

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

a. Full Name CARTER 4 ALAMANCE		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 2779 S. CHURCH ST, SUITE 331 BURLINGTON, NC 27215		d. Date Filed 05/10/2022	
		e. Phone Number (336) 213-2056	

Year 2022	Start Date 01/01/2022	End Date 04/30/2022	Treasurer REBEKAH W LOY
---------------------	---------------------------------	-------------------------------	-----------------------------------

<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum		<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
7. Type of Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				8. Number of Funds Disclosed Report 0					

a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code 1	b. Purpose	c. Account Code
d. Period Begin Balance \$ 8,095.42		d. Period Begin Balance \$	

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

 Rebekah W. Loy
 Printed Name of Signer

 Rebekah W. Loy
 Signature of Appointed Treasurer

 05/10/2022
 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

RECEIVED
MAY 10 2021

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
CARTER 4 ALAMANCE	2022 First Quarter		
Start of Election Cycle: January 2021 ALAMANCE COUNTY BOARD OF ELECTIONS		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 8,095.42	\$ 557.86
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 980.00	\$ 980.00
6) Contributions from Individuals (CRO-1210)		\$ 22,205.00	\$ 25,205.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 300.00	\$ 300.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 550.00	\$ 550.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 5,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 32.94
11) Other Receipt Sources			
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)		\$ 24,035.00	\$ 32,067.94
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 8,209.63	\$ 8,620.63
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)		\$ 182.89	\$ 267.27
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)		\$ 1,450.00	\$ 1,450.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9,842.52	\$ 10,337.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 22,287.90	\$ 22,287.90
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 5,000.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 165.92	
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

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

Contributor Full Name (and Full Name of Corporation)					2. District Number	
CARTER 4 ALAMANCE						
3. Detail of Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		01/23/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/29/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/29/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/02/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		01/15/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		01/18/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/29/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		01/19/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		01/25/2022	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		01/10/2022	\$	30.00
4. Total only this Page					\$	\$810.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$980.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

Committee Full Name and Address (if applicable)					2. ID Number	
CARTER 4 ALAMANCE						
Contributions						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	Check		01/29/2022	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		01/29/2022	\$ 30.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		01/29/2022	\$ 30.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		01/10/2022	\$ 30.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		01/29/2022	\$ 30.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 170.00	
5. Total of ALL CRO-1205 Pages					\$ 980.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 family name, if applicable)						2. ID Number
CARTER 4 ALAMANCE						
3. Contributor Information <input type="checkbox"/> Individual <input type="checkbox"/> Entity						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
BARBARA ACOSTA 1347 N. SELLERS MILL RD BURLINGTON, NC 27215			REALTOR			
			c. Employer's Name/Specific Field			
			ALLEN TATE REAL ESTATE			
					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	
<input type="checkbox"/>	1	Check		01/29/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Individual <input type="checkbox"/> Entity						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL ALLEN 1206 WESTBROOK AVE ELON, NC 27244			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					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	
<input type="checkbox"/>	1	Check		03/05/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Individual <input type="checkbox"/> Entity						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHNNY BAKATSIAS 142 N. GRAHAM-HOPEDALE ROAD BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			WESTERN CHARCOAL STEAKHOUSE			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	CATERER	01/29/2022	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO 1205 Pages <i>(Attach to back of Summary Page (CRO-1300))</i>					\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Contributor Name (and Firm if applicable)						Number
CARTER 4 ALAMANCE						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES BARNWELL JR 2909 N. FAIRWAY DRIVE BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		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	
<input type="checkbox"/>	1	Check		01/14/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRED BIDDY 617 COUNTRY CLUB DRIVE BURLINGTON, NC 27215			SALES			
			c. Employer's Name/Specific Field			
			FDB SALES, INC.		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	
<input type="checkbox"/>	1	Check		01/19/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GLORIA BROWN 201 BIDNEY DRIVE BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/14/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total on this Page					\$ 350.00	
Sum of ALL CRO 1210 Pages (This line must equal the Grand Total on page CRO-1210)					\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Contributor Information						D. Number
CARTER 4 ALAMANCE						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAUL BUCKNER 1713 ERWIN AVENUE BURLINGTON, NC 27215			CHIEF			
			c. Employer's Name/Specific Field			
			ALAMANCE CO. RESCUE SQUAD			
					e. Election Sum to Date	
					\$ 720.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/29/2022	\$ 720.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN BURTON 223 SHADY DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			B&B LOGISTICS			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		04/22/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RANDY CARDWELL 5408 S. NC HWY 62 BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			CARDWELL TRUCKING AND STONE			
					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	
<input type="checkbox"/>	1	Check		01/12/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,320.00	
5. Total of ALL CRO-1210 Pages <i>(This sum must be on the 6 of Detailed Summary Page CRO-1210)</i>					\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee Full Name (and Fund, if applicable)						CAND Number
CARTER 4 ALAMANCE						
<input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
THOMAS E CHANDLER 2516 PINEWAY DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			CHANDLER CONCRETE, INC			
			e. Election Sum to Date			
			\$ 1,000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/13/2022	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
BRYAN COBLE 2745 HUFFMAL MILL RD. BURLINGTON, NC 27215			CRE			
			c. Employer's Name/Specific Field			
			TIMOTHY REALTY CAPITAL			
			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	
<input type="checkbox"/>	1	Check		01/29/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
KENT COBLE 5733 FOSTER STORE RD LIBERTY, NC 27298			OWNER			
			c. Employer's Name/Specific Field			
			COBLE'S SANDROCK			
			e. Election Sum to Date			
			\$ 1,000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/19/2022	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Total on this Page					\$ 2,100.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JASON COPELAND 3156 ABINGDON PLACE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			COPELAND FABRICS, INC.			
					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	
<input type="checkbox"/>	1	Check		01/14/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RANDY COX 3045 S. FAIRWAY DRIVE BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					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	
<input type="checkbox"/>	1	Check		01/18/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RUSTY COX 604 GRAYROCK RD WHITSETT, NC 27377			OWNER			
			c. Employer's Name/Specific Field			
			COX TOYOTA			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/14/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 350.00	
5. Total for ALL CRO-1210 Pages					\$ 22,205.00	
<i>(This line must be on line 5 of Detailed Narrative Page CRO-1100)</i>						

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Fundal. Code)						2. ID Number
CARTER 4 ALAMANCE						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JOHN CRENSHAW 2334 MARLOW DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			CRENSHAW AUTOMOTIVE, INC			
			e. Election Sum to Date			
			\$ 1,000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/21/2022	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
DARREN DAVIS 1056 SCENIC DRIVE GRAHAM, NC 27253			OWNER			
			c. Employer's Name/Specific Field			
			DAVIS PUBLIC SAFETY			
			e. Election Sum to Date			
			\$ 450.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	RAFFLE ITEM	01/29/2022	\$ 450.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
LINDA ELLINGTON 3007 TANBARK COURT BURLINGTON, NC 27215			SALES			
			c. Employer's Name/Specific Field			
			NATURES EMPORIUM			
			e. Election Sum to Date			
			\$ 280.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/13/2022	\$ 250.00	
<input type="checkbox"/>	1	Cash		01/29/2022	\$ 30.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,730.00	
5. Total of ALL CRO 1210 Pages					\$ 22,205.00	
<i>This line must be on line 6 of Detailed Summary Page CRO 1210</i>						

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
DWIGHT EPPERSON 1310 SPRINGWOOD CHURCH RD BURLINGTON, NC 27215				REALTOR		
				c. Employer's Name/Specific Field		
				RE/MAX		
				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	
<input type="checkbox"/>	1	Check		03/10/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
RICHARD GILBERT 611 NEWBERN COURT BURLINGTON, NC 27215				PHYSICIAN		
				c. Employer's Name/Specific Field		
				ARMC PHYSICIANS CARE, INC.		
				e. Election Sum to Date		
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		02/08/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
ERIC GRANT 2211 LAKEVIEW TERRACE BURLINGTON, NC 27215				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				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	
<input type="checkbox"/>	1	Check		01/12/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this page					\$ 350.00	
5. Total of ALL CRO-1210 Pages					\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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						
2. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
RICHARD W GUNN 3030 N. FAIRWAY DRIVE BURLINGTON, NC 27215				OWNER		
				c. Employer's Name/Specific Field		
				GUNN REAL ESTATE		
						e. Election Sum to Date
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		03/03/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
GARY HARRIS 2546 BARBER RD ELON, NC 27244				OWNER		
				c. Employer's Name/Specific Field		
				UNICHEM, INC.		
						e. Election Sum to Date
						\$ 150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/24/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JOSEPH L HAYWOOD 7203 MACKINTOSH PL SUMMERFIELD, NC 27358				SALES		
				c. Employer's Name/Specific Field		
				INDEPENDENT SALES REP		
						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	
<input type="checkbox"/>	1	Check		01/29/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 450.00
5. Total of ALL CRO-1210 Pages						\$ 22,205.00

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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, and if applicable)						2. ID Number	
CARTER 4 ALAMANCE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN A HOLT SR 2916 ARMFIELD AVE BURLINGTON, NC 27215				OWNER			
				c. Employer's Name/Specific Field			
				ZIMMERMAN-DYNAYARNS USA LLC		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		
<input type="checkbox"/>	1	Check		01/23/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GARY JACKSON 2002 MUIRFIELD COURT ELON, NC 27215				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		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		
<input type="checkbox"/>	1	Check		03/07/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN JORDAN 1616 JORDAN DRIVE SAXAPAHAW, NC 27340				OWNER			
				c. Employer's Name/Specific Field			
				JORDAN PROPERTIES		e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		01/17/2022	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,200.00	
5. Total of ALL CRO-1210 Pages						\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Funds, if applicable)						2. ID Number
CARTER 4 ALAMANCE						
3. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
BRAD A KOURY 1513 ALTAMAHAW UNION RIDGE RD BURLINGTON, NC 27217				PRESIDENT		
				c. Employer's Name/Specific Field		
				KOURY AVIATION, INC.		
						e. Election Sum to Date
						\$ 1,500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/05/2022	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ERNIE KOURY 2502 HOSKINS RD. BURLINGTON, NC 27215				PRESIDENT		
				c. Employer's Name/Specific Field		
				CAROLINA HOSIERY, INC.		
						e. Election Sum to Date
						\$ 1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/05/2022	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TEENA KOURY 1031 SHALLOWFORD CHURCH RD. ELON, NC 27244				OWNER		
				c. Employer's Name/Specific Field		
				GRILL 584		
						e. Election Sum to Date
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/05/2022	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Add only this Page						\$ 3,000.00
5. Total of ALL CRO-1210 Pages (This includes online and Detailed Summary for CRO-1210)						\$ 22,205.00

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRANK A LONGEST JR 3453 FORESTDALE DRIVE BURLINGTON, NC 27215			ATTORNEY			
			c. Employer's Name/Specific Field			
			HOLT, LONGEST, BLAETZ & MOSELY		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	
<input type="checkbox"/>	1	Check		03/01/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LARRY LOVE 1837 MORGAN HILL TRAIL BURLINGTON, NC 27217			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		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	
<input type="checkbox"/>	1	Check		01/13/2022	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LEE LOVETTE 220 NORTH WILKINS RD. HAW RIVER, NC 27258			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		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	
<input type="checkbox"/>	1	Check		04/07/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of All CRO 1210 Pages (This includes all lines of Detailed Summary Page (CRO 1211))					\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

2. Committee Full Name and Fund if applicable CARTER 4 ALAMANCE						3. AD Number	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PHILLIP MANTZ 1003 DUNLEIGH DRIVE BURLINGTON, NC 27215				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		01/20/2022	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOE MINDER 2525 CLARENDON RD BURLINGTON, NC 27215				CHIROPRACTOR			
				c. Employer's Name/Specific Field			
				JOE MINDER CHIROPRACTOR			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		01/25/2022	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
6. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAVE MORTON 1509 CHARLEIGH COURT ELON, NC 27244				BUSINESS OWNER/REAL ESTATE INVESTOR			
				c. Employer's Name/Specific Field			
				DAVE'S DISCOUNT FURNITURE			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		03/27/2022	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,750.00	
5. Total of ALL CRO 1200 Pages (This line must be on page of Detailed Summary Page (C-10))						\$ 22,205.00	

Contributions from Individuals

Amendment
 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 District, if applicable)						ID Number
CARTER 4 ALAMANCE						
2. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JAMES MOSER 1772 BELMONT-ALAMANCE RD BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					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	
<input type="checkbox"/>	1	Check		01/16/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
ROGER E OWENS 8110 COBLE MILL RD. SNOW CAMP, NC 27349			FARMER			
			c. Employer's Name/Specific Field			
			OWNER			
					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	
<input type="checkbox"/>	1	Check		02/18/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
ALLEN PAGE 2300 YORK RD. BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/24/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages					\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
GEORGE J PAPADIS 427 WILDWOOD LANE BURLINGTON, NC 27215				OWNER		
				c. Employer's Name/Specific Field		
				BOSTON SANDWICH SHOP		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/20/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
WILLIAM PATE 2228 WALKER AVE. BURLINGTON, NC 27215				OWNER		
				c. Employer's Name/Specific Field		
				PATE REAL ESTATE INC.		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		02/28/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
ROBIN PAULICK 2324 BUSHY CREEK RD. EFLAND, NC 27243				NOT EMPLOYED		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 130.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/29/2022	\$ 130.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 580.00	
5. Total of ALL CRO-1210 Pages					\$ 22,205.00	
*This line must be on line 6 of Detailed Summary Page CRO-1100						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee/ Fund Name (and Fund if applicable)						ID Number
CARTER 4 ALAMANCE						
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
RANDY PERKINS 4024 LIMERICK DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			PRIME PERSONNEL RESOURCES			
			e. Election Sum to Date			
			\$ 320.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/10/2022	\$ 70.00	
<input type="checkbox"/>	1	Check		01/29/2022	\$ 250.00	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
SAM POWELL 1067 EAST LAKE DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			CAROLINA BIOLOGICAL			
			e. Election Sum to Date			
			\$ 1,000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/29/2022	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
TERRI POWERS-HEBERT 3053 CULLENS DRIVE GRAHAM, NC 27253			HR MANAGER			
			c. Employer's Name/Specific Field			
			ALAMANCE CO. TRANSPORTATION AUTHORITY			
			e. Election Sum to Date			
			\$ 80.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Cash		01/29/2022	\$ 30.00	
<input type="checkbox"/>	1	Check		01/29/2022	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,400.00	
5. Total of ALL CRO 1200 Pages					\$ 22,205.00	
6. For information on line, see Detailed Summary Page CRO-1100						

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) (applicant)						2. ID Number
CARTER 4 ALAMANCE						
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
MARLENE REID 1813 DUNBAR PLACE BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
			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	
<input type="checkbox"/>	1	Check		01/15/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
FAIRFAX REYNOLDS 3008 FORESTDALE DRIVE BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
			e. Election Sum to Date			
			\$		1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/13/2022	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
DENNIS RIDDELL 6343 BEALE RD. SNOW CAMP, NC 27349			OWNER			
			c. Employer's Name/Specific Field			
			FREEDOM IR, INC			
			e. Election Sum to Date			
			\$		150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/28/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,750.00	
5. Total of ALL CRO-1210 Pages <i>(This information is on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 22,205.00	

Contributions from Individuals

Amendment
 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					
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
DAVID SCOTT 1777 FOXHALL LANE MEBANE, NC 27302		NOT EMPLOYED			
		c. Employer's Name/Specific Field NOT EMPLOYED			
		e. Election Sum to Date \$ 150.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		01/17/2022	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
BYNUM SHARPE SR 6122 S. NC HWY 62 BURLINGTON, NC 27215		OWNER			
		c. Employer's Name/Specific Field CAROLINA HOMES & AUTO			
		e. Election Sum to Date \$ 500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		01/14/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
LARRY SMALL 617 HUNTINGDON ST. ELON, NC 27244		OWNER			
		c. Employer's Name/Specific Field CRANFORD GROUP HOLDINGS			
		e. Election Sum to Date \$ 1,500.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		02/08/2022	\$ 1,500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 2,150.00
5. Total of ALL CRO-1210 Pages					\$ 22,205.00

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SANDRA K. SMALL 2221 SMALL COURT BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		02/05/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID I. SMITH 2714 W. FRONT ST. C-7 BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		02/01/2022	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAREN STRAWTHER 3644 WARFIELD RD GRAHAM, NC 27253			ADMINISTRATIVE ASSISTANT			
			c. Employer's Name/Specific Field			
			UNC HEALTHCARE			
					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	
<input type="checkbox"/>	1	Check		01/13/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages					\$ 22,205.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1210)</i>						

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Ball Name (and Fund if applicable)						2. ID Number
CARTER 4 ALAMANCE						
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
DAVID WESTCOTT 3004 S. FAIRWAY DRIVE BURLINGTON, NC 27215				OWNER		
				c. Employer's Name/Specific Field		
				WESTCOTT BUICK GMC		
				e. Election Sum to Date		
				\$ 600.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/13/2022	\$ 600.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
GREG WESTCOTT 303 RAINEY ST. GIBSONVILLE, NC 27249				OWNER		
				c. Employer's Name/Specific Field		
				WESTCOTT BUICK GMC		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/13/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
BRADLEY WIDERMAN 828 WHISPERING WING RD. BURLINGTON, NC 27217				AGENT		
				c. Employer's Name/Specific Field		
				WIDERMAN RENTALS		
				e. Election Sum to Date		
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/19/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,000.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 22,205.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee Full Name (and Fund if applicable)						2-D Number
CARTER 4 ALAMANCE						
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Rem						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ED WILLIAMSON 2802 SNUG HARBOR RD BURLINGTON, NC 27217			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Check		01/19/2022	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Rem						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
H.E. WILSON 3126 SUTTON PLACE BURLINGTON, NC 27215			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		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	
<input type="checkbox"/>	1	Check		01/13/2022	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 22,205.00	

Contributions from Political Party Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from a political party

1. Committee Name and Address (Required)				2. ID Number	
CARTER 4 ALAMANCE					
3. Contributor Information <input type="checkbox"/> Party <input type="checkbox"/> Non-Party					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
STEPHEN ROSS COMMITTEE 1314 MCCUISTON DRIVE BURLINGTON, NC 27215					
				c. Election Sum to Date	
				\$ 200.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		01/18/2022	\$ 200.00	
				\$	
				\$	
4. Contributor Information <input type="checkbox"/> Party <input type="checkbox"/> Non-Party					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
WALKER 4 SENATE P.O. BOX 99247 RALEIGH, NC 27624					
				c. Election Sum to Date	
				\$ 100.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		01/31/2022	\$ 100.00	
				\$	
				\$	
4. Total only this Page				\$ 300.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 300.00	

Contributions from Other Political Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Name (and Fund if applicable)		2. ID Number		
CARTER 4 ALAMANCE				
3. Donor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		
JOHNSON FOR SHERIFF COMMITTEE 3530 CARDWELL DRIVE BURLINGTON, NC 27215 (336) 227-1495		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		e. Election Sum to Date		
		Alamance \$ 550.00		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	Check		01/26/2022	\$ 550.00
				\$
				\$
Total				\$ 550.00
5. Total Available CRO-1230P				\$ 550.00

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CARTER 4 ALAMANCE							
3. Type of Disbursement (Please use separate CRO-1100 forms for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Disbursement Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ARROWHEAD GRAPHICS 508 HOUSTON STREET GREENSBORO, NC 27401							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 3,149.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	CO	01/19/2022	\$ 587.13	INVITATIONS		
1	Debit Card	B	04/05/2022	\$ 2,562.00	PRIMARY LETTER		
4. Disbursement Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
AUTHOROCARE GOLF CLASSIC 914 CHAPEL HILL RD BURLINGTON, NC 27215							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	04/09/2022	\$ 300.00	DONATION		
				\$			
4. Disbursement Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BULLZEYE SIGN 232 N. MAIN STREET BURLINGTON, NC 27217							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 251.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	04/07/2022	\$ 251.14	TRUCK GRAPHICS		
				\$			
5. Total only this Page						\$ 3,700.27	
6. Total of ALL CRO-1100 Pages						\$ 8,209.63	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
Purpose Codes (List detailed expenditure code in (k) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k).							

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee/POL Name and Fund if applicable CARTER 4 ALAMANCE						2. E-Number					
3. Type of Disbursement <i>Please use separate forms for each type of disbursement.</i>											
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures											
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip) LAMAR ADVERTISING NC				b. Coordinated Committee Name		d. Comments					
				c. Level Registered (Specify)							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date					
						\$ 3,240.00					
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks											
1		Check		AKO		04/21/2022		\$ 1,620.00		BILLBOARD	
1		Check		A		04/25/2022		\$ 1,620.00		BILLBOARD	
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip) OFFICE DEPOT 1825 S. CHURCH STREET BURLINGTON 27215, NC				b. Coordinated Committee Name		d. Comments					
				c. Level Registered (Specify)							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date					
						\$ 183.03					
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks											
1		Debit Card		K		01/03/2022		\$ 183.03		OFFICE SUPPLIES	
								\$			
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE VFW 634 W. WEBB AVE BURLINGTON, NC 27217				b. Coordinated Committee Name		d. Comments					
				c. Level Registered (Specify)							
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date					
						\$ 100.00					
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks											
1		Check		O		04/06/2022		\$ 100.00		DONATION	
								\$			
5. Total by this Page										\$ 3,523.03	
6. Total of ALL CRO-1310 Pages										\$ 8,209.63	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>											
7. Purpose Codes <i>(See detailed expenditure code list above)</i>											
A* - Media			B* - Printing			C* - Fundraising			D - To Another Candidate		
E - Salaries			F* - Equipment			G - Political Party			H* - Holding Public Office Expenses		
I - Postage			J - Penalties			K* - Office Expenses			Q* - Donation to Legal Expense Fund		
O* Other											
*Codes require detailed explanation in required remarks field (k)											

Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund, if applicable)						2. ID Number	
CARTER 4 ALAMANCE							
3. Type of Disbursement (Please use codes CRO-1310 form for each type of Disbursement)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
UPS STORE 2779 S. CHURCH STREET BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 712.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	01/03/2022	\$ 310.27	PRINT RAFFLE TICKETS		
1	Debit Card	O	01/28/2022	\$ 96.06	SPONSOR BOARD		
5. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
USPS 4205 S. NC HW 62 ALAMANCE, NC 27201-0018 (800) 275-8777							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 886.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	K	01/10/2022	\$ 580.00	STAMPS		
				\$			
6. Total only this Page						\$ 986.33	
6. Total of ALL CRO-1310 Pages						\$ 8,209.63	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. PURPOSE CODES (Use detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

CARTER 4 ALAMANCE

3. Expenditure Information

Amend	Account Code	Card Type	Payment Code	Date	Amount	Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	04/12/2022	\$ 24.95	LUNCH WITH VOLUNTEER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	03/15/2022	\$ 7.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	04/04/2022	\$ 13.86	ZIP TIES FOR SIGNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	02/19/2022	\$ 43.88	WEBSITE SET UP
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	03/30/2022	\$ 29.33	LUNCH WITH VOLUNTEER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	04/15/2022	\$ 17.73	LUNCH WITH VOLUNTEER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	04/27/2022	\$ 14.82	LUNCH WITH VOLUNTEER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	03/24/2022	\$ 22.28	ZIP TIES FOR SIGNS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	04/25/2022	\$ 9.04	MARKERS

Total Expenditures: \$ 182.89

Total of All CRO-1315 Pages: \$ 182.89
(This line must be on line 1 of Detailed Statement (CRO-1100))

B* - Printing	D - To Another Candidate
E - Salaries	G - Political Party
J - Penalties	Q* - Donations to Legal Expense Fund
O* - Other	

* Codes require detailed explanation in required remarks field (g)

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
CARTER 4 ALAMANCE		
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JOHNNY BAKATSIAS 142 N. GRAHAM-HOPEDALE ROAD BURLINGTON, NC 27215	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 1,000.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CATERER	01/29/2022	\$ 1,000.00
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DARREN DAVIS 1056 SCENIC DRIVE GRAHAM, NC 27253	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 450.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
RAFFLE ITEM	01/29/2022	\$ 450.00
		\$
		\$
4. Total only this Page		\$ 1,450.00
5. Total of All CRO-1510 Pages <i>This line must be on the Detailed Summary Page (CRO-1510)</i>		\$ 1,450.00

Debts and Obligations Owed By the Committee

Amendment

Yes No

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)		ID Number	
CARTER 4 ALAMANCE			
2. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
DISCOVER PO BOX 6103 CAROL STREAM, IL 60197		b. Description of Creditor DISCOVER CC USED FOR CAMPAIGN EXPENSES	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 0.00	\$ 0.00	\$ 165.92	\$ 165.92
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
CICI'S PIZZA 3356 S. CHURCH ST BURLINGTON, NC 27215	04/27/2022	\$ 84.96	
	g4. Purpose Code	g5. Required Remarks	
O	LUNCH FOR VOLUNTEERS		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
LOWES HOME IMPROVEMENT 125 HUFFMAN MILL RD 27215	04/26/2022	\$ 80.96	
	g4. Purpose Code	g5. Required Remarks	
O	POLES FOR SIGNS		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
g4. Purpose Code	g5. Required Remarks		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
g4. Purpose Code	g5. Required Remarks		
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	g2. Date (mm/dd/yyyy)	g3. Amount	
		\$	
g4. Purpose Code	g5. Required Remarks		
4. Total Only this Page (This should be the sum of all items 'g3' from this page.)		\$	165.92
5. Total of ALL CRO-1610 Page (This line must be printed on all pages.)		\$	165.92
6. Purpose Codes (list detailed explanation code in g5)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other
* Codes require detailed explanation in required remarks field (g5)			

Outstanding Loans

Amendment

Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

Committee Full Name (and Fund if applicable)		Full Name	
CARTER 4 ALAMANCE			
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
STEVE CARTER 3312 DORAL CT BURLINGTON, NC 27215		BANKER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NOT EMPLOYED	08/30/2021
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 5,000.00	\$ 5,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this page			\$ 5,000.00
5. Total ALL CRO-1430 Pages			\$ 5,000.00