

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 |
| FRIENDS FOR DAN INGLE | |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| 6388 RASCOE RD BURLINGTON, NC 27217 | 01/29/2026 |
| | e. Phone Number |
| | |

| | | | |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2025 | 12/12/2025 | 01/27/2026 | REBEKAH 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 | <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <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 </td> <td> <input type="checkbox"/> Organizational <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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <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 </td> </tr> </table> | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <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 | <input type="checkbox"/> Organizational <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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special | <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 |
| Municipal | State/County | Referendum | | | | | |
| <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <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 | <input type="checkbox"/> Organizational <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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special | <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 | | | | | |
| 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: | | | | | | | |
| 8. Number of Fundraisers this Report | | | | | | | |
| 0 | | | | | | | |

| | |
|------------------------------------|------------------------------------|
| 3. Account Information | 3. Account Information |
| a. Financial Institution Full Name | a. Financial Institution Full Name |
| TRUIST | |
| b. Purpose | c. Account Code |
| CAMPAIGNING | 1 |
| | d. Period Begin Balance |
| | \$ |
| 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

Printed Name of Signer

Rebekah W. Loy

Signature of Appointed Treasurer

01/29/2026

Date

FOR OFFICE USE ONLY

| | | | | |
|--------------------|----------------|-----------|----------|---|
| Date Received: | <u>1/29/26</u> | Employee: | <u>9</u> | Delivery Method |
| Date Postmarked: | | Employee: | | <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed |
| Date Scanned: | <u>2/6/26</u> | Employee: | <u>9</u> | |
| Date Data Entered: | | Employee: | | <input type="checkbox"/> 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
 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 |
|---|-------------------|------------------------------------|
| FRIENDS FOR DAN INGLE | 2025 Final | |
| Start of Election Cycle: January 1, 2025 | | Total this Reporting Period |
| 4) Cash on Hand at Start | | \$ 0.00 \$ 0.00 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 0.00 \$ 0.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 0.00 \$ 0.00 |
| 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) | \$ 2,000.00 \$ 2,000.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 \$ 0.00 |
| 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) | | \$ 2,000.00 \$ 2,000.00 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 72.62 \$ 72.62 |
| 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) | \$ 0.00 \$ 0.00 |
| 15) Loan Repayments | (CRO-1420) | \$ 1,927.38 \$ 1,927.38 |
| 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) | | \$ 2,000.00 \$ 2,000.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 0.00 \$ 0.00 |
| 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) | \$ 72.62 \$ 72.62 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 \$ 0.00 |

Loan ProceedsPg 1 of 1 **Amendment**
 Yes 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 Fund if applicable) | | 2. ID Number | | | | | | | | | | | | | | | | | |
| FRIENDS FOR DAN INGLE | | | | | | | | | | | | | | | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 33%;">b. Job Title/Profession</td> <td style="width: 33%;">d. Comments</td> </tr> <tr> <td>DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217</td> <td>FORMER POLICE CHIEF</td> <td></td> </tr> <tr> <td></td> <td>c. Employer's Name/Specific Field</td> <td>e. Start Date (mm/dd/yyyy)</td> </tr> <tr> <td></td> <td>TOWN OF ELON</td> <td>12/19/2025</td> </tr> <tr> <td></td> <td></td> <td>f. End Date (mm/dd/yyyy)</td> </tr> </table> | | | | | a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217 | FORMER POLICE CHIEF | | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) | | TOWN OF ELON | 12/19/2025 | | | f. End Date (mm/dd/yyyy) |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | d. Comments | | | | | | | | | | | | | | | | | |
| DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217 | FORMER POLICE CHIEF | | | | | | | | | | | | | | | | | | |
| | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) | | | | | | | | | | | | | | | | | |
| | TOWN OF ELON | 12/19/2025 | | | | | | | | | | | | | | | | | |
| | | f. End Date (mm/dd/yyyy) | | | | | | | | | | | | | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | | | | | | | | | | | | | | | |
| 0.000 % | | 1 | Check | \$ 2,000.00 | | | | | | | | | | | | | | | |
| l. Full Name of Lending Institution | | | m. Loan Number | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 4. Endorsers/Makers (The people who guarantee the loan.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td style="width: 33%;">b. Job Title/Profession</td> <td style="width: 33%;">c. Employer's Name/Specific Field</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>d. Percentage</td> <td>e. Amount</td> </tr> <tr> <td></td> <td>%</td> <td>\$</td> </tr> </table> | | | | | a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Job Title/Profession | c. Employer's Name/Specific Field | | | | | d. Percentage | e. Amount | | % | \$ | | | |
| 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 <input type="checkbox"/> (This line must be on line 9 of Detailed Summary Page CRO-1100) \$ 2,000.00 | | | | | | | | | | | | | | | | | | | |

CRO-1410

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 1 Yes No

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

| | | | | | | | | | | | | | |
|--|--|-------------------------------------|---|---|-------------------------------|-------------|--|---|--|-------------------------|--|----------|--|
| 1. Committee Full Name (and Fund if applicable) FRIENDS FOR DAN INGLE | | 2. ID Number | | | | | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <table border="1"> <tr> <td>a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> TRUIST 236 S MAIN ST GRAHAM, NC 27253 (336) 290-8072</td> <td>b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2" rowspan="2">c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="2">\$ 72.62</td> </tr> </table> | | | | a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> TRUIST 236 S MAIN ST GRAHAM, NC 27253 (336) 290-8072 | 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 | | \$ 72.62 | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> TRUIST 236 S MAIN ST GRAHAM, NC 27253 (336) 290-8072 | 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 | | | | | | | | | | | |
| | | \$ 72.62 | | | | | | | | | | | |
| f. Account Code 1 | g. Form of Payment Electric Funds Tran | h. Purpose Code K | i. Date (mm/dd/yyyy) 12/26/2025 | | | | | | | | | | |
| | | | j. Amount \$ 72.62 | | | | | | | | | | |
| k. Required Remarks | | | | | | | | | | | | | |
| 5. Total only this Page \$ 72.62 6. Total of ALL CRO-1310 Pages \$ 72.62 <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> | | | | | | | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | | | | | | | |
| A* - Media | | B* - Printing | | | | | | | | | | | |
| E - Salaries | | F* - Equipment | | | | | | | | | | | |
| I - Postage | | J - Penalties | | | | | | | | | | | |
| O* Other | | C* - Fundraising | | | | | | | | | | | |
| | | G - Political Party | | | | | | | | | | | |
| | | K* - Office Expenses | | | | | | | | | | | |
| | | D - To Another Candidate | | | | | | | | | | | |
| | | H* - Holding Public Office Expenses | | | | | | | | | | | |
| | | Q* - Donation to Legal Expense Fund | | | | | | | | | | | |

CRO-1310

NC State Board of Elections

December 2009

* Codes require detailed explanation in required remarks field (k)

Loan Repayments

Amendment
Pg 1 of 1 Yes No

Use this form to report payments on an existing loan.

| | | | |
|---|-----------------------------|---|---|
| 1. Committee Full Name (and Fund if applicable) FRIENDS FOR DAN INGLE | | 2. ID Number | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217 | | b. Comments | |
| | | c. Original Loan Date 12/19/2025 | |
| | | d. Original Loan Amount \$ 2,000.00 | |
| e. Remaining Loan Balance \$ 0.00 | f. Account Code 1 | g. Form of Payment Check | h. Date (mm/dd/yyyy) 01/27/2026 |
| | | | i. Repayment Amount \$ 1,927.38 |
| 4. Total only this Page \$ 1,927.38 | | | |
| 5. Total of ALL CRO-1420 Pages \$ 1,927.38 <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i> | | | |

CRO-1420

NC State Board of Elections

December 2007

Forgiven Loans

Pg 1 of 1Amendment
 Yes No

Use this form to report any loan which has been forgiven by the lender.

A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

| | | | |
|--|--|---|---|
| 1. Committee Full Name (and Fund if applicable) FRIENDS FOR DAN INGLE | | 2. ID Number | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217 | | b. Comments | |
| | | c. Original Loan Date (mm/dd/yyyy) 12/19/2025 | f. Election Sum to Date \$ 0.00 |
| | | d. Original Loan Amount \$ 2,000.00 | g. Date (mm/dd/yyyy) 01/27/2026 |
| | | e. Remaining Loan Balance \$ 0.00 | h. Forgiven Amount \$ 72.62 |
| 4. Total only this Page \$ 72.62 | | | |
| 5. Total of ALL CRO-1440 Pages \$ 72.62 <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i> | | | |
| <i>The lender information should contain the same information as supplied on the original loan proceed statement.</i> | | | |

CRO-1440

NC State Board of Elections

December 2007



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

| | |
|------------------------------|--------------------------------|
| Committee Name: | Friends For Dan Ingle |
| Treasurer Name: | Becky Loy, CPA |
| Treasurer Address: | 219 W Elm St, Graham, NC 27253 |
| (include city, state, & zip) | |
| | |
| | |
| Treasurer Phone: | 336-227-1495 |

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/29/26

Date Signed

Rebekah W. Loy

Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender: Dan Ingle

Committee receiving loan: Friends For Dan Ingle

Date of loan: 12/19/25

Amount of original loan: \$2,000

***Amount of loan to be forgiven:** \$72.62

I, Dan Ingle

, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Signature of Lender

Rebekah W. Day

Signature of Committee Treasurer