

# Disclosure Report Cover

Amendment  
 Yes  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			
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		07/22/2024	
		e. Phone Number	
		(336) 213-2056	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	01/01/2024	06/30/2024	REBEKAH W LOY
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<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		<b>Municipal</b> <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	
<b>7. Type of Fund (if applicable, check one)</b> <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:		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input 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	
8. Number of Fundraisers this Report		10. Special Report Name	
0			
3. Account Information		3. Account Information	
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
	\$ 1,131.75		\$
<b>CERTIFICATION</b>			
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			
_____ Rebekeh W. Loy Printed Name of Signer		_____ Rebekeh W. Loy Signature of Appointed Treasurer	
		_____ 07/23/2024 Date	
FOR OFFICE USE ONLY			
Date Received:	7/26/24	Employee:	T
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> 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.			

RECEIVED  
 JUL 26 2024  
 ALAMANCE COUNTY  
 BOARD OF ELECTIONS

# Detailed Summary

Amendment

Yes  No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
CARTER 4 ALAMANCE	2024 Mid Year Semi-Annual		
Start of Election Cycle: January 1, <u>2021</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,131.75	\$ 557.86
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 1,205.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 29,489.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 300.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 850.00
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)		\$ 0.00	\$ 36,876.94
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 205.71	\$ 27,753.27
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 2,010.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 295.49
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 5,000.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 1,450.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 205.71	\$ 36,508.76
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 926.04	\$ 926.04
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
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

# 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

CARTER 4 ALAMANCE					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ALAMANCE COMMUNITY COLLEGE FOUNDATION 1247 JIMMIE KERR RD GRAHAM, NC 27253			<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 300.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Check	O	05/09/2024	\$ 100.00	DONATION
				\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) VISA PO BOX 8999 SAN FRANCISCO, CA 94128			<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 387.70
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	Check	O	02/01/2024	\$ 105.71	PAY OFF CC
				\$	
					\$ 205.71
<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>					\$ 205.71
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>		
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>		
<b>O* Other</b>					

# Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment

Yes  No

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

CARTER 4 ALAMANCE

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
VISA PO BOX 8999 SAN FRANCISCO, CA 94128		<b>b. Description of Creditor</b> PAY OFF CC	

<b>c. Beginning Balance</b>	<b>d. Total Amount Paid</b>	<b>e. Total Amount Incurred</b>	<b>f. Remaining Balance</b>
\$ 0.00	\$ 105.71	\$ 105.71	\$ 0.00

**g. Incurred Debts (what the committee received this period)**

<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
NAME CHEAP NC	01/17/2024	\$ 16.06
	<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
	A	WEBSITE

<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
OFFICE DEPOT 1825 S. CHURCH STREET	01/31/2024	\$ 89.65
	<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
	K	PRINTER INK

<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
		\$
	<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>

<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
		\$
	<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>

<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
		\$
	<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>

	\$ 0.00
	\$ 0.00

- |                     |                       |                             |  |
|---------------------|-----------------------|-----------------------------|--|
| <b>A* - Media</b>   | <b>B* - Printing</b>  | <b>C* - Fundraising</b>     | <b>D - To Another Candidate</b>            |
| <b>E - Salaries</b> | <b>F* - Equipment</b> | <b>G - Political Party</b>  | <b>H* - Holding Public Office Expenses</b> |
| <b>I - Postage</b>  | <b>J - Penalties</b>  | <b>K* - Office Expenses</b> | <b>O* - Other</b>                          |

Codes require detailed explanation in required remarks field (g5)