

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Amendment
☐ Yes
☒ No

1. Committee Information	
a. Full Name	SEAN EWING FOR NORTH CAROLINA
b. Mailing Address (include City, State and Zip Code)	304 STRATFORD DRIVE MEBANE, NC 27302
c. ID Number	
d. Date Filed	01/25/2026
e. Phone Number	
2. Report Year	2025
3. Period Start Date (m/m/dd/yy)	07/01/2025
4. Period End Date (m/m/dd/yy)	12/31/2025
5. Treasurer Full Name	SEAN EWING

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

3. Account Information		3. Account Information	
a. Financial Institution Full Name	TRULIANT FEDERAL CREDIT UNION	a. Financial Institution Full Name	TRULIANT FEDERAL CREDIT UNION
b. Purpose	CHECKING ACCOUNT	b. Purpose	MANDATORY SAVINGS ACCOUNT - NON-INTEREST BEARING
c. Account Code	01	c. Account Code	02
d. Period Begin Balance	\$ 1,480.39	d. Period Begin Balance	\$ 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	
Printed Name of Signer	Sean Ewing
Signature of Appointed Treasurer	<i>[Signature]</i>
Date	01/25/2026

FOR OFFICE USE ONLY			
Date Received:	1/29/24	Employee:	<i>[Signature]</i>
Date Postmarked:	2/6/24	Employee:	<i>[Signature]</i>
Date Scanned:	2/6/24	Employee:	<i>[Signature]</i>
Date Data Entered:		Employee:	
☐ Signer has not received mandatory training ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed			

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.

Aggregated Contributions from Individuals

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

Amendment ☒ Yes ☐ No

Page 1 of 1

1. Committee Full Name (and Fund if applicable)		SEAN EWING FOR NORTH CAROLINA	
2. ID Number			
3. Contribution Information			
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description
☐ Add ☐ Remove	01	Credit Card	
e. Date (mm/dd/yyyy)		f. Amount	
12/30/2025		\$ 15.00	
4. Total only this Page		\$ 15.00	
5. Total of ALL CRO-1205 Pages		\$ 15.00	
(This line must be on line 5 of Detailed Summary Page CRO-1100)			

NC State Board of Elections

CRO-1205

April 2007

Contributions from Individuals

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

Amendment
☐ Yes
☒ No

Pg 1 of 4

1. Committee Full Name (and Fund if applicable)	SEAN EWING FOR NORTH CAROLINA
2. ID Number	

3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	ROBERT BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215				
b. Job Title/Profession	RETIRED HEALTHCARE EXECUTIVE				
c. Employer's Name/Specific Field	RETIRED FROM CONE HEALTH/ALAMANCE REGIONAL MEDICAL CENTER				
d. Comments					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (m/m/dd/yyyy)	k. Amount
☐	01	Check		12/31/2025	\$ 100.00
☐					\$
☐					\$

3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	BRANDON COMBS 5629 Mount Harmony Church Rd ROUGEMONT, NC 27572				
b. Job Title/Profession	CONSULTANT				
c. Employer's Name/Specific Field	SELF-EMPLOYED				
d. Comments					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (m/m/dd/yyyy)	k. Amount
☐	01	Credit Card		12/30/2025	\$ 100.00
☐					\$
☐					\$

3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)	JOHN EASTERLING 2034 Carroll Drive, Apt C Raleigh, NC 27608				
b. Job Title/Profession	Partner				
c. Employer's Name/Specific Field	Checkmate Government Relations LLC				
d. Comments					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (m/m/dd/yyyy)	k. Amount
☐	01	Credit Card		10/17/2025	\$ 250.00
☐					\$
☐					\$

4. Total only this Page					
					\$ 450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					
					\$ 3,284.88

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

$\frac{2}{4}$ of $\frac{1}{2}$

April 2007

Contributions from Individuals

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

Amendment
☐ Yes
☒ No

Pg 3 of 4

1. Committee Full Name (and Fund if applicable) SEAN EWING FOR NORTH CAROLINA

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 SEAN EWING
 304 STRATFORD DRIVE
 MEBANE, NC 27302
 b. Job Title/Profession
 ENGINEER
 c. Employer's Name/Specific Field
 VOLVO GROUP TRUCKS
 d. Comments
 e. Election Sum to Date \$ 1,334.88
 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (m/dd/yyyy) k. Amount
 12.60 \$ FACEBOOK AD 09/23/2025
 161.00 \$ FACEBOOK AD 10/20/2025
 27.22 \$ FACEBOOK AD 10/23/2025

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 SEAN EWING
 304 STRATFORD DRIVE
 MEBANE, NC 27302
 b. Job Title/Profession
 ENGINEER
 c. Employer's Name/Specific Field
 VOLVO GROUP TRUCKS
 d. Comments
 e. Election Sum to Date \$ 1,334.88
 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (m/dd/yyyy) k. Amount
 169.00 \$ FACEBOOK AD 11/06/2025
 78.21 \$ FACEBOOK AD 11/23/2025
 177.00 \$ FACEBOOK AD 12/15/2025

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 SEAN EWING
 304 STRATFORD DRIVE
 MEBANE, NC 27302
 b. Job Title/Profession
 ENGINEER
 c. Employer's Name/Specific Field
 VOLVO GROUP TRUCKS
 d. Comments
 e. Election Sum to Date \$ 1,334.88
 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (m/dd/yyyy) k. Amount
 61.98 \$ FACEBOOK AD 12/23/2025

4. Total only this Page \$ 687.01

5. Total of ALL CRO-1210 Pages \$ 3,284.88
 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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

Amendment
☐ Yes
☒ No

Pg 4 of 4

1. Committee Full Name (and fund if applicable)		SEAN EWING FOR NORTH CAROLINA	
2. ID Number			
3. Contributor Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		BRIAN FEELEY 123 BELL TOWER CT. ELON, NC 27244	
b. Job Title/Profession		HIGHER ED	
c. Employer's Name/Specific Field		ELON UNIVERSITY	
d. Comments			
e. Election Sum to Date		\$ 100.00	
f. Prior		☐	
g. Account Code		01	
h. Form of Payment		Credit Card	
i. In-Kind Description			
j. Date (m/dd/yyyy)		10/17/2025	
k. Amount		\$ 100.00	
3. Contributor Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		NICOLE QUICK 4338 Clovelly Dr Greensboro, NC 27406	
b. Job Title/Profession		Government Relations	
c. Employer's Name/Specific Field		Carolina Forward	
d. Comments			
e. Election Sum to Date		\$ 400.00	
f. Prior		☐	
g. Account Code		01	
h. Form of Payment		Credit Card	
i. In-Kind Description			
j. Date (m/dd/yyyy)		11/11/2025	
k. Amount		\$ 400.00	
4. Total only this Page			
Total of ALL CRO-1210 Pages		\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)		\$ 3,284.88	

CRO-1210

NC State Board of Elections

April 2007

Disbursements

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

Amendment ☒ Yes ☐ No Pg 1 of 1

1. Committee Full Name (and Fund if applicable)		SEAN EWING FOR NORTH CAROLINA	
2. ID Number			

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)	
☒ Operating Expenses	☐ Contributions to Candidates/Political Committees
☐ Add ☐ Remove	

4. Payee Information	
a. Full Name, Mailing Address & Phone YARD SIGN PLUS 10511 Kipp Way St #430 HOUSTON, TX 77099 (include city, state, & zip)	
b. Coordinated Committee Name YARD SIGNS	
c. Level Registered (Specify) ☐ Federal ☐ County ☐ State	
d. Comments \$ 1,250.00	
e. Election Sum to Date \$ 1,250.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	11/07/2025	\$ 1,250.00	YARD SIGNS

5. Total only this Page		\$ 1,250.00	
6. Total of ALL CRO-1310 Pages		\$ 1,250.00	

7. Purpose Codes (List detailed expenditure code in (h.) above)	
A* - Media	B* - Printing
E - Salaries	F* - Equipment
I - Postage	J - Penalties
O* Other	K* - Office Expenses
D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund	

Amendment ☒ Yes ☐ No

1. Committee full Name (and full if applicable)

SEAN EWING FOR NORTH CAROLINA

Contributor Information		Type of Contribution		Type of Contribution		Type of Contribution	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date	e. Amount	f. Date	g. Description	h. Remarks
SEAN EWING 304 STRATFORD DRIVE MEBANE, NC 27302	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source			\$	1,334.88		

Full Name, Mailing Address & Phone	Add	Remove
FACEBOOK AD		
07/23/2025	\$	112.17
FACEBOOK AD		
08/10/2025	\$	122.11
FACEBOOK AD		
08/22/2025	\$	122.00

Description		Amount	
SEAN EWING 04 STRATFORD DRIVE MEBAHE, NC 27302 (include city, state, & zip)		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	\$ 1,334.88
b. Type of Contributor		c. Comments	
d. Election Sum to Date			

ACEBOOK AD	T. Date (mm/dd/yyyy)	R. Fair Market Amount
ACEBOOK AD	08/23/2025	\$ 8.59
ACEBOOK AD	09/05/2025	\$ 135.00
ACEBOOK AD	09/20/2025	\$ 148.00

(include city, state, & zip) ELEANOR E. WING 14 STRATFORD DRIVE EBAN, NC 27302		Description	
b. Type of Contributor		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
c. Comments		d. Election Sum to Date	
		\$ 1,334.88	

CEBOOK AD		T. Date (mm/dd/yyyy)	g. Fair Market Amount
		09/23/2025	\$ 12.60
		10/20/2025	\$ 161.00
		10/23/2025	\$ 27.22
			\$ 848.69
			\$ 1,334.88

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or candidate. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

2. ID Number	
--------------	--

--	--

NC State Board of Elections
December 2007

NC State Board of Elections

December 2007