Independent Expenditure Report

Amendment ☐ Yes ☒ No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information

a. Full Name of Entity Making Disbursement
VOTE FOR PETS

b. Mailing Address (include City, State and Zip Code) and Phone Number
VOTE FOR PETS
1213 MAPLE AVE
BURLINGTON, NC 27215
(919) 803-2223

d. Entity Type (Check One)
☐ Individual
☐ Other Organization
☒ Nonprofit Organization

e. Federal ID Number (if applicable)

f. Date Filed
10/27/2025

g. Employer's Name or Principal Place of Business

h. Occupation

c. Report Type
☒ Initial Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth
☐ 48 Hour Semi-Annual: ☐ Mid Year ☐ Year End

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2025	10/16/2025	10/26/2025

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts
MAGGIE BARLOW

b. Mailing Address (include City, State and Zip Code) and Phone Number
MAGGIE BARLOW
1001 WADE AVE
STE 323
RALEIGH, NC 27605

c. Employer's Name or Principal Place of Business
PARTNER

d. Occupation
MAVEN STRATEGIES

6. Total Contributions ALL Pages	$ 0.00
7. Total Expenditures ALL Pages	$ 10,122.00

CERTIFICATION

I certify that this statement is complete, true and correct.

Maggie Barlow
Printed Name of Signer

Maggie Barlow Digitally signed by Maggie Barlow Date: 2025.10.27 11:02:14 -04'00'
Signature

10/27/2025
Date

Independent Expenditure Report

Amendment ☐ Yes ☒ No

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CERTIFICATION

I certify that this statement is complete, true and correct.

Printed Name of Signer

Signature

10/27/2025
Date

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	10/16/2025	10/21/2025	NEWS PAPER ADS

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
HIGH POINT ENTERPRISE, TVILLE TIMES PO BOX 1200 PADUCAH, KY 42002	$ 5,148.00

Candidate Full Name		Amount	Office Sought
RONNIE WALL	☒ Support ☐ Oppose	$ 1,716.00	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
HAROLD OWEN	☒ Support ☐ Oppose	$ 1,716.00	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON CITY COU Co. ALAM ☐ Other Office:_____ County/District:_____
JEFFREY SMYTHE	☒ Support ☐ Oppose	$ 1,716.00	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON CITY COU Co. ALAM ☐ Other Office:_____ County/District:_____

2. Total Disbursements THIS Page	*(sum all the 'If' entries on this page)*	$ 10,122.00
3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 15,096.00

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of $100 and to report independent expenditures in excess of $5,000 within the 48 hour reporting period.

1. Disbursement Information

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/20/2025	10/16/2025	NEWSPAPER ADS

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
THE ALAMANCE NEWS PO BOX 431 GRAHAM, NC 27253	$ 4,974.00

Candidate Full Name		Amount	Office Sought
JONATHAN WHITE	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District: ☒ Co./Municipal Office MEBANE CITY COUNCIL Co. ALAM ☐ Other Office: County/District:
RONNIE WALL	☒ Support ☐ Oppose	$ 320.90	☐ House ☐ Senate District: ☒ Co./Municipal Office MAYOR, BURLINGTON Co. ALAM ☐ Other Office: County/District:
DON TICHY	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District: ☒ Co./Municipal Office VILLAGE OF ALAMANCE Co. ALAM ☐ Other Office: County/District:

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/20/2025	10/16/2025	NEWSPAPER ADS

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
THE ALAMANCE NEWS PO BOX 431 GRAHAM, NC 27253	$ 4,974.00

Candidate Full Name		Amount	Office Sought
JENNIFER TALEY	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District: ☒ Co./Municipal Office GRAHAM MAYOR Co. ALAM ☐ Other Office: County/District:
WILBUR SUGGS	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District: ☒ Co./Municipal Office SWEPSONVILLE TOWN C Co. ALAM ☐ Other Office: County/District:
BYRON BELLMAN	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District: ☒ Co./Municipal Office GIBSONVILLE ALDER MI Co. ALAM ☐ Other Office: County/District:

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2	10/20/2025	10/16/2025	NEWSPAPER ADS

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
THE ALAMANCE NEWS PO BOX 431 GRAHAM, NC 27253	$ 4,974.00

Candidate Full Name		Amount	Office Sought
EMILY SHARPE	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office ELON MAYOR Co. ALAM ☐ Other Office:_____ County/District:_____
JOHN ANDREWS	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SWEPSONVILLE TOWN C Co. ALAM ☐ Other Office:_____ County/District:_____
HAROLD OWEN	☒ Support ☐ Oppose	$ 320.90	☐ House ☐ Senate District:____ ☒ Co./Municipal Office BURLINGTON COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____

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2	10/20/2025	10/16/2025	NEWSPAPER ADS

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
THE ALAMANCE NEWS PO BOX 431 GRAHAM, NC 27253	$ 4,974.00

Candidate Full Name		Amount	Office Sought
RICHARD A. OVERMAN	☒ Support ☐ Oppose	$ 160.46	☐ House ☐ Senate District:____ ☒ Co./Municipal Office OSSIPEE TOWN COUNCI Co. ALAM ☐ Other Office:_____ County/District:_____
JIM YOUNG	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office GRAHAM CITY COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____
JOSE MCBROOM	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office GREEN LEVEL TOWN CO Co. ALAM ☐ Other Office:_____ County/District:_____

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/20/2025	10/16/2025	NEWSPAPER ADS

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
THE ALAMANCE NEWS PO BOX 431 GRAHAM, NC 27253	$ 4,974.00

Candidate Full Name		Amount	Office Sought
GAYLE S. ANDREWS	☒ Support ☐ Oppose	$ 160.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office VILLAGE OF ALAMANCE Co. ALAM ☐ Other Office:___ County/District:___
JIM MCADAMS	☒ Support ☐ Oppose	$ 160.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office OSSIPEE TOWN COUNCI Co. ALAM ☐ Other Office:___ County/District:___
JEFFREY SMYTHE	☒ Support ☐ Oppose	$ 320.90	☐ House ☐ Senate District:___ ☒ Co./Municipal Office CITY COUNCIL Co. ALAM ☐ Other Office:___ County/District:___

a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	10/20/2025	10/16/2025	NEWSPAPER ADS

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
THE ALAMANCE NEWS PO BOX 431 GRAHAM, NC 27253	$ 4,974.00

Candidate Full Name		Amount	Office Sought
BOBBY CHIN	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GRAHAM CITY COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:___ ☐ Co./Municipal Office___ Co.___ ☐ Other Office:___ County/District:___

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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
THE ALAMANCE NEWS PO BOX 431 GRAHAM, NC 27253	$ 4,974.00

Candidate Full Name		Amount	Office Sought
DEBBIE BROWN	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office HAW RIVER TOWN COU Co. ALAM ☐ Other Office:_____ County/District:_____
TIM BRADLEY	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office MEBANE CITY COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____
SHAWN RIGGAN	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office HAW RIVER TOWN COU Co. ALAM ☐ Other Office:_____ County/District:_____

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Candidate Full Name		Amount	Office Sought
PHILIP CHEAP	☒ Support ☐ Oppose	$ 160.46	☐ House ☐ Senate District:____ ☒ Co./Municipal Office VILLAGE OF ALAMANCE Co. ALAM ☐ Other Office:_____ County/District:_____
RANDY ORWIG	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office ELON TOWN COUNCIL Co. ALAM ☐ Other Office:_____ County/District:_____
HENRY CARROUTH	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:____ ☒ Co./Municipal Office SWEPSONVILLE TOWN C Co. ALAM ☐ Other Office:_____ County/District:_____

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Candidate Full Name		Amount	Office Sought
PAUL DEAN	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GIBSONVILLE ALDER MI Co. ALAM ☐ Other Office:___ County/District:___
BRYANT CRISP	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GIBSONVILLE MAYOR Co. ALAM ☐ Other Office:___ County/District:___
PATRICIA JONES	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:___ ☒ Co./Municipal Office GREEN LEVEL TOWN CO Co. ALAM ☐ Other Office:___ County/District:___

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Candidate Full Name		Amount	Office Sought
DALE HUNT	☒ Support ☐ Oppose	$ 160.46	☐ House ☐ Senate District:___ ☒ Co./Municipal Office VILLAGE OF ALAMANCE Co. ALAM ☐ Other Office:___ County/District:___
MONTREENA W. HADLEY	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:___ ☒ Co./Municipal Office MEBANE CITY COUNCIL Co. ALAM ☐ Other Office:___ County/District:___
STEVE EXUM	☒ Support ☐ Oppose	$ 160.45	☐ House ☐ Senate District:___ ☒ Co./Municipal Office ELON TOWN COUNCIL Co. ALAM ☐ Other Office:___ County/District:___

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3. Total Disbursements ALL Pages	*(sum all the 'If' entries on all disbursement pages)*	$ 15,096.00