

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			01/05/2025
			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	07/01/2024	12/31/2024	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"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b style="background-color: #d3d3d3;">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 </div> <div style="width: 48%;"> <b style="background-color: #d3d3d3;">State/County <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 </div> </div>	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<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:		<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	
8. Number of Fundraisers this Report			
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
	\$ 926.04		\$

RECEIVED

JAN 31 2025

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

01/05/2025

Date

FOR OFFICE USE ONLY

Date Received: 1/31/25

Date Postmarked: _____

Date Scanned: _____

Date Data Entered: _____

Employee: Ch

Employee: _____

Employee: _____

Employee: _____

Delivery Method

☐ Normal Mail

☐ Registered Mail

☒ Hand Delivered

☐ Electronically Filed

☐ 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	2024 Year End 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		\$ 926.04	\$ 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	
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)	\$ 71.88	\$ 71.88	
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)	\$ 71.88	\$ 36,948.82	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 100.00	\$ 27,853.27	
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)	\$ 50.00	\$ 345.49	
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)	\$ 71.88	\$ 1,521.88	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 221.88	\$ 36,730.64	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 776.04	\$ 776.04	
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	

Other Receipt Sources

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Amendment

☐ Yes ☒ No

Use this form to report income not reported on another form i.e. interest income, not for profit contributions etc.

1. Contributor Full Name and Email (if applicable)		2. ID Number		
CARTER 4 ALAMANCE				
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>				
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income				
4. Contribution Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
FAITH BY THE WORD MINISTRIES 404 COLLINWOOD DRIVE BURLINGTON, NC 27215 (336) 260-2474		c. Outside Source Explanation		
		e. Election Sum to Date		
			\$ 71.88	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
1	In-Kind	EMAIL RENEWAL	07/08/2024	\$ 71.88
				\$
5. Total for this Page				\$ 71.88
6. Total for ALL CRO-1250 Pages				\$ 71.88

CRO-1250

NC State Board of Elections

December 2007

Disbursements

Pg 1 of 1

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 Full Name (and full legal name)				E Number	
CARTER 4 ALAMANCE					
Type of Disbursement <i>Please use summary CRO-1100 forms in conjunction with this summary.</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Amend					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
FRIENDS OF CRAIG TURNER 3021 S. FAIRWAU DRIVE BURLINGTON, NC 27215					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Alamance		e. Election Sum to Date
					\$ 600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	D	10/16/2024	\$ 100.00	
				\$	
5. Total on this page					\$ 100.00
6. Total of ALL CRO-1100 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)					\$ 100.00
7. Purpose Codes (Use detailed expenditure code in P. 1100)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
Codes require detailed explanation in required remarks field (k)					

Aggregated Non-Media Expenditures

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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							
Expenditure Information							
<input type="checkbox"/> Amend	<input type="checkbox"/> New	<input type="checkbox"/> Add	<input type="checkbox"/> Remove	<input type="checkbox"/> Cancel	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
<input checked="" type="checkbox"/> Add	1	Check	D	08/03/2024	\$ 50.00		
<input checked="" type="checkbox"/> Remove							
Total All Pages						\$ 50.00	
Total All CRO-1315 Pages						\$ 50.00	
<i>This form must be filed with the State Board of Elections by August 1, 2024.</i>							
E - Salaries		B* - Printing		D - To Another Candidate			
				G - Political Party			
		J - Penalties		Q* - Donations to Legal Expense Fund			
O* - Other							
* Codes require detailed explanation in required remarks field (g)							

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions

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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			
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	
FAITH BY THE WORD MINISTRIES 404 COLLINWOOD DRIVE BURLINGTON, NC 27215 (336) 260-2474	<input type="checkbox"/> Individual		
	<input type="checkbox"/> Candidate		
	<input type="checkbox"/> Party		
<input type="checkbox"/> PAC	d. Election Sum to Date		
<input type="checkbox"/> Referendum	\$ 71.88		
<input checked="" type="checkbox"/> Other Receipt Source			
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
EMAIL RENEWAL	07/08/2024	\$ 71.88	
		\$	
		\$	
4. Total only this Page		\$ 71.88	
5. Total of all CRO-1215 Pages		\$ 71.88	

CRO-1510

NC State Board of Elections

December 2007