

RECEIVED

JUL 27 2023

Amendment
 Yes No

Disclosure Report Cover

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.

ALAMANCE COUNTY

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 07/27/2023
		e. Phone Number (336) 213-2056

2023	01/01/2023	06/30/2023	REBEKAH W LOY
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<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	
0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

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 \$ 4,253.71		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 Rebekah W. Loy 07/27/2023
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7/27/2023 Employee: KON Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____

Date Scanned: 7/27/23 Employee: KT

Date Data Entered: _____ Employee: _____
 Signer has not received mandatory training

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
CARTER 4 ALAMANCE	2023 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		\$ 4,253.71	\$ 557.86
RECEIPTS			
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
1) 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
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 1,111.96	\$ 27,547.56
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 1,460.00	\$ 1,460.00
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)		\$ 2,571.96	\$ 35,753.05
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,681.75	\$ 1,681.75
ADDITIONAL INFORMATION			
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 type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE COUNTY REPUBLICAN PARTY 2300 YORK RD BURLINGTON, NC 27215			b. Coordinated Committee Name 		d. Comments 	
			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 \$ 260.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	G	06/20/2023	\$ 100.00	DONATION	
1	Check	G	06/30/2023	\$ 160.00	DONATION	
a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT MERIDITH EDWARDS 123 BAUMAN COURT GRAHAM, NC 27253			b. Coordinated Committee Name 		d. Comments 	
			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 \$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	D	06/05/2023	\$ 500.00		
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) FRIENDS OF CRAIG TURNER 3021 S. FAIRWAU DRIVE BURLINGTON, NC 27215			b. Coordinated Committee Name 		d. Comments 	
			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 \$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	D	01/25/2023	\$ 500.00		
				\$		
Total only this page				\$	1,260.00	
(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)				\$	1,460.00	
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						

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 type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (Include city, state, & zip) WALKER 4 NC P.O. BOX 98535 RALEIGH, NC 27624			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	06/22/2023	\$ 200.00	DONATION
				\$	
					\$ 200.00
(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)					\$ 1,460.00
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					

Disbursements

Amendment	
<input checked="" 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						IDENTIFICATION NUMBER
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
ALAMANCE COMMUNITY COLLEGE FOUNDATION 1247 JIMMIE KERR RD GRAHAM, NC 27253						
c. Level Registered (Specify)			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date	
<input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	06/20/2023	\$ 100.00	DONATION	
1	Check	O	06/30/2023	\$ 100.00	DONATION	
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Coordinated Committee Name
AUTHOROCARE GOLF CLASSIC 914 CHAPEL HILL RD BURLINGTON, NC 27215						
c. Level Registered (Specify)						d. Comments
<input type="checkbox"/> Federal <input type="checkbox"/> County:						e. Election Sum to Date
<input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
I	Check	O	04/23/2023	\$ 300.00	GOLF TOURNAMENT	
				\$	SPONSOR	
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Coordinated Committee Name
ET33, INC. 2911 ANITA COURT BURLINGTON, NC 27215						
c. Level Registered (Specify)						d. Comments
<input type="checkbox"/> Federal <input type="checkbox"/> County:						e. Election Sum to Date
<input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 68.32
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	06/20/2023	\$ 68.32	CAMPAIGN JACKET	
				\$		
Total on this page						\$ 568.32
Total on all pages (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)						\$ 1,111.96
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						

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

Committee Name and State Party Code							Number
CARTER 4 ALAMANCE							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
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:		\$ 1,258.33			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	K	03/15/2023	\$ 357.00	PO BOX RENTAL		
				\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments			
VETERANS OF FOREIGN WARS POST 10607 634 WEST WEBB AVE 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:		\$ 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	04/23/2023	\$ 100.00	GOLF TOURNAMENT		
				\$	SPONSOR		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments			
VISA PO BOX 8999 SAN FRANCISCO, CA 94128							
		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:		\$ 281.99			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	01/06/2023	\$ 14.76	PAY OFF CC		
1	Check	O	03/06/2023	\$ 71.88	PAY OFF CC		
Total of this Page						\$ 543.64	
Total of ALL Pages						\$ 1,111.96	
(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)							
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							

Debts and Obligations Owed By the Committee

Pg 1 of 1

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

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

Candidate Name (and family if applicable)		CD Number	
CARTER 4 ALAMANCE			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Description of Creditor	
VISA PO BOX 8999 SAN FRANCISCO, CA 94128		PAY OFF CC	
c. Beginning Balance		d. Total Amount Paid	
\$ 0.00	\$ 14.76		
e. Total Amount Incurred		f. Remaining Balance	
\$ 14.76	\$ 0.00		
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
NAME CHEAP NC		01/06/2023	\$ 14.76
g4. Purpose Code		g5. Required Remarks	
O		WEBSITE	
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
VISA PO BOX 8999 94128		03/06/2023	\$ 71.88
g4. Purpose Code		g5. Required Remarks	
O		WEBSITE	
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	
Total Paid This Page		\$ 0.00	
Total Unpaid Obligations		\$ 0.00	
6. Purpose Code (for all expenditures, see instructions)			
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)			