Disclosure	Report	Cover
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I	Am	en dm	ent		-
L		Yes	X	No	

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.						c. ID Number
CARTER 4 ALAMANCE				<u> </u>		G. D. Ivain oct
b. Mailing Address (include C	_	p Code)				d. Date Filed
2779 S. CHURCH ST, SUI BURLINGTON, NC 2721:						01/05/2023
BUKLINGTON, NC 2/21.)					e. Phone Number
						(336) 213-2056
2. Report Year 3. Period St	art Date (mm/dd/	y(y))(-):	4. Period End Di	ate (mm/dd/s		
2022	10/23/2022		12/31/2	2022	REBEKAI	H W LOY
6. Type of Committee Check						ort from one category)
Candidate Campaign P		Munici		State/Cour		Referendum
	PAC		Organizational	Organiz		Organizational
	Legal Expense Fund		Thirty-five day	Quarter	_	Pre-referendum
// Depte n Commit	(ii(y) stylenteston special		Pre-primary Pre-election	Firs		Final Symplemental Final
	•	155	Pre-election Pre-runoff	Sec.	ond ord	Supplemental Final Annual
Building FundPresidential Election Year C	'andidates Fund	_	Pre-runoff Semi-annual	1	urth	Annual Special
NC Public Campaign Financi		l '	Mid Year	Semi-an		Special
NC rubiic Campaign i mano.	ng runu		Mid Year Year End	1		10 Special Report Name
Other:	ı		Final	1-	ar End	3 U-S promise por se varies
8. Number of Fundraisers th	sic Denut		Special	Final	al Enu	l
6. Admired of Landa Misters of	Action Control	ابتاً	эрост	Special		
v វិទាស់ទណ្ឌាពីនៅលើការបានការពេលស្វាន						
 Account Information 3.3 Financial Institution Full N 		A CONTRACTOR			mation Lite 1: 40 tution Full Nam	16
FIRST BANK		<u> </u>		garan yang dan sa		
b. Purpose	c. Account Cod	le	b. Purj	pose L.	1111/1-1	c. Account Code
CAMPAIGN		1		IAN	4 A Sirin	
	d. Period Begin	- Ralan(19		102023	d. Period Begin Balance
				JUANUALIA SOLOTION NO B	, . i	
	\$	1.4	2,387.39	AWED OF	w. COUN FELECTION:	S
CERTIFICATION I certify that the Committee Chapter 163 of the NC Gen funds. I further certify tha	eral Statutes and	that no	funds are commit	ingled with p	prohibited or o	other non-disclosed ed by the NC State Board
Rebekah W. Printed Name of	hoy f Signer		Kebekuh Signature of	W. Boy f Appointed I	reasurer	01/06/2023 Date
FOR OFFICE USE ONLY						
Date Received:	1/10/23	<u>. </u>	Employee:	CT	isia 🔲	livery Method Normal Mail
Date Postmarked:	20 Mg	_	Employee:	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	—	Registered Mail Hand Delivered
Date Scanned:			Employee: _	S. Haret		Electronically Filed
Date Data Entered:			Employee:		909494	Signer has not received mandatory training
	tant treasurer, cus	stodian c		tion, or acco	ount informatio	on.

Aggrega	ated Contrib	outions from I	ndividuals Page	e <u>1</u> of	1	Amendm Yes	ent X No
Optional fo	rm used to repor	rt NC Contributions	From Individuals of \$	S50 or less			
1. Committe	ermilename (amil	Rundd(eggl(egd)3).			2, ID)	Sumber 💉	
CARTER 4	ALAMANCE						
s (Contribu	oelmidenziioit.						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm	/dd/yyyy)	f. Amoun	ť
Add Remove	1	Check		11/21/2	2022	\$	50.00
4. Total o	nly this Page	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Self Com		\$		\$50.00
28 9 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2	f ALL CRO-12 rust be on line 5 of D	05 Pages Petailed Summary Page (CRO-1100)		\$		\$50.00
CRO-1205		N	C State Board of Elections				April 2007

					Amendm	ent
Disbursements	Pg	1	of	3	☑ 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 AMANCE	if applicable)	PART A			Sul [®]		2. ID Numb	r
3. httype of Disbi	irsement <i>(Please</i>)	ingkammaké (vik)	HERO	์ ไม่สำนักเรียบระเอง	h typ	e of Disbu	eseme	nt)	
X Operating Exp	penses 🔼 Cont	ributions to Candidat	es/Politi	cal Committees		⊡ Coo	XXXIII AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ed Party Exper	nditures
	ailing Address & Ph	one		Add		Biologica Control of the Control of	ame	d. Comment	
(include city, sta									
ALAMANCE C 2643 RAMADA				c. Level Regis	24.4				
BURLINGTON	I, NC 27215			Federal State		County: Municip Municip		e. Dection S	um to Doto
				Alamance		ivitanci,	ailty.	\$	
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1. Account Code	Check	O)/25/2022	\$	762.00		NATION TO	n.s
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4 Payce Inform	ation es sale	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		AVARATE TO CO		iove com			yaan la lihada
\$ 7.5 To 12.5 To 10.00 COMMUNICORY CONT.	ailing Address & Pho	one	31-10	b. Coordinated	-10 00-1-10-10-2	A. (2. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ame	d. Comments	<u> </u>
(include city, sta									
ALAMANCE N 114 WEST ELN				c. Level Regist	tered	(Specify)			
GRAHAM, NC				Federal	2,45,220.00	County:			
				State	ļ	Municip	ality:	e. Election Si	ım to Date
								\$	2,490.70
	g. Form of Payment							quired Remar	ks
1	Check	A	10		\$	499.00		/SPAPER	NT C
1	Check	Α	10	/25/2022	\$	836.68		SPAPER	
4. Payee Inform	ation	4: 3k		Add 🖪 🔻	Rem	ove	ADV	EKTISEME	N19
Land Control of the C	iling Address & Pho	one sales	CONTROL	b. Coordinated	***********	NO CONTRACTOR DE LA CON	ıme	d. Comments	
(include city, sta									
ALAMANCE N 114 WEST ELM			ŀ	c. Level Regist	ered	(Specify)			
GRAHAM, NC			Ī	Federal		County:	1		
			}	State		Municip	ality:	e. Election Su	· · · · · · · · · · · · · · · · · · ·
								\$	2,490.70
					**********			quired Remar	
1	Check	A			\$	249.50		SPAPER AL)
1	Check	A	11	/22/2022	\$	399.00	ADS		
5. Total only this			17.49					\$	2,746.18
进一步。 2.1221至10年2月20日	CRO-1310 Päges n line 13a of Detailed S	Page CRA	1100 :0	O-matica Process		****			
	r line 13h of Detailed S					/Political Co	mm)	\$	3,908.68
(This line goes in	n line 13c of Detailed Si	ummary Page CRO	1100 if C	Coordinated Par	ty Ex _I	penditures)			
	des (List detailed)		A 10 3 10 10 10 10 10 10 10 10 10 10 10 10 10	STREET,	44		, in		
A* - Media E - Salaries	B* - Printing F* - Equipme		Charles Chill	indraising tical Party			7772786563863	er Candidate Public Office	e Expenses
I - Postage	J - Penalties	andratanografiaaneter moordanst	50000000000000000000000000000000000000	fice Expenses		₀₀₀₀₀ 0000000000000000000000000000000	1 min (2) 1 c (2) 1 c (n to Legal Ex	000000000 20 01 0000000000000000000000
O* Other									- 17 - 1 70
" Codes require	detailed explanation	ı ın required rem	arks ti	ua(K)			Status, .		44.4

Disbursemer	its.

				Amendm	ent
Pg	3	of	3	Yes	X No

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

committees and	coordinated party	experiences							
	oll Names (and Hono	difapplicable)				16		2.ID Num	berate
CARTER 4 AL	AMANCE								
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Operating Exp	enses 💆 Coi	ntributions to Candida	ates/Politi	ical Committee	S	☑ Co	ordinat	ed Party Exp	enditures
4 Payee Inform	CONTRACTOR OF THE PROPERTY OF	AL POLICE		Addig	Rem		7.9X	767 PK	
	ailing Address & P	hone		b. Coordinat	ed Con	imittee N	ame	d. Commer	its
(include city, stat	te, & zip)	E							
VISA				c. Level Regi	-40404	(Owesten	900000000000000000000000000000000000000	ļ	
PO BOX 8999	CO GA 04100			Federal	Stereu	County	•		
SAN FRANCIS	CO, CA 94128			State	Ī	Municip		e. Election	Sum to Date
									
								\$	195.35
f. Account Code	g, Form of Paymen	t h. Purpose Code	i. Date	(mm/dd/yyyy	j. Am	ount	k. Re	quired Rem	arks
1	Check	0	11	1/18/2022	\$	60.00	PAY	OFF CC	
	-				\$				
5 Total only this	Page A			Page 1		1000 1000 1000 1000 1000 1000 1000 100		\$	60.00
6:Niopalot Alviko	CROENTO Pages				-62.19	i e e e			
(This line goes in	ı line 13a of Detailed	l Summary Page CRO	0-1100 if	Operating Exp	enses)			ď	2 000 60
(This line goes in	n line 13b of Detailed	l Summary Page CRO	0-1100 if	Contrib to Can	didates/		omm)	\$	3,908.68
(This line goes in	line 13c of Detailed	Summary Page CRO	7-1100 if	Coordinated Pa	ırty Exp	renditures)			
7. Purpose Co	des (List détaile	diespendingspedi	ein (h.)	bove)		#2.140	- 112	All the second	123.12 ⁴ (141)
A* - Media	B* - Printi	ing	C* - Fi	undraising		D - To	Anoth	her Candida	te
E - Salaries	F* - Equipa	\$27.01 s. 1 c. 1 c. 2 c. 2 c. 2 c. 2 c. 2 c. 2 c		itical Party		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	economic confessor and	27 A 30,504 St. 19745 Model" 1069-8900.	ice Expenses
I - Postage	J - Penalti	ies	K* - O	ffice Expense	2 5	Q* - D	onatio	n to Legal I	Expense Fund
O* Other		ion in required rei					(A)		
- Cours require	remierexhanar	on to reduitence	marks II	CIO (K) COLUMN					, iki

CRO-1310

NC State Board of Elections

December 2009

Dobte on	A Obligat	iona Owad D	r the Cor	ittoo		1 _	Amendm	_
		ions Owed By inpaid debts or oblig						No ard purchases
		inpaid debts of oblig d Rund if applicable)					2. ID Number	
	ALAMANCE	CONTRACTOR OF A			WATER CONTROL OF	Massac and the second		· 1/40
43	an la company				e spoule			77 32 30 75 75
3. Creditor In	Mormation Mailing Address	e & Phone	<u>., « Ц</u>	A STATE OF THE STA	Remov	CONTRACTOR SOCIAL STREET	-4 Johts shoul	A be listed on
(include city	y, state, & zip)) & I Hone					rd debts shoul ee listed as th	
VISA PO BOX 8999	2.0000000000000000000000000000000000000		<u> </u>	b. Description	n of Cred	litor	100 100 100 100 100 100 100 100 100 100	V. V. V. V. V.
SAN FRANCISO	CO, CA 94128			PAY OFF CC				_
c. Beginning B	3 a lance	d. Total Amount Pai	id	e. Total Amou	ant Incur	red	f. Remaining	g Balance
\$	91.56	\$	91.56	\$		0.00	\$	0.00
P.E. 71000000000000000000000000000000000000		ommittee received th	ACCESSOR — 0.0000000000000000000000000000000000	<u> </u>				
		, Mailing Address &	Phone	g2. Date (mm	/dd/yyyy)) g3. Am	ount	13.80 第二次
(include city.	/, state, & zip)			-		\$		
				g4. Purpose C	ode	lø5. Require	ed Remarks	asilistis Sil
						Bo. 11-	/W ASSAM T	PLE PRESENTATION OF THE PROPERTY OF THE PROPER
		A STATE OF THE STA				<u> </u>		
	Place Full Name, , state, & zip)	, Mailing Address &	Phone	g2. Date (mm	/dd/yyyy)	g3. Am	ount	
(IRU Bac vary)	State, or Ety			-		\$		
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	Place Full Name, , state, & zip)	, Mailing Address &	Phone	g2. Date (mm/	/dd/yyyy)		ount	25.000
(Inches)	, 31att,	300 (30)		4		\$		
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~1 Durchase P	noo Eull Name	, Mailing Address & l	Dhana	g2. Date (mm/	/aa/www.	g3. Amo	<u> </u>	Service Commence
500004.00400000000000000000000000000000	, state, & zip)	Maining Addition	Fuanc	g2. 154. (u(JJJJ)	gs. Ame	уциг	<u> </u>
000, 2000000000000000000000000000000000	A STATE OF THE STA	A comment of the comm			я -: а	7 233		
				g4. Purpose C	oae	g5. Require	ed Remarks 🖖	
								:
gl. Purchase P	lace Full Name.	, Mailing Address & l	Phone	g2. Date (mm/	/dd/yyyy)	g3. Ame	ount	
To a good lost to deal or	, state, & zip)	_			<u></u>	\$		***************************************

\$

g4. Purpose Code g5. Required Remarks

Debts and Obligations Owed By the Committee Pg 2 of 3 Amendment Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

il» Committée: Full Name (an	d Fund if applicable)				数字数据	2. ID Numb	ET
CARTER 4 ALAMANCE							
3. Creditor Information			Add [Remov	/e ::		ar i
a. Full Name, Mailing Addres (include city, state, & zip)	s & Phone	aris de				rd debts shou ee listed as t	ld be listed on his creditor.
DISCOVER			b. Descri	ption of Crea	litor		
PO BOX 6103 CAROL STREAM, IL 60197			PAY OFF	CC		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
c. Beginning Balance	d. Total Amount Paid		e. Total A	mount Incui	red	f. Remainin	g Balance
\$ 23.46	\$	477.18	\$		453.72	\$	0.00
g. Incurred Debts (what the co		·····					
gl. Purchase Place Full Name	, Mailing Address & P	hone	g2. Date	(mm/dd/yyyy	g3, Am	ount 3	dia anti-
(include city, state, & zip) DIALING SERVICES			10)/27/2022	\$		197.07
909 E GLENCREST DRIVE SPOKANE, WA 99208			g4. Purpo	se Code	g5. Requir	ed Remarks	
SPORANE, WA 99208			A		ROBO AD O	CALLS	:
g1. Purchase Place Full Name	, Mailing Address & P	hone	g2. Date ((mm/dd/yyyy)	g3. Am	ount	
(include city, state, & zip) DIALING SERVICES		1212	11	/06/2022	\$		197.07
909 E GLENCREST DRIVE 99208			g4. Purpo	se Code	g5. Requir	ed Remarks	
79208			A		ROBO AD O	CALLS	
gl. Purchase Place Full Name (include city, state, & zip)	, Mailing Address & P	hone		mm/dd/yyyy)		ount	25.01
HURSEY'S BBQ		<u> </u>	11	/17/2022	\$		35.21
3721 S. CHURCH ST 27215			g4. Purpo	se Code	g5. Requir	ed Remarks	
			0		LUNCH FOR	R VOLUNTEER	.S
gl. Purchase Place Full Name	, Mailing Address & Pl	hone	g2. Date (mm/dd/yyyy)	g3. Am	ount	11.7
(include city, state, & zip) SUBWAY	10 House		11	/07/2022	\$		37.20
216 HUFFMAN MILL ROAD			g4. Purpo	se Code	g5. Require	ed Remarks	
27215			0			VOLUNTEER	S
gl. Purchase Place Full Name	, Mailing Address & Pl	none	g2. Date (mm/dd/yyyy)	g3. Am	ount	
(include city, state, & zip)			11	/07/2022	\$		22.38
WALMART 216 HUFFMAN MILL ROAD		ŀ	g4. Purpo	se Code	o5. Require	ed Remarks	
27215			K	TO TOUTHS MINERALLY CONTRACTOR	SUPPLIES	THE THE THE TENT	
48 Total only this Page	Mark 2		4. (4.)				
This should be the sum of all	Fitems (g3," from this p	iage)			\$		0.00
5. Total of ALL CRO-1 (This line must be on line 22%	A CONTRACTOR OF THE CONTRACTOR	age CRO-11	00) 📑		\$ \$		0.00
6. Pupose Codes (List o	EST CONTROL OF THE STREET, STR	na ann an	sealers consumated to	0.71.50		1,1	
	- Printing		ndraising		D - To An	other Candid	ate
E - Salaries F*	- Equipment	 4. 4. 100/0000 / 20. 2000000000 	tical Party				fice Expenses
I - Postage J -	Penalties	K* - Of	fice Expe	or or the second contract of contract	O* - Other		
* Codes require detailed expla	anation in required rer				F		