

# 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.

|                                                                                                  |                             |
|--------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1. Committee Information</b>                                                                  |                             |
| a. Full Name<br>SEAN EWING FOR NORTH CAROLINA                                                    | c. ID Number                |
| b. Mailing Address (include City, State and Zip Code)<br>304 STRATFORD DRIVE<br>MEBANE, NC 27302 | d. Date Filed<br>07/12/2026 |
|                                                                                                  | e. Phone Number             |

|                        |                                               |                                             |                                      |
|------------------------|-----------------------------------------------|---------------------------------------------|--------------------------------------|
| 2. Report Year<br>2026 | 3. Period Start Date (mm/dd/yy)<br>02/15/2026 | 4. Period End Date (mm/dd/yy)<br>06/30/2026 | 5. Treasurer Full Name<br>SEAN EWING |
|------------------------|-----------------------------------------------|---------------------------------------------|--------------------------------------|

|                                                                     |                                             |                                                                            |                                         |
|---------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|
| <b>6. Type of Committee (Check One)</b>                             |                                             | <b>9. Type of Report (check only one type of report from one category)</b> |                                         |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party              | <b>Municipal</b>                                                           | <b>State/County</b>                     |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC                | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum                                 | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly      |
| <b>7. Type of Fund (if applicable, check one)</b>                   |                                             | <input type="checkbox"/> Pre-primary                                       | <input type="checkbox"/> First          |
| <input type="checkbox"/> "Booster Fund"                             |                                             | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second         |
| <input type="checkbox"/> Building Fund                              |                                             | <input type="checkbox"/> Pre-runoff                                        | <input type="checkbox"/> Third          |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |                                             | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth         |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |                                             | <input checked="" type="checkbox"/> Mid Year                               | <input type="checkbox"/> Semi-annual    |
| <input type="checkbox"/> Other:                                     |                                             | <input type="checkbox"/> Year End                                          | <input type="checkbox"/> Mid Year       |
| <b>8. Number of Fundraisers this Report</b>                         |                                             | <input type="checkbox"/> Final                                             | <input type="checkbox"/> Year End       |
| 0                                                                   |                                             | <input type="checkbox"/> Special                                           | <input type="checkbox"/> Final          |
|                                                                     |                                             | <input type="checkbox"/> Special                                           | <input type="checkbox"/> Special        |

|                                                                     |                                      |                                                                     |                                    |
|---------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------|------------------------------------|
| <b>3. Account Information</b>                                       |                                      | <b>3. Account Information</b>                                       |                                    |
| a. Financial Institution Full Name<br>TRULIANT FEDERAL CREDIT UNION |                                      | a. Financial Institution Full Name<br>TRULIANT FEDERAL CREDIT UNION |                                    |
| b. Purpose<br>CHECKING ACCOUNT                                      | c. Account Code<br>01                | b. Purpose<br>MANDATORY SAVINGS ACCOUNT - NON-INTEREST BEARING      | c. Account Code<br>02              |
|                                                                     | d. Period Begin Balance<br>\$ 351.66 |                                                                     | d. Period Begin Balance<br>\$ 5.00 |

## 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

Sean Ewing  
Printed Name of Signer

[Signature]  
Signature of Appointed Treasurer

07/09/2026  
Date

## FOR OFFICE USE ONLY

Date Received: 7/13/2026 Employee: WLG  
Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
Date Scanned: 7/13/26 Employee: [Signature]  
Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

Left at FRONT DOOR

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

☐ Yes ☒ No

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

|                                                                              |  |                                    |  |                                  |  |
|------------------------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| SEAN EWING FOR NORTH CAROLINA                                                |  | 2026 Mid Year Semi-Annual          |  |                                  |  |
| <b>Start of Election Cycle: January 1, 2026</b>                              |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start                                                     |  | \$ 356.66                          |  | \$ 2,200.39                      |  |
| <b>RECEIPTS</b>                                                              |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$ 215.00                          |  | \$ 300.68                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 6,814.36                        |  | \$ 7,250.20                      |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 500.00                          |  | \$ 500.00                        |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 9) Loan Proceeds (CRO-1410)                                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 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) |  | \$ 7,529.36                        |  | \$ 8,050.88                      |  |
| <b>EXPENDITURES</b>                                                          |  |                                    |  |                                  |  |
| 13) Disbursements                                                            |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 2,080.51                        |  | \$ 3,947.30                      |  |
| 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)                             |  | \$ 17.85                           |  | \$ 35.79                         |  |
| 15) Loan Repayments (CRO-1420)                                               |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 17) In-Kind Contributions (CRO-1510)                                         |  | \$ 1,194.36                        |  | \$ 1,674.88                      |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 3,292.72                        |  | \$ 5,657.97                      |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 4,593.30                        |  | \$ 4,593.30                      |  |
| <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                          |  |

**Aggregated Contributions from Individuals**Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                                                                                                                 |                        |                           |                               |                             |                     |  |
|-----------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                          |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| SEAN EWING FOR NORTH CAROLINA                                                                                   |                        |                           |                               |                             |                     |  |
| <b>3. Contributor Information</b>                                                                               |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                                                                 | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Check                     |                               | 04/03/2026                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 06/27/2026                  | \$ 10.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 02/15/2026                  | \$ 10.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 03/15/2026                  | \$ 5.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 04/15/2026                  | \$ 5.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 05/15/2026                  | \$ 10.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 06/15/2026                  | \$ 5.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 04/27/2026                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 05/18/2026                  | \$ 10.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 06/18/2026                  | \$ 10.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 01                     | Credit Card               |                               | 04/07/2026                  | \$ 50.00            |  |
| <b>4. Total only this Page</b>                                                                                  |                        |                           |                               |                             | \$ 215.00           |  |
| <b>5. Total of ALL CRO-1205 Pages</b><br><i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                             | \$ 215.00           |  |

# Contributions from Individuals

Pg 1 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                               |                                                                                 |                     |                    |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|---------------------------------------------------------------------------------|---------------------|--------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                                                                                 | <b>2. ID Number</b> |                    |
| SEAN EWING FOR NORTH CAROLINA                                                                            |                        |                           |                               |                                                                                 |                     |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                                                                 |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>                                                  |                     | <b>d. Comments</b> |
| BARBARA ALLISON<br>2415 MORNINGSIDE DRIVE<br>BURLINGTON, NC 27217                                        |                        |                           |                               | NOT EMPLOYED                                                                    |                     |                    |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED                        |                     |                    |
|                                                                                                          |                        |                           |                               | <b>e. Election Sum to Date</b>                                                  |                     |                    |
|                                                                                                          |                        |                           |                               | \$ 300.00                                                                       |                     |                    |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                                     | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                               | 03/21/2026                                                                      | \$ 300.00           |                    |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                                                                 | \$                  |                    |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                                                                 | \$                  |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                                                                 |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>                                                  |                     | <b>d. Comments</b> |
| IAN BALTUTIS<br>702 W DAVIS ST<br>BURLINGTON, NC 27215                                                   |                        |                           |                               | ENTREPRENEUR                                                                    |                     |                    |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>THE VIBRATION SOLUTION LLC          |                     |                    |
|                                                                                                          |                        |                           |                               | <b>e. Election Sum to Date</b>                                                  |                     |                    |
|                                                                                                          |                        |                           |                               | \$ 100.00                                                                       |                     |                    |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                                     | <b>k. Amount</b>    |                    |
| <input type="checkbox"/>                                                                                 | 01                     | Check                     |                               | 04/03/2026                                                                      | \$ 100.00           |                    |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                                                                 | \$                  |                    |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                                                                 | \$                  |                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                                                                 |                     |                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>                                                  |                     | <b>d. Comments</b> |
| BETHANY BEASLEY<br>717 S. Fifth Street<br>MEBANE, NC 27302                                               |                        |                           |                               | DOCTOR                                                                          |                     |                    |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b><br>Duke University Medical Center, PDC |                     |                    |
|                                                                                                          |                        |                           |                               | <b>e. Election Sum to Date</b>                                                  |                     |                    |
|                                                                                                          |                        |                           |                               | \$ 85.00                                                                        |                     |                    |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>                                                     | <b>k. Amount</b>    |                    |
| <input checked="" type="checkbox"/>                                                                      | 01                     | Credit Card               |                               | 01/30/2026                                                                      | \$ 15.00            |                    |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                               | 02/28/2026                                                                      | \$ 10.00            |                    |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                               | 03/30/2026                                                                      | \$ 15.00            |                    |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                                                                                 | \$ 425.00           |                    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                                                                 | \$ 6,814.36         |                    |

# Contributions from Individuals

Pg 2 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                               |                                          |  |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|------------------------------------------|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                               |                                          |  | <b>2. ID Number</b>            |  |
| SEAN EWING FOR NORTH CAROLINA                                                                            |                        |                           |                               |                                          |  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| BETHANY BEASLEY<br>717 S. Fifth Street<br>MEBANE, NC 27302                                               |                        |                           |                               | DOCTOR                                   |  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                          |                        |                           |                               | Duke University Medical Center,<br>PDC   |  |                                |  |
|                                                                                                          |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |  | \$ 85.00                       |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                               | 04/30/2026                               |  | \$ 15.00                       |  |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                               | 05/30/2026                               |  | \$ 15.00                       |  |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                               | 06/30/2026                               |  | \$ 15.00                       |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| MEDORA BURKE-SCOLL<br>3673 Mebane Rogers Rd<br>MEBANE, NC 27302                                          |                        |                           |                               | TEACHER                                  |  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                          |                        |                           |                               | ALAMANCE-BURLINGTON<br>SCHOOL SYSTEM     |  |                                |  |
|                                                                                                          |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |  | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                               | 06/30/2026                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          |  | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                               |                                          |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| JOHN EWING<br>122 TALL TIMBER<br>GIBSONVILLE, NC 27249                                                   |                        |                           |                               |                                          |  |                                |  |
|                                                                                                          |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|                                                                                                          |                        |                           |                               |                                          |  |                                |  |
|                                                                                                          |                        |                           |                               |                                          |  | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                               |                                          |  | \$ 4,000.00                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 01                     | Check                     |                               | 04/03/2026                               |  | \$ 4,000.00                    |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          |  | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                               |                                          |  | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                               |                                          |  | \$ 4,145.00                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                               |                                          |  | \$ 6,814.36                    |  |

# Contributions from Individuals

Pg 3 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| SEAN EWING FOR NORTH CAROLINA                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| SEAN EWING<br>304 STRATFORD DRIVE<br>MEBANE, NC 27302                                                    |                        |                           | ENGINEER                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | VOLVO GROUP TRUCKS                       |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 1,680.20                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 02/23/2026                  | \$ 55.79                       |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 03/07/2026                  | \$ 201.00                      |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 03/23/2026                  | \$ 37.96                       |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| SEAN EWING<br>304 STRATFORD DRIVE<br>MEBANE, NC 27302                                                    |                        |                           | ENGINEER                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | VOLVO GROUP TRUCKS                       |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 1,680.20                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 01                     | Cash                      |                                          | 04/03/2026                  | \$ 50.00                       |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 05/23/2026                  | \$ 67.88                       |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 06/10/2026                  | \$ 201.00                      |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| SEAN EWING<br>304 STRATFORD DRIVE<br>MEBANE, NC 27302                                                    |                        |                           | ENGINEER                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | VOLVO GROUP TRUCKS                       |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 1,680.20                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 06/15/2026                  | \$ 206.57                      |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 06/17/2026                  | \$ 201.00                      |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 06/19/2026                  | \$ 201.00                      |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 1,222.20                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,814.36                    |  |

# Contributions from Individuals

Pg 4 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| SEAN EWING FOR NORTH CAROLINA                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| SEAN EWING<br>304 STRATFORD DRIVE<br>MEBANE, NC 27302                                                    |                        |                           | ENGINEER                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | VOLVO GROUP TRUCKS                       |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 1,680.20                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 |                        | In-Kind                   | FACEBOOK ADVERTISING                     | 06/23/2026                  | \$ 22.16                       |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| TONY FORIEST<br>2211 Quail Dr<br>GRAHAM, NC 27253                                                        |                        |                           | NOT EMPLOYED                             |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 300.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 01                     | Check                     |                                          | 06/26/2026                  | \$ 300.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| DAVE HUNTER<br>405 BRIARWOOD DR<br>MEBANE, NC 27302                                                      |                        |                           | TECHNICIAN                               |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | Ford Motor Company                       |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 01                     | Check                     |                                          | 04/03/2026                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 422.16                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,814.36                    |  |

# Contributions from Individuals

Pg 5 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| SEAN EWING FOR NORTH CAROLINA                                                                            |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| STEPHEN POLLOCK<br>3005 TIMBERLYNE COURT<br>MEBANE, NC 27302                                             |                        |                           | NOT EMPLOYED                             |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 500.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                                          | 04/04/2026                  | \$ 500.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| WILLIAM TRAYNOR<br>5768 CHURCH ROAD<br>GRAHAM, NC 27253                                                  |                        |                           | SELF                                     |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | TRUSTED SPACE PARTNERS                   |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 01                     | Credit Card               |                                          | 03/14/2026                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 600.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 6,814.36                    |  |

# Contributions from Political Party Committees

pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from a political party

|                                                                                                          |                           |                               |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                           |                               |                             | <b>2. ID Number</b>            |  |
| SEAN EWING FOR NORTH CAROLINA                                                                            |                           |                               |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |                               |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                           |                               |                             | <b>b. Comments</b>             |  |
| DEMOCRATIC WOMEN OF ALAMANCE COUNTY<br>PO BOX 1815<br>BURLINGTON, NC 27216                               |                           |                               |                             |                                |  |
|                                                                                                          |                           |                               |                             | <b>c. Election Sum to Date</b> |  |
|                                                                                                          |                           |                               |                             | \$ 500.00                      |  |
| <b>d. Account Code</b>                                                                                   | <b>e. Form of Payment</b> | <b>f. In-Kind Description</b> | <b>g. Date (mm/dd/yyyy)</b> | <b>h. Amount</b>               |  |
| 01                                                                                                       | Check                     |                               | 06/26/2026                  | \$ 500.00                      |  |
|                                                                                                          |                           |                               |                             | \$                             |  |
|                                                                                                          |                           |                               |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                           |                               |                             | \$ 500.00                      |  |
| <b>5. Total of ALL CRO-1220 Pages</b><br>(This line must be on line 7 of Detailed Summary Page CRO-1100) |                           |                               |                             | \$ 500.00                      |  |

CRO-1220

NC State Board of Elections

April 2007

# Disbursements

Amendment  
Pg 1 of 2 ☐ Yes ☒ No

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

|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                            |                            | <b>2. ID Number</b>                 |  |
| SEAN EWING FOR NORTH CAROLINA                                                                                                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>3. Type of Disbursement</b> <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                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>AMAZON.COM<br>410 Terry Ave N<br>Seattle, WA 98109                                                                                                                                                                              |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                       |                            | <b>d. Comments</b>                  |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>e. Election Sum to Date</b>                                                                                                             |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            | \$ 85.39                            |  |
| <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> |                                     |  |
| 01                                                                                                                                                                                                                                                                                                                      | Debit Card                | O                      | 04/29/2026                  | \$ 85.39                                                                                                                                   | SWAG                       |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | \$                                                                                                                                         |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>BEN BASSET DIGITAL<br>1852 BANKING ST<br>GREENSBORO, NC 27408                                                                                                                                                                   |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                       |                            | <b>d. Comments</b>                  |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>e. Election Sum to Date</b>                                                                                                             |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            | \$ 1,000.00                         |  |
| <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> |                                     |  |
| 01                                                                                                                                                                                                                                                                                                                      | Debit Card                | A                      | 03/31/2026                  | \$ 400.00                                                                                                                                  | PRINT MEDIA                |                                     |  |
| 01                                                                                                                                                                                                                                                                                                                      | Debit Card                | A                      | 06/13/2026                  | \$ 400.00                                                                                                                                  | PRINT MEDIA                |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>CLAY STREET PRINTING<br>124 W. CLAY ST.<br>MEBANE, NC 27302                                                                                                                                                                     |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                       |                            | <b>d. Comments</b>                  |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>e. Election Sum to Date</b>                                                                                                             |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            | \$ 2,037.98                         |  |
| <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> |                                     |  |
| 01                                                                                                                                                                                                                                                                                                                      | Debit Card                | A                      | 06/03/2026                  | \$ 862.18                                                                                                                                  | WALK CARDS                 |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | \$                                                                                                                                         |                            |                                     |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                            |                            | \$ 1,747.57                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |                                                                                                                                            |                            | \$ 2,080.51                         |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| 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                                                                                                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                                      |                           |                        |                             |                                                                                                                                            |                            |                                     |  |

# Disbursements

Amendment  
Pg 2 of 2 ☐ Yes ☒ No

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

|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                                                                                                                |                            | <b>2. ID Number</b>                                                       |  |
| SEAN EWING FOR NORTH CAROLINA                                                                                                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
| <b>3. Type of Disbursement</b> <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                                                                                                                                |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>FACEBOOK<br>1 HACKER WAY<br>MENLO PARK, CA 94025                                                                                                                                                                                |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br><b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>d. Comments</b><br><br><br><b>e. Election Sum to Date</b><br>\$ 201.00 |  |
| <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> |                                                                           |  |
| 01                                                                                                                                                                                                                                                                                                                      | Debit Card                | A                      | 02/18/2026                  | \$ 201.00                                                                                                                                                                                                                      | ADVERTISING                |                                                                           |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | \$                                                                                                                                                                                                                             |                            |                                                                           |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>MARKELL PUBLISHING<br>718 E Davis St<br>BURLINGTON, NC 27215                                                                                                                                                                    |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br><b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>d. Comments</b><br><br><br><b>e. Election Sum to Date</b><br>\$ 131.94 |  |
| <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> |                                                                           |  |
| 01                                                                                                                                                                                                                                                                                                                      | Debit Card                | O                      | 05/07/2026                  | \$ 173.47                                                                                                                                                                                                                      | SWAG                       |                                                                           |  |
| 01                                                                                                                                                                                                                                                                                                                      | Debit Card                | O                      | 06/15/2026                  | \$ 173.47                                                                                                                                                                                                                      | SWAG                       |                                                                           |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>MARKELL PUBLISHING<br>718 E Davis St<br>BURLINGTON, NC 27215                                                                                                                                                                    |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br><b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>d. Comments</b><br><br><br><b>e. Election Sum to Date</b><br>\$ 131.94 |  |
| <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> |                                                                           |  |
| 01                                                                                                                                                                                                                                                                                                                      | Electric Funds Tran       | A                      | 06/20/2026                  | \$ (107.50)                                                                                                                                                                                                                    | REFUND FOR SERVICES        |                                                                           |  |
| 01                                                                                                                                                                                                                                                                                                                      | Electric Funds Tran       | O                      | 06/20/2026                  | \$ (107.50)                                                                                                                                                                                                                    | REFUND FOR SERVICES        |                                                                           |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                                                                                                |                            | \$ 332.94                                                                 |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |                                                                                                                                                                                                                                |                            | \$ 2,080.51                                                               |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
| 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                                                                                                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                                      |                           |                        |                             |                                                                                                                                                                                                                                |                            |                                                                           |  |

# Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

|                                                                                                           |                        |                           |                        |                                      |                     |                            |
|-----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------|--------------------------------------|---------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>SEAN EWING FOR NORTH CAROLINA                   |                        |                           |                        |                                      | <b>2. ID Number</b> |                            |
| <b>3. Payee Information</b>                                                                               |                        |                           |                        |                                      |                     |                            |
| <b>a. Amend</b>                                                                                           | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. Purpose Code</b> | <b>e. Date (mm/dd/yyyy)</b>          | <b>f. Amount</b>    | <b>g. Required Remarks</b> |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 01                     | Electric Funds Tran       | O                      | 02/19/2026                           | \$ 1.39             | SERVICE CHARGE             |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 01                     | Debit Card                | O                      | 03/01/2026                           | \$ 0.38             | SERVICE FEE                |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 01                     | Debit Card                | O                      | 04/01/2026                           | \$ 6.31             | SERVICE FEE                |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 01                     | Debit Card                | O                      | 05/01/2026                           | \$ 9.31             | SERVICE FEE                |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 01                     | Debit Card                | O                      | 06/01/2026                           | \$ 0.46             | SERVICE FEE                |
| <b>4. Total only this Page</b>                                                                            |                        |                           |                        |                                      | \$ 17.85            |                            |
| <b>5. Total of ALL CRO-1315 Pages</b><br>(This line must be on line 14 of Detailed Summary Page CRO-1100) |                        |                           |                        |                                      | \$ 17.85            |                            |
| <b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>                                     |                        |                           |                        |                                      |                     |                            |
| B* - Printing                                                                                             |                        | C* - Fundraising          |                        | D - To Another Candidate             |                     |                            |
| E - Salaries                                                                                              |                        | F* - Equipment            |                        | G - Political Party                  |                     |                            |
| I - Postage                                                                                               |                        | J - Penalties             |                        | H* - Holding Public Office Expenses  |                     |                            |
| O* - Other                                                                                                |                        | K* - Office Expenses      |                        | Q* - Donations to Legal Expense Fund |                     |                            |
| * Codes require detailed explanation in required remarks field (g)                                        |                        |                           |                        |                                      |                     |                            |

CRO-1315

NC State Board of Elections

December 2009

# In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☒ 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.

|                                                                                                           |  |                                                |                              |
|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------------|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |  | <b>2. ID Number</b>                            |                              |
| SEAN EWING FOR NORTH CAROLINA                                                                             |  |                                                |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| SEAN EWING<br>304 STRATFORD DRIVE<br>MEBANE, NC 27302                                                     |  | <input checked="" type="checkbox"/> Individual |                              |
|                                                                                                           |  | <input type="checkbox"/> Candidate             |                              |
|                                                                                                           |  | <input type="checkbox"/> Party                 |                              |
|                                                                                                           |  | <input type="checkbox"/> PAC                   |                              |
|                                                                                                           |  | <input type="checkbox"/> Referendum            |                              |
|                                                                                                           |  | <input type="checkbox"/> Other Receipt Source  |                              |
|                                                                                                           |  | <b>d. Election Sum to Date</b>                 |                              |
|                                                                                                           |  | \$ 1,680.20                                    |                              |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| FACEBOOK ADVERTISING                                                                                      |  | 02/23/2026                                     | \$ 55.79                     |
| FACEBOOK ADVERTISING                                                                                      |  | 03/07/2026                                     | \$ 201.00                    |
| FACEBOOK ADVERTISING                                                                                      |  | 03/23/2026                                     | \$ 37.96                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| SEAN EWING<br>304 STRATFORD DRIVE<br>MEBANE, NC 27302                                                     |  | <input checked="" type="checkbox"/> Individual |                              |
|                                                                                                           |  | <input type="checkbox"/> Candidate             |                              |
|                                                                                                           |  | <input type="checkbox"/> Party                 |                              |
|                                                                                                           |  | <input type="checkbox"/> PAC                   |                              |
|                                                                                                           |  | <input type="checkbox"/> Referendum            |                              |
|                                                                                                           |  | <input type="checkbox"/> Other Receipt Source  |                              |
|                                                                                                           |  | <b>d. Election Sum to Date</b>                 |                              |
|                                                                                                           |  | \$ 1,680.20                                    |                              |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| FACEBOOK ADVERTISING                                                                                      |  | 05/23/2026                                     | \$ 67.88                     |
| FACEBOOK ADVERTISING                                                                                      |  | 06/10/2026                                     | \$ 201.00                    |
| FACEBOOK ADVERTISING                                                                                      |  | 06/15/2026                                     | \$ 206.57                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| SEAN EWING<br>304 STRATFORD DRIVE<br>MEBANE, NC 27302                                                     |  | <input checked="" type="checkbox"/> Individual |                              |
|                                                                                                           |  | <input type="checkbox"/> Candidate             |                              |
|                                                                                                           |  | <input type="checkbox"/> Party                 |                              |
|                                                                                                           |  | <input type="checkbox"/> PAC                   |                              |
|                                                                                                           |  | <input type="checkbox"/> Referendum            |                              |
|                                                                                                           |  | <input type="checkbox"/> Other Receipt Source  |                              |
|                                                                                                           |  | <b>d. Election Sum to Date</b>                 |                              |
|                                                                                                           |  | \$ 1,680.20                                    |                              |
| <b>e. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| FACEBOOK ADVERTISING                                                                                      |  | 06/17/2026                                     | \$ 201.00                    |
| FACEBOOK ADVERTISING                                                                                      |  | 06/19/2026                                     | \$ 201.00                    |
| FACEBOOK ADVERTISING                                                                                      |  | 06/23/2026                                     | \$ 22.16                     |
| <b>4. Total only this Page</b>                                                                            |  | \$ 1,194.36                                    |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 1,194.36                                    |                              |