

# 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			c. ID Number	
CARTER 4 ALAMANCE				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
2779 S. CHURCH ST, SUITE 331 BURLINGTON, NC 27215			02/22/2026	
			e. Phone Number	
			(336) 213-2056	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2026	01/01/2026	02/14/2026	REBEKAH W LOY	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund  <input type="checkbox"/> Other:		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
<b>3. Account Information</b>			<b>3. Account Information</b>	
a. Financial Institution Full Name			a. Financial Institution Full Name	
FIRST BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN	1			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 8,786.31		\$	
<b>CERTIFICATION</b>				
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				
<u>Rebekah W. Loy</u> Printed Name of Signer		<u>Rebekah W. Loy</u> Signature of Appointed Treasurer		02/22/2026 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<u>2/24/2026</u>	Employee:	<u>WLB</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Signer has not received mandatory training
Date Scanned:	<u>2/24/2026</u>	Employee:	<u>A</u>	
Date Data Entered:	_____	Employee:	_____	
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# Detailed Summary

Amendment

Yes  No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
CARTER 4 ALAMANCE	2026 First Quarter		
Start of Election Cycle: January 1, <u>2025</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 8,786.31	\$ 776.04
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,749.00	\$ 11,849.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 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	\$ 17.16
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,749.00	\$ 11,866.16
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,714.84	\$ 5,804.57
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 17.16
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,714.84	\$ 5,821.73
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,820.47	\$ 6,820.47
<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)	\$ 61.41	
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

# Contributions from Individuals

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>	
CARTER 4 ALAMANCE						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN JORDAN 1616 JORDAN DRIVE SAXAPAHAW, NC 27340			OWNER			
			<b>c. Employer's Name/Specific Field</b> JORDAN PROPERTIES			
					<b>e. Election Sum to Date</b>	
					\$ 750.00	
<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"/>	1	Check		02/06/2026	\$ 750.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BRAD A KOURY 1513 ALTAMAHAW UNION RIDGE RD BURLINGTON, NC 27217			PRESIDENT			
			<b>c. Employer's Name/Specific Field</b> KOURY AVIATION, INC.			
					<b>e. Election Sum to Date</b>	
					\$ 200.00	
<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"/>	1	Check		02/03/2026	\$ 200.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
FRANK A LONGEST JR 3453 FORESTDALE DRIVE BURLINGTON, NC 27215			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b> HOLT, LONGEST, BLAETZ & MOSELY			
					<b>e. Election Sum to Date</b>	
					\$ 99.00	
<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"/>	1	Check		02/09/2026	\$ 99.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1,049.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,749.00	

# Contributions from Individuals

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>
CARTER 4 ALAMANCE						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DAVID MOORE 605 TRUITT DRIVE ELON, NC 27244			OWNER			
			<b>c. Employer's Name/Specific Field</b>			
			DAVID R. MOORE, CLU ASSOCIATE		<b>e. Election Sum to Date</b>	
					\$ 200.00	
<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"/>	1	Check		02/14/2026	\$ 200.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DAVE MORTON 1509 CHARLEIGH COURT ELON, NC 27244			BUSINESS OWNER/REAL ESTATE INVESTOR			
			<b>c. Employer's Name/Specific Field</b>			
			DAVE'S DISCOUNT FURNITURE		<b>e. Election Sum to Date</b>	
					\$ 1,000.00	
<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"/>	1	Check		02/06/2026	\$ 1,000.00	
<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> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GREG WESTCOTT 303 RAINEY ST. GIBSONVILLE, NC 27249			OWNER			
			<b>c. Employer's Name/Specific Field</b>			
			WESTCOTT BUICK GMC		<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"/>	1	Check		01/19/2026	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1,700.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,749.00	

# 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>
CARTER 4 ALAMANCE						
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>						
<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						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
ALAMANCE NEWS 114 WEST ELM STREET GRAHAM, NC 27253						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 2,316.00
<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>	
1	Check	A	02/11/2026	\$ 2,316.00	ADVERTISING	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
BULLZEYE SIGN 232 N. MAIN STREET BURLINGTON, NC 27217						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 304.96
<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>	
1	Check	A	01/12/2026	\$ 304.96	TRUCK WRAP	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
KRISPY KREME 182 HUFFMAN MILL RD. BURLINGTON, NC 27215						
				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ 58.88
<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>	
1	Check	O	01/27/2026	\$ 58.88	DONUTS - VOLUNTEERS	
				\$		
<b>5. Total only this Page</b>						\$ 2,679.84
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 4,714.84
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
<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

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>	
CARTER 4 ALAMANCE					
<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					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
LAMAR ADVERTISING 105-A EAST JJ DRIVE BURLINGTON, NC 27215			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 2,035.00
<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>
1	Check	A	02/11/2026	\$ 2,035.00	ADVERTISING
				\$	
<b>5. Total only this Page</b>					\$ 2,035.00
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 4,714.84
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
<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)					

# Debts and Obligations Owed By the Committee

Amendment

Pg 1 of 1  Yes  No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

<b>1. Committee Full Name (and Fund if applicable)</b> CARTER 4 ALAMANCE		<b>2. ID Number</b>	
<b>3. Creditor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DISCOVER PO BOX 6103 CAROL STREAM, IL 60197		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
		<b>b. Description of Creditor</b> CAMPAIGN EXPENSES	
<b>c. Beginning Balance</b>	<b>d. Total Amount Paid</b>	<b>e. Total Amount Incurred</b>	<b>f. Remaining Balance</b>
\$ 0.00	\$ 0.00	\$ 61.41	\$ 61.41
<b>g. Incurred Debts (what the committee received this period)</b>			
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) HURSEY'S BBQ 1834 S. CHURCH STREET BURLINGTON, NC 27215		<b>g2. Date (mm/dd/yyyy)</b> 01/23/2026	<b>g3. Amount</b> \$ 39.55
		<b>g4. Purpose Code</b> O	<b>g5. Required Remarks</b> FOOD - VOLUNTEERS
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) NORTHERN TOOL 2495 ERIC LANE SUITE 110 27215		<b>g2. Date (mm/dd/yyyy)</b> 01/23/2026	<b>g3. Amount</b> \$ 5.86
		<b>g4. Purpose Code</b> O	<b>g5. Required Remarks</b> ZIP TIES - BANNERS
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TRACTOR SUPPLY 3129 GARDEN RD 27215		<b>g2. Date (mm/dd/yyyy)</b> 01/23/2026	<b>g3. Amount</b> \$ 16.00
		<b>g4. Purpose Code</b> O	<b>g5. Required Remarks</b> ZIP TIES - BANNERS
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
			\$
		<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b>	<b>g3. Amount</b>
			\$
		<b>g4. Purpose Code</b>	<b>g5. Required Remarks</b>
<b>4. Total only this Page</b> (This should be the sum of all items 'g3.' from this page)			\$ 61.41
<b>5. Total of ALL CRO-1610 Pages</b> (This line must be on line 22 of Detailed Summary Page CRO-1100)			\$ 61.41
<b>6. Purpose Codes (List detailed expenditure code in (g4.))</b>			
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	O* - Other
* Codes require detailed explanation in required remarks field (g5.)			