e miomation.								
1. Committee In	formation									
a. Full Name								c. ID Number		
CARTER 4 AL	AMANCE									
b. Mailing Addre	ess (include C	ity, State and Zij	p Code)					d. Date Filed		
2966 S. CHUR				R	EC	EIVEI	)	01/11/2019		
BURLINGTON	N, NC 27213				LAAL	1 1 2010		e. Phone Number		
				DW.	1.	1 1 2019	0.000 to 10.000	(336) 213-2056		
2. Report Year	3. Period Sta	rt Date (mm/dd/	vv)			te (mm/dd/yy)	5. Treasu	irer Full Name		
2018		10/21/2018			12/31/2			EKAH W LOY		
6. Type of Comm	nittee (Check	One)	9 Type	e of Repor	t (c	heck only one	type of re	port from one category)		
Candidate Can		arty	Munici			State/County		Referendum		
☐ Joint Fundrais		AC		Organizatio	nal	Organizati		Organizational		
Referendum		egal Expense Fund	-	Thirty-five		Quarterly		Pre-referendum		
7. Type of Fund		ble, check one)		Pre-primar		☐ First		Final		
"Booster Fund	- A-4		1	Pre-election		Secon	d	Supplemental Final		
☐ Building Fund				Pre-runoff		Third		☐ Annual		
Presidential E	lection Year Ca	ndidates Fund		Semi-annua	1	▼ Fourtl	1	Special		
NC Public Can				Mid Ye	ear	Semi-annu	al			
	P G	8	li i	Year E	nd	Mid Y	ear	10. Special Report Name		
Other:			lii	Final		Year 1	End			
8. Number of Fu	indraisers th	is Report		Special		Final				
o. rumber of re	0	is report				Special				
					la 1		4:			
3. Account Info		o				ount Informa incial Institut		me		
a. Financial Inst	itution Full N	ame			a. Filia	inciai institut	IOH TUIL INA			
FIRST BANK										
b. Purpose		c. Account Cod	le		b. Pur	pose		c. Account Code		
CAMPAIGN			1							
		d. Period Begin	n Balan	ce				d. Period Begin Balance		
		\$		9,394.02				\$		
CERTIFICATIO	)N									
I certify that to Chapter 163 o	he Committee f the NC Geno	eral Statutes and	that no	funds are	commi	ingled with pro	ohibited or	22A, 22B & 22D-22M of other non-disclosed ned by the NC State Board		
Rebel	Kah W.Lo rinted Name of	Signer		KeQ Sign	Pan lature of	Appointed Tre	asurer	01/11/2019 		
FOR OFFICE U	SEONLY									
Date Receiv		1-11-19		Emplo	yee:	JG	_ <u>D</u>	elivery <u>Method</u> Normal Mail		
Date Postma	arked:			Emplo	yee:			Registered Mail Hand Delivered		
Date Scanne	ed.	1-11-19		Emplo	vee:	JG	Ē	Electronically Filed		
Date Data E				Emplo				Signer has not received mandatory training		
DI ST	I			1 ".	a a ! C	montic - 1	on the co			
Please Not		cannot be used ant treasurer, cu						mittee address, treasurer,		

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## **Detailed Summary**

Amendment

☐ Yes X No Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report CARTER 4 ALAMANCE 2018 Fourth Quarter Total this Total this 2018 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 9.394.02 4) Cash on Hand at Start \$ 0.00 RECEIPTS (CRO-1205) 100.00 1,095.00 5) Aggregated Contributions from Individuals \$ (CRO-1210) \$ 500.00 12,810.00 6) Contributions from Individuals \$ 200.00 725.00 (CRO-1220) \$ 7) Contributions from Political Party Committees \$ 1,000.00 (CRO-1230) \$ 0.00 8) Contributions from Other Political Committees (CRO-1410) \$ 0.00 \$ 0.00 9) Loan Proceeds (CRO-1240) \$ 0.00 \$ 0.00 0) Refunds/Reimbursements to the Committee 1) Other Receipt Sources (CRO-1250) 0.00 \$ 0.00 11a) Interest on Bank Accounts \$ 0.00 (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations 0.00 (CRO-1250) \$ 642.13 9.68 11c) Outside Sources of Income \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 0.00 (CRO-1265) 0.00 \$ 0.00 \$ 11e) Exempt Purchase Price Sales 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 809.68 16,272.13 **EXPENDITURES** 3) Disbursements (CRO-1310) \$ \$ 9,091.09 13,435.86 13a) Operating Expenditures (CRO-1310) \$ 13b) Contributions to Candidates/Political Committees \$ 0.00 0.00 (CRO-1310) \$ 13c) Coordinated Party Expenditures 0.00 0.00 (CRO-1315) 32.00 \$ 123.21 4) Aggregated Non-Media Expenditures \$ (CRO-1420) \$ 0.00 0.00 (5) Loan Repayments (CRO-1320) \$ \$ (6) Refunds/Reimbursements from the Committee 0.00 0.00 (CRO-1510) \$ 9.68 \$ 1,642.13 7) In-Kind Contributions 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 9,132.77 \$ 15,201.20 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 1,070.93 1,070.93 ADDITIONAL INFORMATION (CRO-1330) \$ 0.00 20) Non-Monetary Gifts Given to Other Committees 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)\$ (CRO-1610) 0.00 22) Debts and Obligations owed by the Committee \$ 0.00 (CRO-1620) 23) Debts and Obligations owed to the Committee 0.00 (CRO-1720) \$ 24) Account Transfers Within the Committee 0.00 \$ 0.00 (CRO-1710) \$ 25) Adminis trative Support 0.00 (CRO-1440) \$ 0.00 \$ 26) Forgiven Loans (CRO-2220) 0.00 \$ 0.00 \$ 27) 48-Hour Notice Reports Sum (CRO-1215) \$ 0.00 \$ 0.00

28) Contributions to be Refunded

00 0		outions from I	_	1 of _	1	Amendme Yes	ent No
Optional for	rm used to repor	rt NC Contributions	From Individuals of \$	550 or less	,		
1. Committe	e Full Name (and	Fund if applicable)			2. ID !	Number	
CARTER 4	ALAMANCE						
3. Contribut	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy) f. Am			Į
☐ Add ☐ Remove	1	Check		10/23/2018		\$	50.00
☐ Add ☐ Remove	1	Check		10/30/20	18	\$	50.00
4. Total or	nly this Page				\$		\$100.00
	ALL CRO-12 ust be on line 5 of D	205 Pages Detailed Summary Page	CRO-1100)		\$		\$100.00
CRO-1205		N	C State Board of Elections				April 2007

Con	tributions fr	om Individual	s	Pg	, 1	of 1		Amendme Yes	nt ☑ No
		dividual contribution		ontributions u	nder \$50	if form CRO	120:	5 is not used	i
1. Com	mittee Full Name	(and Fund if applicat	le)				2.	ID Number	
CART	ER 4 ALAMANO	CE							
	ri butor Informati			Add 🔲 Re	move				
a. Full Name, Mailing Address & Phone				b. Job Title/P	rofession	1	d.	Comments	
(include city, state, & zip)				OWNER					
	IAS Y HOOPER						_		
605 CAMERON STREET			c. Employer's	Name/S					
BURLINGTON, NC 27215				BABY NEE	DS, INC	L			
						e. Election Sum to Date		n 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			]	1/01/2018		\$	500.00
								\$	
								\$	
4. Tot	al only this Pa	ge					\$		500.00
1.00	al of ALL CR(	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)				\$		500.00

NC State Board of Elections

CRO-1210

Contributi	ons from Politi	cal Party Committees	Pg 1 of	1	Amendm    Yes	ent No
Use this form t	o report contribution	s from a political party				
1. Committee Fu	ll Name (and Fund if a	ipplicable)		2. ID	Number	
CARTER 4 AL	AMANCE					
3. Contributor I	nformation	☐ Add ☐	Remove			
a. Full Name, Ma (include city, s	iling Address & Phone tate, & zip)			b. Con	nments	
RIDDELL FOR 6343 BEALE R SNOW CAMP,	OAD			:		
SNOW CAMP,	NC 27549			c. Dec	tion Sum	to Date
				\$		400.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/do	l/yyyy)	h. Amour	ıt
1	Check		10/30/20	18	\$	200.00
					\$	
					\$	
4. Total only	this Page			\$	1	200.00
	LL CRO-1220 Paş oe on line 7 of Detailed Si	es Immary Page CRO-1100)		\$		200.00
CRO-1220	200000000000000000000000000000000000000	NC State Board of Election	ns			April 2007

Other Rec	eipt Sources			Pα	1	of	1	Amenam Yes	ient  X  No
	report income not rep	orted on another f	orm ie inte					- t	
	ull Name (and Fund if	****	OHL I.C. HIC	cicati	HCOIL	J, 110t 10.		ID Numbe	
<del></del>		аруятсавяс)						III I Tunax	<u>4</u> ((s)
CARTER 4 AL	AMANCE								
3. Type of Recei	pt Source (Please u	se separate CRO-1	1250 forms	for ec	ich ty	pe of Re	ceipi	Source.)	
☐ Interest	☐ Contri	ibutions from Not-for-	-Profit Organ	nizatio	ns 🗶	Outside	Source	s of Incom	e
4. Contributor I	nformation		Add 🔲	Rem	ove				
a. Full Name, Ma	ailing Address & Phone	e	b. Not-for-	-Profit	t Fe de	ral ID#	d.	Comment	S
(include city, s	state, & zip)								
SOUTHERN S'	TATES PBA PAC FU	JND					_		
2155 HWY 42		c. Outside Source Explanation			_				
MCDONOUGH, GA 30252							<u> </u>		
							e.	Hection S	um to Date
							\$		542.13
f. Account Code	g. Form of Payment	h. In-Kind Descri	ption	i	. Date	(m m/dd/	уууу)	j. Amoun	it
1	In-Kind	POLITICAL WOF POSTCARDS	RK,		11	/02/201	8	\$	9.68
								\$	
5. Total only	this Page						\$		9.68
(This line goes i	LL CRO-1250 Pay n line 11a of Detailed Sur n line 11b of Detailed Sur	mmary Page CRO-11			Contr	bution)	\$		9.68

NC State Board of Elections

December 2007

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

CRO-1250

Disbursements	Pg	1	of	2

☐ Yes X No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F CARTER 4 AL	ull Name (and Fund LAMANCE	if applicable)						2, ID N	umber
3. Type of Disb	reomant (Plaasa	use separate CR	0.1310	farms for aga	1. 7.	ng of Dish	PEOW		
Operating Ex		tributions to Candida			<del></del>				Expenditures
4. Payee Inform				Add 🔲		move	Ordina	rear arty	Expenditures
	ailing Address & Ph	ione		b. Coordinate			am e	d. Com	ments
(include city, sta	_	ione		b. Coordinate	uc	- In the contract of the contr	4 III C	u. Com	ments
	VERTISING COME	) A NIV		-					
3290 VAN DR	VERTISING COM	ANI		c. Level Regis	tere	d (Specify)		1	
BURLINGTON	J. NC 27215			☐ Federal ☐ County:					
	,, 1.0 2/2/2			☐ State		☐ Municip	ality:	e. Decti	on Sum to Date
					~~~~			\$	231.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	temarks
1	Check	A		2/28/2018	\$	231.65	ADV	/ERTISI	EMENT
					\$				
			<u></u>		Ľ				
4. Payee Inform			Ш	Add 🔲		nove			
•	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	ame	d. Comn	nents
(include city, sta	te, & zip)								
BB&T	_			c. Level Regis	tomo	d (Cnasify)		-	
PO BOX 58043				Federal	tere	County:			
CHARLOTTE,	NC 28258-0435			State				e Electi	on Sum to Date
						CJ Mariop	direy.	c. Been	on Sum to Date
								\$	5,039.51
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
1	Check	О	1	1/05/2018	\$	3,460.63	PAY	CC	
1	Check	0	1′	2/11/2018	\$	1,207.13	PAY	CC	
				·	<b>L</b>		171		
4. Payee Inform:				Add 🔲		nove			
•	uiling Address & Pho	one		b. Coordinated	a Co	mmittee Na	ıme	d. Comn	ents
(include city, star	ie, & zip)								
BB&T PO BOX 58043.	5		į	c. Level Regist	ered	l (Specify)			
	NC 28258-0435			☐ Federal		County:			
CHAICOTTE,	140 20230-0433			☐ State		☐ Municip	ality:	e. Electic	on Sum to Date
						\(\frac{1}{2}\)			***************************************
					٠			\$	5,039.51
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Re	emarks
1	Check	О	12	2/28/2018	\$	129.92	PAY	CC	
					\$				
					7				7.000.00
5. Total only this								\$	5,029.33
5. Total of ALL (	CRO-1310 Pages								
_	i line 13a of Detailed S		-					\$	9,091.09
-	line 13b of Detailed S		-				mm)	Ψ	2,021.02
(This line goes in	line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	ty Ex	penditures)			
. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)					
A* - Media	B* - Printin	g	C* - F	ındraising				er Candi	
E - Salaries	F* - Equipme			itical Party		H* - Ho	lding	Public C	Office Expenses
- Postage	J - Penalties	3	K* - O	ffice Expenses		Q* - Do	natio	n to Lega	al Expense Fund
O* Other					rygane.	M. 153900 James	Marini presi		HINES IN A STATE OF A STATE OF THE STATE OF
Codes require	detailed explanation	ı in required rem	arks fi	eld (k)				7	

Disbursen	nents			Pg o	f2	🔲 Ye	s 🛛 No
			ee for operating exper	nses, contribut	tions to	candidate	/political
committees and	coordinated party e	xpenditures					
1. Committee F	ull Name (and Fund	if applicable)				2. ID Num	iber
CARTER 4 AL	LAMANCE						
3. Type of Disb	ursement <i>(Please</i>	use separate CR	0-1310 forms for eac	h type of Disbi	<u>urseme</u>	<u>nt.)</u>	
Operating Ex	penses 🔲 Cont	ributions to Candida	tes/Political Committees	_ □ Co	ordinat	ed Party Exp	oenditures
4. Payee Inform	nation		Add 🗆	Remove			
a. Full Name, M	ailing Address & Ph	one	b. Coordinate	d Committee N	Vame	d. Comme	nts
(include city, sta	ate, & zip)						
DISCOVER							
PO BOX 6103  c. Level Registered (Specify)							
CAROL STREAM, IL 60197						. 179 43	Cura to Data
			☐ State	lviunic	ipanty:	e. Election	Sum to Date
						\$	4,061.76
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Ren	arks
1	Check	0	12/31/2018	\$ 4,061.76	PAY	CC	
				\$			
5. Total only thi	is Page					\$	4,061.76
6. Total of ALL	CRO-1310 Pages						
(This line goes i	in line 13a of Detailed S	Summary Page CRO	-1100 if Operating Expe	nses)	entro Chines	\$	9,091.09
			-1100 if Contrib to Cand			Ψ	2,021.02
(This line goes	in line 13c of Detailed S	Summary Page CRO	-1100 if Coordinated Pa	rty Expenditures	)		
7. Purpose C	odes (List detailed	expenditure code	in (h.) above)				
A* - Media	A* - Media B* - Printing C* - Fundraising D - To Another					ner Candida	ate

G - Political Party

NC State Board of Elections

K\* - Office Expenses

E - Salaries

I - Postage O\* Other

CRO-1310

F\* - Equipment

\* Codes require detailed explanation in required remarks field (k)

 $\boldsymbol{J}$  - Penalties

Amendment

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

December 2009

Aggregated Non-Media Ex <sub>l</sub>	penditures
--------------------------------------	------------

	Amendment									
Page1_ of	1		Yes	X	No					

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

		ort ive ivon-wiedr		π φ50 Of 1C33.			
1. Committe	ee Full Name (an	d Fund if applicable)			2. ID	Number	
CARTER 4	1 ALAMANCE						
3. Payee Inf	formation						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Am	ount	g. Required Remarks
☐ Add ☐ Remove	1	Check	0	12/28/2018	\$	32.00	REIMBURSEMENT FOR LUNCH
4. Total o	nly this Page				\$		32.00
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$		32.00
6. Purpos	e Codes (List)	detailed expenditu	re code in (d) a	bove)			
	B*	- Printing	C* - Fundr	C7	NAMES OF THE PROPERTY OF THE P	other Cai	and the contract of the contra
E - Salar	ies F*	- Equipment	G - Political	Party H*-	Holo	ling Publ	lic Office Expenses
I - Posta	ge J-	Penalties	K* - Office	Expenses Q*-	Dona	ations to	<b>Legal Expense Fund</b>
O* - Ot	her						
* Codes	require detai	led explanation i	n required ren	narks field (g)			
							D 1 0000

CRO-1315

NC State Board of Elections

December 2009

				Amendn	nent		
In-Kind Contributions	Pg	l of	1	☐ Yes	No No		
Use this form to report non-monetary contribution	ions, donations, goods or serv	ices provided to	o the con	nmittee or	fund.		
Use CRO-1215 if In-Kind Contributions were							
1. Committee Full Name (and Fund if applic	able)		2. ID [	Number			
CARTER 4 ALAMANCE							
3. Contributor Information	🔲 Add 🔲 Re	nove					
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	44		
(include city, state, & zip)	☐ Individual						
SOUTHERN STATES PBA PAC FUND	☐ Candidate						
2155 HWY 42 SOUTH	Party		1				
MCDONOUGH, GA 30252	<u>                                   </u>	PAC			d. Election Sum to Date		
ŕ	Referendum		d. Hec	to Date			
	M Other Rece	ipt Source	\$		542.13		
e. Description	<u></u>	f. Date (mm/de	d/yyyy)	g. Fair M	larket Amount		
POLITICAL WORK, POSTCARDS		11/02/20	18	\$	9.68		
			· .	\$			
				\$			
4. Total only this Page			\$		9.68		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summ	ary Page CRO-1100)		\$		9.68		
CRO-1510	NC State Board of Elections				December 2007		

Debts and Obliga	tio	ns Owed By	the Con	nmittee P	g 1	of _	5 Yes	No ard purchases.
Use this form to report any				by the committee,	, to meiu	ue cail	2. ID Number	er
1. Committee Full Name ( CARTER 4 ALAMANCE		чина и аррисавіе)			** ** <b>**</b> ** <b>*</b> *	1 800	The state of the s	<u> </u>
	E - 130			Add 🗖 R	emove			
3. Creditor Information		2. Dhona	<u> </u>	Note: All paym		de tow	ard debts shoul	d be listed on
a. Full Name, Mailing Addr		x rnone		form CRO-1	.310 with	the pa	yee listed as th	is creditor.
(include city, state, & zip DISCOVER	,			b. Description of				<u> </u>
PO BOX 6103 CAROL STREAM, IL 60197				DISCOVER CREDI			, and the second second	
c. Beginning Balance	Beginning Balance d. Total Amount Paid		e. Total Amount Incurred			f. Remaining Balance		
\$ 0.0	00	\$	4,061.76	\$	4,	061.76	\$ \$	0.00
g. Incurred Debts (what the	com	mittee received th	is period)					
g1. Purchase Place Full Na				g2. Date (mm/dd/	/уууу)	g3. A	mount	
(include city, state, & zip		-		11/05/20	18	\$		4,028.32
AL VANS ADVERTISING CO		NY		11/03/20	10			1,020.52
3290 VAN DR				g4. Purpose Code		~~~~~	red Remarks	· · · · · · · · · · · · · · · · · · ·
BURLINGTON, NC 27215				С	SIG			
g1. Purchase Place Full Na	me. I	Mailing Address &	Phone	g2. Date (mm/dd/	/yyyy)	g3. A	mount	
(include city, state, & zip		8		-		\$		
				g4. Purpose Code	e   g5	. Regui	red Remarks	····
				gv. x ur pose oou	5 155	. 100 911		
g1. Purchase Place Full Na	me. 3	Mailing Address &	Phone	g2. Date (mm/dd/	/yyyy)	g3. A	mount	
(include city, state, & zip				<u> </u>	· · · · · · · · · · · · · · · · · · ·	\$		
, , , , , , , , , , , , , , , , , , ,								
				g4. Purpose Cod	e g5	. Requi	ired Remarks	
						<b>—</b>		
g1. Purchase Place Full Na		Mailing Address &	Phone	g2. Date (mm/dd	/уууу)		mount	
(include city, state, & zip	)		***************************************	-		\$		
				g4. Purpose Cod	le g5. Required Remarks			
g1. Purchase Place Full Na	me,	Mailing Address &	Phone	g2. Date (mm/dd	/уууу)	g3. A	mount	
(include city, state, & zij				_		\$		
				g4. Purpose Cod	e g5	s. Requ	ired Remarks	
4. Total only this Pag		itams lo 3 l from th	ic naoe)				\$	0.00
5. Total of ALL CRO	)-16	610 Pages		1100)		1	\$	0.00
(This line must be on line								
6. Pupose Codes (Li	st d	etaned expend	nure code	in (24.) Tundraising	ת	- To A	nother Candic	late
A* - Media		- Printing		litical Party				ffice Expenses
E - Salaries		Equipment Penalties		Office Expenses		)* - Otl		zarpono oo
I - Postage  * Codes require detailed :								注: 對: 事制: .

D 14 10111 4	·		•44	2		Ameno			
Debts and Obligat							and the second of the second o		
Use this form to report any u		s owed t	by the committee, to	inciu	de camp	2. ID Num	ber		
1. Committee Full Name (an CARTER 4 ALAMANCE	и кини п арупсаме)		in ceres e persenta de la competita de la comp		manya Wiji	20. 112-1144.11			
3. Creditor Information			Add 🔲 Rem	ove					
a. Full Name, Mailing Addres	ss & Phone				de towai	d debts sho	uld be listed on		
(include city, state, & zip)	33 CC X MORE		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.						
DISCOVER PO BOX 6103			b. Description of Cr						
CAROL STREAM, IL 60197	·		DISCOVER CREDIT C	ARD					
c. Beginning Balance	d. Total Amount Paid		e. Total Amount Inc	u rre d		f. Remaini	ng Balance		
\$ 0.00	\$ 4,0	61.76	\$	4,0	061.76	\$	0.00		
g. Incurred Debts (what the c	ommittee received this peri	iod)							
g1. Purchase Place Full Nam	e, Mailing Address & Phone	2	g2. Date (mm/dd/yyy	y)	g3. Am	ount			
(include city, state, & zip) SUBWAY	A HARAMAN		11/06/2018		\$		33.44		
216 HUFFMAN MILL ROAD			g4. Purpose Code	g5.	Require	ed Remarks			
BURLINGTON, NC 27215			0	FOOD FOR VOLUNTEERS					
g1. Purchase Place Full Nam	e, Mailing Address & Phone	2	g2. Date (mm/dd/yyy	y)	g3. Am	ount			
(include city, state, & zip)					\$				
			g4. Purpose Code	g5.	Require	ed Remarks			
g1. Purchase Place Full Nam	e. Mailing Address & Phone	2	g2. Date (mm/dd/yyy	y)	g3. Am	ount			
(include city, state, & zip)	,				\$		***************************************		
			g4. Purpose Code	σ5.	Require	ed Remarks			
			g.i.t.c.poor	150.	xx 4				
g1. Purchase Place Full Nam	e, Mailing Address & Phone	2	g2. Date (mm/dd/yyy	y)	g3. Am	ount			
(include city, state, & zip)			\$						
			g4. Purpose Code	g5.	Requir	ed Remarks			
g1. Purchase Place Full Nam	e, Mailing Address & Phone	e	g2. Date (mm/dd/yyy	y)	g3. Am	ount			
(include city, state, & zip)					\$				
			g4. Purpose Code	g5.	Requir	ed Remarks			
4. Total only this Page (This should be the sum of	The second secon	;)			\$		0.00		
5. Total of ALL CRO- (This line must be on line 22	1610 Pages		100)		\$		0.00		
6. Pupose Codes (List	detailed expenditure	code i	n (g4.)						
A* - Media B	* - Printing	C* - Fu	ındraising			other Cand			
	4 1		•			-	Office Expenses		
I - Postage J * Codes require detailed ех			ffice Expenses (g5.)		- Ome				
CRO-1610			ard of Elections				February 201		

Debts and Obligati	ions Owed By the	e Con	nmittee Pg _	3	of	5 Yes	No No	
Use this form to report any u		s owed	by the committee, to 11	nciud	е сатр	2. ID Number	ru purchases.	
1. Committee Full Name (and CARTER 4 ALAMANCE	а гипа и аррисаме)			F1 1988.		2. 10 Tumo.	Samenanie Antonio	
3. Creditor Information			Add 🔲 Remo	ve				
a. Full Name, Mailing Addres	s & Phone		Note: All payments	A - T MIXELL	e towar	d debts should	be listed on	
(include city, state, & zip)	<b>.</b>		form CRO-1310	with t	he pay	ee listed as thi	s creditor.	
ВВ&Т			b. Description of Cree	ditor				
PO BOX 580435 CHARLOTTE, NC 28258-0435			BB&T CREDIT CARD					
c. Beginning Balance	d. Total Amount Paid		e. Total Amount Incurred			f. Remaining Balance		
\$ 3,485.76	\$ 4,	797.68	\$	1,3	11.92	\$	0.00	
g. Incurred Debts (what the co	ommittee received this per	riod)	1			l		
g1. Purchase Place Full Name			g2. Date (mm/dd/yyyy	/) <u> </u>	g3. Am	ount		
(include city, state, & zip)			10/22/2018		\$		10.23	
ARBY'S 781 HUFFMAN MILL ROAD				1.5 1		. d Domonico		
BURLINGTON, NC 27215			g4. Purpose Code			iired Remarks FOR VOLUNTEERS		
			0					
g1. Purchase Place Full Name	, Mailing Address & Phon	ie	g2. Date (mm/dd/yyyy	/) :	g3. Am	ount		
(include city, state, & zip)  DOMINOS			11/05/2018		\$		48.93	
1837 SOUTH CHURCH STREET			g4. Purpose Code	g5. Required Remarks				
27215			О	LUN	JNCH FOR VOLUNTEERS			
g1. Purchase Place Full Name	e, Mailing Address & Phon	ie	g2. Date (mm/dd/yyyy	<i>(</i> )	g3. Am	ount		
(include city, state, & zip) HARDEES			10/24/2018		\$		11.95	
2756 ALAMANCE ROAD			g4. Purpose Code			ed Remarks		
27215			О	LUNCH FOR VOLUNTEERS				
g1. Purchase Place Full Name	e, Mailing Address & Phon	ıe	g2. Date (mm/dd/yyyy	7)	g3. Am	ount		
(include city, state, & zip)			12/08/2018	\$			54.92	
SAN MARCOS RESTAURANT 3111 WALTHAM BLVD			g4. Purpose Code	g5.	Requir	ed Remarks		
27215			О	LUN	CH FOI	R CAMPAIGN M	IANAGER	
g1. Purchase Place Full Name	e, Mailing Address & Phon	1e	g2. Date (mm/dd/yyyy	(r)	g3. Am	ount		
(include city, state, & zip)	-,		10/24/2018		\$		4.34	
SHELL OIL 3111 WALTHAM BLVD			g4. Purpose Code	g5.	Requir	ed Remarks		
27215	0	DRINKS FOR VOLUNTEERS		S				
4. Total only this Page (This should be the sum of a	all items 'g3,' from this pag	ge)		, L	\$		0.00	
5. Total of ALL CRO- (This line must be on line 22	1610 Pages of Detailed Summary Pag	ge CRO-	1100)		\$		0.00	
6. Pupose Codes (List								
A* - Media B	* - Printing	C* - F	undraising			other Candida		
	* - Equipment		litical Party			ing Public Of	fice Expenses	
	- Penalties		Office Expenses	O*	- Othe	e <b>r</b> November		
* Codes require detailed evn	Janation in required remai	rks field	(B)')					

Debts and Obligati	ions Owed By the C	Committee	Pg4			No language	
	inpaid debts or obligations or	wed by the commit	tee, to inclu	de camp	2. ID Number	a purchases.	
1. Committee Full Name (an	d Fund if applicable)				2. ID (Author)		
CARTER 4 ALAMANCE							
3. Creditor Information		□ Add □	Remove				
a. Full Name, Mailing Addres	s & Phone	Note: All pa	ayments ma	de towar	d debts should	be listed on	
(include city, state, & zip)					ee listed as this	creditor.	
BB&T		b. Description		•			
PO BOX 580435 CHARLOTTE, NC 28258-0435		BB&T CREDIT	CARD				
Designing Palance	. Beginning Balance d. Total Amount Paid				f. Remaining Balance		
		e. Total Amou	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	311.92	\$	0.00	
\$ 3,485.76	\$ 4,797		1,	311.92	Ф	0.00	
	ommittee received this period		(12)	T.3			
g1. Purchase Place Full Name	e, Mailing Address & Phone	g2. Date (mm	/dd/yyyy)	g3. Am	ount		
(include city, state, & zip)	DATE OF THE PROPERTY OF THE PR	10/31/	2018	\$		1,078.10	
TIMES NEWS 707 SOUTH MAIN STREET		g4. Purpose C	ode a5	Requir	ed Remarks		
BURLINGTON, NC 27215		g4.1 urpose c		g5. Required Remarks ADVERTISING			
		A					
g1. Purchase Place Full Name	e, Mailing Address & Phone	g2. Date (mm	/dd/yyyy)	g3. Am	ount		
(include city, state, & zip)				<b>S</b>			
				Ψ			
		g4. Purpose C	ode g5	. Requir	ed Remarks		
		i.					
g1. Purchase Place Full Name	e, Mailing Address & Phone	g2. Date (mm	/dd/yyyy)	g3. Am	ount		
(include city, state, & zip)	NEW CONTRACTOR OF THE PROPERTY			\$			
		1.0	A Dumasa Coda af Daguired Dagarks				
		g4. Purpose C	g4. Purpose Code g5. Required Remarks				
g1. Purchase Place Full Name	o Mailing Address & Phone	g2. Date (mm	/dd/vvvv)	g3. Am	ount		
(include city, state, & zip)	t, maining Address to I hone	5	,, 3 3 3 3 7	\$	······································		
(Inciduo city) control city							
		g4. Purpose C	Code g5	. Requir	ed Remarks		
			Ì				
					· · · · · · · · · · · · · · · · · · ·		
g1. Purchase Place Full Nam	e, Mailing Address & Phone	g2. Date (mm	/dd/yyyy)	g3. Am	ount		
(include city, state, & zip)				\$			
		g4. Purpose C	Code g5	. Requir	ed Remarks		
4. Total only this Page						0.00	
The state of the s	all items 'g3.' from this page)			\$		0.00	
***************************************	CONTRACTOR				· · · · · · · · · · · · · · · · · · ·		
5. Total of ALL CRO-	1010 Pages	RO-1100\		\$		0.00	
	of Detailed Summary Page C						
	detailed expenditure co	de in (g4.) * - Fundraising		- To A.	other Candida	te	
		- Political Party			ing Public Offi		
	~	* - Office Expenses		* - Othe	_	—.p	
* Codes require detailed ext	planation in required remarks						

	ions Owed By the C	· -		of	i	No No	
1. Committee Full Name (an		red by the committee, to	Післа	ac camp	2. ID Numb		
CARTER 4 ALAMANCE	o z ameri apparentizo						
3. Creditor Information		□ Add □ Remo	ve				
a. Full Name, Mailing Addres	s & Phone	Note: All payment	s ma	de towar	d debts shou	ld be listed on	
(include city, state, & zip)		form CRO-1310	with	the pay	ee listed as t	nis creditor.	
BB&T PO BOX 580435 CHARLOTTE, NC 28258-0435	b. Description of Cre BB&T CREDIT CARD	b. Description of Creditor BB&T CREDIT CARD					
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incu	e. Total Amount Incurred  \$ 1,311.92			g Balance	
\$ 3,485.76	\$ 4,797.6	58 \$				0.00	
	ommittee received this period)						
g1. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyy)	y)	g3. Am	ount		
(include city, state, & zip) TIMES NEWS		12/14/2018		\$	75.00		
707 SOUTH MAIN STREET		g4. Purpose Code	g5.	g5. Required Remarks			
BURLINGTON, NC 27215		A	AD				
g1. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyy	y)	g3. Am	ount		
(include city, state, & zip) WALMART	A CONTRACTOR OF THE CONTRACTOR	11/03/2018		\$			
3141 GARDEN RD		g4. Purpose Code	95.	Require	ed Remarks		
27215		K		MATERIALS			
g1. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyyy	y)	g3. Am	ount		
(include city, state, & zip) WENDY'S	- All All All All All All All All All Al	10/24/2018	10/24/2018 \$			8.40	
2423 SOUTH CHURCH STREET		g4. Purpose Code	g4. Purpose Code g5. Rec		equired Remarks		
27215		0	LUNCH FOR VOLUNTEERS			S	
g1. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyyy	y)	g3. Am	ount		
(include city, state, & zip)		10/31/2018	2018 \$			12.01	
WENDY'S 2423 SOUTH CHURCH STREET		g4. Purpose Code	g5.	Require	d Remarks		
27215		О	LUN	UNCH FOR VOLUNTEERS			
g1. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyyy	y)	g3. Am	ount		
(include city, state, & zip)			\$				
	g4. Purpose Code	g5. Required Remarks			-		
4. Total only this Page (This should be the sum of a	ll items 'g3.' from this page)			\$		0.00	
5. Total of ALL CRO-1 (This line must be on line 22	610 Pages of Detailed Summary Page CR	O-1100)		\$		0.00	
6. Pupose Codes (List o	detailed expenditure cod	e in (g4.)					
A* - Media B*	- Printing C*	- Fundraising			other Candid		
	, i	Political Party				fice Expenses	
	- Penalties <b>K*</b> anation in required remarks fie	- Office Expenses	U*	- Other	r Juliana (1916)		
Cours require actanca expl	minimizer todanion tomanio the	(547)			and the second s		