Disclosure Report Cove	D	isc	losure	Report	Cover
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Amendment

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

Do not use this i	iorm to updat	e information.						
1. Committee In	formation						- Uh Ni	
a. Full Name								c. ID Number
CARTER 4 ALA	AMANCE			***************************************				
CHICI LIC 4 ML	MULITOL							
b. Mailing Addre	ss (include Ci	tv. State and Z	in Code)					d. Date Filed
			1 /	······	······		***************************************	
2966 S. CHURO		E 1/8						04/30/2018
BURLINGTON	, NC 2/215							e. Phone Number
								***************************************
								(336) 213-2056
							T	
2. Report Year	3. Period Stai	rt Date (mm/dd	/yy)	4. Period	End Da	te (mm/dd/yy)	5. Treas ui	rer Full Name
2018	0	2/22/2018			04/21/2	018	REBEKA	H W LOY
2010								
6. Type of Comm		One)	9. Typ	e of Repor	t (cl		type of rep	ort from one category)
X Candidate Cam	paign 🔲 Par	rty	Munic	ipal		State/County		Referendum
Joint Fundraise	r 🔲 PA	i.C		Organizatio	nal	Organization	onal	Organizational
Referendum	☐ Le	gal Expense Fund		Thirty-five	day	Quarterly		Pre-referendum
7. Type of Fund	(if applicab	le, check one)		Pre-primar	y	<b>▼</b> First		Final
"Booster Fund"				Pre-electio		Second	i	Supplemental Final
Building Fund			lii	Pre-runoff		Third		Annual
Presidential Ele	ection Vear Car	didates Fund	14	Semi-annua	1	Fourth		Special
NC Public Cam				Mid Ye		Semi-annua		Special
NC Public Cam	paign rmancm	grund	쁘					10.0
				Year E	na	Mid Y		10. Special Report Name
Other:				Final		Year E	nd	200
8. Number of Fu		Special		Final				
	0					☐ Special		
							•	
3. Account Infor						ount Informat		
. Financial Instit	tution Full Na	me			a. Fina	ncial Instituti	on Full Nam	16
FIRST BANK								
o. Purpose		c. Account Co	de		b. Purp	ose		c. Account Code
CAMPAIGN			1					
			1					
		d. Period Begi	n Balan	ce				d. Period Begin Balance
		Φ.		1 145 00				0
		\$		1,145.00				\$
CERTIFICATIO	N							
		or Fund is in a	malion	a with all	nnlicah	de provisions	of Article 2	2A, 22B & 22D-22M of
								other non-disclosed
funds. I furthe	r certify that t	this report is co	omplete,	true and c	orrect a	nd that I have	been traine	ed by the NC State Board
Dahala	1 1 . 8	0. 1		( a ho	both	3. Day		04/20/2018
MOURA	in w.a	ocz	_	per	Cau si	000		04/30/2018
	nted Name of S	Signer		Sign	ature of	Appointed Trea	surer	Date
FOR OFFICE US	EONLY	.1 1 -				$\sim 11$		
D / D .	. (	1120118	)	r1.		( HH)	Del	livery Method
Date Receive	d:	113011	2	Emplo	yee: _		- 🗆	Normal Mail
	į	512118				16		Registered Mail
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Date Scanned	l:			Emplo	yee: _		_ U	Licentellically 1 floa
								Cionar has not massived
Date Data En	tered:			Emplo	yee:			Signer has not received
								mandatory training
Please Note	: This form c	annot be used	to amen	d committe	ee infor	mation such a	s the comm	ittee address, treasurer,
		nt treasurer, cu						N. 200
••								
Yo	ou must amen	d the Statemen	u oi Org	anization (	CKU-21	UUA-E) to mal	se committe	e changes.

Amendment ☐ Yes 🛛 No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Re			ID N	umber	
CARTER 4 ALAMANCE	2018 First Q			אנעוו	unioei	
			T-4-1 41:-			
Start of Election Cycle: January 1, 2018			Total this orting Period	Total this  d Election Cycle		
4) Cash on Hand at Start		\$	1,145.00	\$	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	175.00	\$	175.00	
6) Contributions from Individuals	(CRO-1210)	\$	4,275.00	\$	4,525.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00	
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	. 000-00-000-00000000-0-000000-000000-0000					
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)	\$	0.00	\$	0.00	
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)	\$	4,450.00	\$	5,700.00	
<u>EXPENDITURES</u>						
13) Disbursements		1			132317	
13a) Operating Expenditures	(CRO-1310)	\$	183.00	\$	183.00	
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)	\$	30.24	\$	30.24	
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)	\$	0.00	\$	105.00	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$	213.24	\$	318.24	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	5,381.76	\$	5,381.76	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		100	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00		Here is a little	
22) Debts and Obligations owed by the Committee	(CRO-1610)	<u> </u>	0.00			
23) Debts and Obligations owed to the Committee	(CRO-1620)	<u></u>	0.00			
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00			
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00	
26) Forgiwn Loans	(CRO-1440)	\$	0.00	\$	0.00	
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00	
(8) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00	

			ndividuals <sub>Page</sub>	<del>-</del>	11	Amendme  — Yes	nt <b>X</b> No
Optional for	rm used to repor	t NC Contributions	From Individuals of \$	50 or less			
1. Committe	e Full Name (and	Fund if applicable)			2. ID 1	Number	
CARTER 4	ALAMANCE						
3. Contribut	or Information					ž.	
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	l/yyyy)	f. Amount	
☐ Add ☐ Remove	1	Cash		03/21/20	18	\$	25.00
☐ Add ☐ Remove	1	Check		03/15/201	18	\$	50.00
☐ Add ☐ Remove	1	Cash		03/20/201	18	\$	50.00
☐ Add☐ Remove	1	Cash		03/20/2018		\$	50.00
4. Total or	nly this Page				\$	•	\$175.00
	ALL CRO-12 ust be on line 5 of D	05 Pages etailed Summary Page (	CRO-1100)		\$		\$175.00

CRO-1205 NC State Board of Elections April 2007

Con	tributions fr	rom Individual	S		Pg 1 of 6	_	☐ Yes	No No
				ontributions	under \$50 if form CRO			
	······································	e (and Fund if applicab	de)			2.	ID Number	
CART	ER 4 ALAMANO	CE						
3. Cont	ributor Informat	ion		Add 🔲	Remove			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title	Profession (Profession)	d. (	Comments	
(inclu	ude city, state, & z	zip)		RETIRED			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
JOHN	BROOKS					]		
	AINTSBURY D			c. Employer	's Name/Specific Field	-		
BURL	INGTON, NC 2	7215				<u></u>	Hection Sum	to Date
				<u> </u>		\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			03/15/2018		\$	150.00
							\$	<del></del>
	1		<u> </u>				0	
Ц							\$	
2001 1000 1 2 2 2 2	ributor Informati	rompara at the according to proper regions and the		Add 🔲 J	Remove			
	Name, Mailing Ad			b. Job Title/	Profession	d. (	Comments	
(include city, state, & zip) PHYSICIAN								
GEOFFREY H BROWNE  427 FIFL DSTONE DRIVE  c. Employer's Name/Specific						ł		
127 TIBEDOT ONE DIGVE					-			
DUKL	indion, NC 27	/213		ARMC	TIC RADIOLOGY -	e. I	Dection Sum	to Date
				Marie		\$	**	100.00
f Prior	a Account Code	h. Form of Payment	i. In-Kind Des	crintian	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount	100.00
	1	Check	1. III-Killu Des					
					04/14/2018		\$	100.00
							\$	
							\$	
3. Conti	ributor Informati	01	П	Add 🗆 F	l Remove			
	lame, Mailing Add			b. Job Title/	V	d. (	Comments	and the second second
(inclu	de city, state, & z	ip)		RETIRED I	BANKER			
STEVE	EN J CARTER							
2966 S.	CHURCH ST,	SUITE 178		c. Employer'	s Name/Specific Field	ĺ		
	NGTON, NC 27	215					T (' 0	- D (
(336) 2	13-2056					е. г	dection Sum	to Date
				:		\$		270.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			03/14/2018		\$	125.00
							\$	
							\$	
4. Tots	al only this Pa	Pe	1		<b>!</b> 	\$		375.00
	ol of ALL CR					<del>*</del>		
		0-1210 Tages 6 of Detailed Summary P	age CRO-1100)			\$	4	4,275.00

Amendment

			Amendment						
Pg	_2_	of	6	☐ Yes	No No				

1. Committee Full Name (and Fund if applicable)							D Number	
CARTI	ER 4 ALAMANC	CE						
3. Cont	ributor Informati	ion		Add 🔲 Re	move			
	Name, Mailing Add			b. Job Title/Pr	rofession	d. C	Comments	
	ide city, state, & z	ip)		OWNER				
RUSTY	Y COX REYROCK RD		!	c. Employer's	Name/Specific Field	1		
	SETT, NC 27377	7	!	COX TOYO		<u></u>		
			!		!	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	Check			04/06/2018		\$ 100.00	
							\$	
							\$	
	ributor Informatio			Add 🔲 Re				
	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	ide city, state, & zi	ip)		OWNER				
TERRY PO BO	Y CRENSHAW		1	c. Employer's Name/Specific Field				
	INGTON, NC 27	/215	ļ	CRENSHAW NISSAN				
Deliante 101, 110 27213			ļ			e. E	lection Sum to Date	
						\$	250.00	
f. Prior	g. Account Code		i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			03/09/2018		\$ 250.00	
							\$	
							\$	
	ributor Informatio				move			
	lame, Mailing Add		<b>.</b>	b. Job Title/Pro		d. Comments		
	de city, state, & zi	······································		RETIRED OF	RAL SURGEON			
	TOPHER DAVIS IRNBURY PL	\$	ł	c. Employer's	Name/Specific Field	ŀ		
	NC 27244							
						e. E	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)	Т	k. Amount	
	1	Check			03/17/2018		\$ 100.00	
			<del>                                     </del>	-		$\dashv$	\$	
						_	\$	
	al only this Pag	 				\$	450.00	
		O-1210 Pages				Þ		
				<ul> <li>- control of the contro</li></ul>		\$	4,275.00	

				Amenament			
Pg	3	of	6	☐ Yes	No No		

1. Com	mittee Full Name	(and Fund if applicab	le)			2. ]	ID Number
	ER 4 ALAMANO						
3. Cont	ributor Informati	ion		Add 🔲 1	Remove		
	Name, Mailing Ado		T. III T. S. T. S.	b. Job Title/		d. (	Comments
(inclu	ide city, state, & z	ip)		RETIRED			
	O GRININO			Employer	t- Name /CasaiGa Field	-	
	REACHER HOL	MES ROAD		c. Employer	's Name/Specific Field	-	
GKAH	AM, NC 27253					e. F	Dection Sum to Date
						<u> </u>	
						\$	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			04/04/2018		\$ 100.00
							\$
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X1130 X 11130 11 1 X 11 11 11 11	ributor Informati				Remove	<u> </u>	
	Name, Mailing Add			b. Job Title/	Profession	d. C	Comments
	ide city, state, & z	<u>ip)</u>		RETIRED			
	JORDAN DIE AVE			c. Employer's Name/Specific Field			
1619 PINE AVE SAXAPAHAW, NC 27340					5 T. C.	1	
SAAAI AIIAW, NC 27540						e. E	lection 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
	1	Check			04/03/2018		\$ 100.00
							\$
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	ributor Informatio			·	Remove		
	ame, Mailing Add			b. Job Title/	······································	d. C	Comments
	de city, state, & zi			COUNTY	COMMISSIONER		
WILLL 2212 C	AM H LASHLEY			c. Employer'	's Name/Specific Field	ĺ	
	OY ST NGTON, NC 27	215			CE COUNTY		
DOILL	1101011,110 2.	213		( )	CE COOM	e. E	lection Sum to Date
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
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4. Tota	al only this Pag	ge				\$	400.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	4,275.00
			WALL CARD ARVOY	,		i	

				ent		
Pg	4	of	6		Yes	No No

	mittee Full Name		2.	ID Number				
CARTI	ER 4 ALAMANC	Æ						
3. Cont	ributor Informati	on		Add 🔲 R	emove			
a. Full N	Name, Mailing Add	dress & Phone	<u> </u>	b. Job Title/P	Anna Panjara y Managara y na tao amin' ao	d. C	Comments	
(inclu	de city, state, & z	ip)	***************************************	OWNER				
	KE LINDLEY	_		c. Employer's Name/Specific Field				
	INEWAY DRIVI				LABORATORIES	1		
BUKLI	NGTON, NC 27	215		LINDLEX	LABUKATUKIES	e. I	Dection Sum	to Date
						\$		200.00
f Drior	- Assaunt Cada	L Earm of Payment	i. In-Kind Des	amintian	j. Date (mm/dd/yyyy)		k. Amount	200.00
		h. Form of Payment Check	I. III-Kiiiu Des	стрион				- 30 00
	1	Check			03/28/2018		\$	200.00
							\$	
	l						\$	
	ributor Informati			and the court of the second of the second	emove			
	ame, Mailing Add			b. Job Title/P		d. (	Comments	
	de city, state, & z	ip)		CHIROPRA	CTOR			
JOE M		`		c. Employer's Name/Specific Field				
	LARENDON DR NGTON NC 27			BACK IN B		1		
BURLINGTON, NC 27215				CHIROPRA		e. F	Dection Sum	to Date
						\$		300.00
f. Prior	a Account Code	h. Form of Payment	i. In-Kind Des	 erintion	j. Date (mm/dd/yyyy)	Ľ	k. Amount	
	1	Check	**************************************		03/20/2018			300.00
			<u> </u>		U3/ZU/ZU16		\$	300.00
							\$	
							\$	* 104 * 104
	ibutor Informati				emove	г, ,	~ 4-	
	ame, Mailing Add			b. Job Title/Pr		d. C	Comments	
	de city, state, & zi	:P)		BUSINESS ( ESTATE IN	OWNER/REAL VESTOR			
PO BO	MORTON X 1220			c. Employer's	Name/Specific Field			
	NC 27244			DAVE'S DIS	SCOUNT			
				FURNITUR	E	e. E	<b>Dection Sum</b>	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			03/20/2018		\$	500.00
							\$	
							\$	
	il only this Pa					\$	]	1,000.00
	il of ALL CR( ine must be on line (	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	2	4,275.00

			Amendment					
Pg	5	of	6	☐ Yes	No No			

Ise this form to report individua	l contributions over \$5	50 or contributions under \$50 if:	form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	<u> </u>	
CART	ER 4 ALAMANO	CE							
3. Cont	ributor Informati	on		Add □ R	Remove				
100000000000000000000000000000000000000	Name, Mailing Ad			b. Job Title/l	Profession	d. (	Comments		
(inclu	de city, state, & z	ip)		ALAMANO	CE CO DISTRICT				
PAT N	ADOLSKI		<del></del>	ATTORNE	Y				
	GURNEY STRE	EET		c. Employer'	s Name/Specific Field				
BULIN	IGTON, NC 272	15		ALAMANO	CE COUNTY	L			
ŀ						e.	Election Su	m 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		t	
	1	Check			02/26/2018		\$	100.00	
							\$		
							\$		
3. Cont	ributor Informati	o <b>n</b>		Add 🔲 R	emove				
a. Full N	lame, Mailing Add	iress & Phone		b. Job Title/I	Profession	d. (	Comments		
(include city, state, & zip)				REAL ESTA	ATE				
SAMUEL POWELL			INVESTOR/BUSINESS MAN c. Employer's Name/Specific Field						
PO BOX 2104									
BURLINGTON, NC 27216				POWELL ENTERPRISES			e. Dection Sum to Date		
						e. Mection Sum to Date		m to Date	
						\$		1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	-	k. Amoun	t	
	1	Check			03/08/2018		\$	1,500.00	
							\$		
							\$		
3. Conti	ributor Informati	on		Add 🔲 R	emove				
a. Full N	lame, Mailing Ado	lress & Phone		b. Job Title/F	Profession	d. ¢	Comments		
(inclu	de city, state, & z	ip)		PEDIATRIC	CIAN				
	MARY STEIN AUREL RIDGE	DDIVE		c. Employer's	s Name/Specific Field				
	CAMP, NC 273				Y STEIN, MD	1			
SNOW	CAIVII, NC 273	1 <del>4</del> 2		KOSLWII III	i ordin, mb	e. l	Dection Su	m to Date	
						\$		250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t	
	1	Check			04/05/2018		\$	250.00	
							\$		
							\$		
4. Tot:	al only this Pa	ge				\$		1,850.00	
5. Tota	al of ALL CR	O-1210 Pages				\$		4,275.00	
(This l	ine must be on line	6 of Detailed Summary 1	age CKO-1100)			Į			

$\sim$	/ •¥	. •	c	Y 10 0 1
( `n	ntrihi	ifions	trom	<b>Individuals</b>
$\sim$ $\circ$				LIMITIMUS

			Amendment					
Pg	6	of	6	☐ Yes	X No			

1. Com	mittee Full Name	(and Fund if applicable	le)			2. ]	ID Number	
CARTI	ER 4 ALAMANO	CE						
3 Cont	ributor Informati	on .		Add 🔲 F	Remove			
2000 200 200 200 200 200	Name, Mailing Ado	Committee and Was Value of the Committee		b. Job Title/		d. (	Comments	
(inclu	ide city, state, & z	ip)		ABSS BOA	ARD OF		***************************************	400000
PAME	LA THOMPSON	Į		EDUCATION	ON			
	ELANEY DRIV				's Name/Specific Field	ł		
BURLI	INGTON, NC 27	7215		ALAMANO SCHOOLS	CE-BURLINGTON	e. I	Jection Sur	n to Date
				SCHOOLS		-		100.00
						\$		100.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			03/26/2018	-	\$	100.00
							\$	
							\$	
3. Conti	ributor Informati	on		Add 🔲 R	Remove			
	lame, Mailing Ado			b. Job Title/I	Profession	d. (	Comments	
***************************************	de city, state, & z	ip)		RETIRED N	MINISTER			
	VICKREY			c Employer'	s Name/Specific Field	ŀ		
	EE STREET NGTON, NC 27	<i>1</i> 215		C. Izmproj -	5 Hame, openie 1.1.			
DUKL	1101011, 110 27	213				e. F	lection Sur	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			04/19/2018		\$	100.00
							\$	
	· · · · · · · · · · · · · · · · · · ·						\$	
4. Tota	al only this Pa	ge				\$	<u></u>	200.00
	al of ALL CRO							
-Participant		O=1210 Tages 6 of Detailed Summary F	Page CRO-1100)			\$		4,275.00

T. 1	4							Amend	
Disbursem					Pg _	<u> </u>		_ U Ye	
	report expenditures coordinated party ex		ee for o	perating exper	ises, co	ntributio	ons to		
1. Committee Fu	ull Name (and Fund i	if applicable)		g 4 (170)				2. ID Num	ber
CARTER 4 AL	AMANCE								
3. Type of Disbu	irsement <u>(Please</u> )	use separate CRC	) <u>-131</u> 0	forms for each	h type c	f Disbu	rseme	<u>nt.)</u>	
Operating Exp	oenses 🔲 Conti	ributions to Candidat	es/Polit	ical Committees		Coc	ordinate	ed Party Exp	enditures
4. Payee Inform	ation	25.		Add 🔲	Remov	ve i			
a. Full Name, Ma	a. Full Name, Mailing Address & Phone				d Comn	nittee Na	ame	d. Commer	ıts
(include city, sta	te, & zip)								
STEVEN J CAI	RTER								
2966 S. CHUR	CH ST, SUITE 178			c. Level Regis					
BURLINGTON	I, NC 27215			☐ Federal	×		1		
(336) 213-2056				State Municipality: e. Dection Sum to				Sum to Date	
								\$	213.24
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rem	arks
1	Debit Card	K	02	2/22/2018	\$	145.00	UPS	OFFICE B	OX
1	Debit Card	A	03	3/02/2018	\$	38.00	WEB	BSITE SET UP	
5. Total only this	s Page							\$	183.00
(This line goes in (This line goes in	CRO-1310 Pages in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO-	-1100 if	Contrib to Cand	idates/P		o <b>mm</b> )	\$	183.00
7. Purpose Co	odes (List detailed	expenditure code	in (h.) a	above)	32				
A* - Media	B* - Printin	0		undraising				ner Candida	
E - Salaries	F* - Equipme			litical Party					fice Expenses
I - Postage J - Penalties K* - O			Office Expenses	}	Q* - De	onatio	n to Legal 1	Expense Fund	

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

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O\* Other

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Aggregated	Non-Media	<b>Expenditures</b>
Aggregateu	1 (On-Mcdia	Expenditures

				Am	e ndm	ent	
Page	1	of	1		Yes	X	No

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

1. Committ	ee Full Name (am	d Fund if applicable)			2. ID	Number	
	4 ALAMANCE						
3. Payee In: a. Amend		c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Am	ount	g. Required Remarks
☐ Add ☐ Remove	1	Debit Card	K	04/13/2018	\$	30.24	CHECKS ORDER
4. Total o	nly this Page				\$		30.24
THE RESERVE TO STREET, THE PARTY OF THE PART	f ALL CRO-1 nust be on line 14 o	315 Pages Detailed Summary Pa	ige CRO-1100)		\$		30.24
6. Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)			Carlotte Service Service
	В*	- Printing	C* - Fundr	aising D-	Го An	other Car	ndidate
E - Salar	ies <b>F</b> *	- Equipment	G - Political	Party <b>H</b> *	Holo	ding Pub	lic Office Expenses
I - Posta	ge J-	Penalties	K* - Office	Expenses Q*	Don	ations to	Legal Expense Fun
O* - Ot	he r						
* Codes	require detai	led explanation i	n required ren	narks field (g)		·	

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