

Disclosure Report Cover

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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		c. ID Number	
CARTER 4 ALAMANCE			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
2779 S. CHURCH ST, SUITE 331 BURLINGTON, NC 27215		05/05/2022	
		e. Phone Number	
		(336) 213-2056	

RECEIVED
MAY 10 2022
ALAMANCE COUNTY
BOARD OF ELECTIONS

2021	07/01/2021	12/31/2021	REBEKAH W LOY
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<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 557.86		\$

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 Rebekah W. Loy 05/05/2022
 Printed Name of Signer Signature of Appointed Treasurer 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

RECEIVED

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
CARTER 4 ALAMANCE	MAY 10 2021 Year End Semi-Annual		
Start of Election Cycle: January 1, 2021	ALAMANCE COUNTY BOARD OF ELECTIONS	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 557.86	\$ 557.86
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)		\$ 3,000.00	\$ 3,000.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 5,000.00	\$ 5,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 32.94	\$ 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)		\$ 8,032.94	\$ 8,032.94
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 411.00	\$ 411.00
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)		\$ 84.38	\$ 84.38
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	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 495.38	\$ 495.38
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,095.42	\$ 8,095.42
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)		\$ 0.00	
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

Contributions from Individuals

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

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

CARTER 4 ALAMANCE						
<input type="checkbox"/> Add <input type="checkbox"/> Amend						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TERRY CRENSHAW PO BOX 910 BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field CRENSHAW NISSAN			
					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		12/13/2021	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Amend						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FD HORNADAY 477 MEADOWOOD 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		12/31/2021	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 3,000.00	
					\$ 3,000.00	

Loan Proceeds

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

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Candidate Name if applicable)		2. ID Number	
CARTER 4 ALAMANCE			
<input type="checkbox"/> Endorser		<input type="checkbox"/> Reimb.	
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. Account Code	j. Form of Payment
%		1	Check
			k. Amount
			\$ 5,000.00
l. Full Name of Lending Institution			m. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of All CRO-1410 Pages			\$ 5,000.00
<i>This file must be accompanied by Detailed Summary Page CRO-1100</i>			

Refunds/Reimbursements To the Committee

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

CARTER 4 ALAMANCE																																																																																												
<table border="1"> <tr> <td colspan="2">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">d. Type of Committee</td> <td colspan="2">g. Comments</td> </tr> <tr> <td colspan="2" rowspan="3">FIRST BANK 3214 S. CHURCH STREET BURLINGTON, NC 27215</td> <td colspan="2"><input type="checkbox"/> Candidate <input type="checkbox"/> PAC</td> <td colspan="2" rowspan="3"></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Referendum <input type="checkbox"/> Party</td> </tr> <tr> <td colspan="2">e. Level Registered (Specify)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Federal <input type="checkbox"/> County:</td> <td colspan="2">h. Original Expenditure Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="2">09/21/2021</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">i. Original Expenditure Amt</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">\$ 32.94</td> </tr> <tr> <td colspan="2">b. Job Title/Profession</td> <td colspan="2">c. Employer's Name/Specific Field</td> <td colspan="2">f. Purpose</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">REFUND</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">j. Election Sum to Date</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">\$ 51.44</td> </tr> <tr> <td>k. Account Code</td> <td>l. Form of Payment</td> <td colspan="2">m. In-Kind Description</td> <td>n. Date (mm/dd/yyyy)</td> <td>o. Amount</td> </tr> <tr> <td>1</td> <td>Draft</td> <td colspan="2"></td> <td>10/07/2021</td> <td>\$ 32.94</td> </tr> <tr> <td colspan="5"></td> <td>\$ 32.94</td> </tr> <tr> <td colspan="5"></td> <td>\$ 32.94</td> </tr> </table>					a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments		FIRST BANK 3214 S. CHURCH STREET BURLINGTON, NC 27215		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC				<input type="checkbox"/> Referendum <input type="checkbox"/> Party		e. Level Registered (Specify)				<input type="checkbox"/> Federal <input type="checkbox"/> County:		h. Original Expenditure Date				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		09/21/2021						i. Original Expenditure Amt						\$ 32.94		b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose						REFUND						j. Election Sum to Date						\$ 51.44		k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount	1	Draft			10/07/2021	\$ 32.94						\$ 32.94						\$ 32.94
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Disbursements

Amendment
 Yes No

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

CARTER 4 ALAMANCE	
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Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE COUNTY BOARD OF ELECTIONS 115 S. MAPLE ST. GRAHAM, NC 27253	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 \$ 105.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	K	12/06/2021	\$ 105.00	CAMPAIGN COMMITTEE EXPENSES
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS 4205 S. NC HW 62 ALAMANCE, NC 27201-0018 (800) 275-8777	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 \$ 306.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	K	10/06/2021	\$ 306.00	PO BOX RENTAL
				\$	

	\$ 411.00
(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)	\$ 411.00

A* - Media E - Salaries I - Postage O* Other	B* - Printing F* - Equipment J - Penalties	C* - Fundraising G - Political Party K* - Office Expenses	D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund
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Aggregated Non-Media Expenditures

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

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

CARTER 4 ALAMANCE						
<input type="checkbox"/> Add	1	Draft	K	09/08/2021	\$ 18.50	CHECKS
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Draft	K	09/08/2021	\$ 32.94	CHECKS
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Draft	K	09/21/2021	\$ 32.94	CHECKS
<input type="checkbox"/> Remove						
					\$	84.38
					\$	84.38
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)						

Outstanding Loans

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

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

CARTER 4 ALAMANCE			
<input type="checkbox"/> a. Full Name, Mailing Address & Phone (include city, state, & zip)		<input type="checkbox"/> b. Job Title/Profession	
STEVE CARTER 3312 DORAL CT BURLINGTON, NC 27215		BANKER	
		<input type="checkbox"/> c. Employer's Name/Specific Field	
		NOT EMPLOYED	
		<input type="checkbox"/> d. Comments	
		<input type="checkbox"/> e. Start Date (mm/dd/yyyy)	
		08/30/2021	
		<input type="checkbox"/> 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
<input type="checkbox"/> m. This Party			\$ 5,000.00
<input type="checkbox"/> n. This Party			\$ 5,000.00