

Disclosure Report Cover

Amendment
☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

1. Committee Information			
a. Full Name CARTER 4 ALAMANCE			c. ID Number
b. Mailing Address (include City, State and Zip Code) 2779 S. CHURCH ST, SUITE 331 BURLINGTON, NC 27215			d. Date Filed 07/09/2026
			e. Phone Number (336) 213-2056
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 02/15/2026	4. Period End Date (mm/dd/yy) 06/30/2026	5. Treasurer Full Name REBEKAH W LOY
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign ☐ Joint Fundraiser ☐ Referendum ☐ "Booster Fund" ☐ Building Fund ☐ Presidential Election Year Candidates Fund ☐ NC Public Campaign Financing Fund ☐ Other:		☐ Party ☐ PAC ☐ Legal Expense Fund Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☒ Mid Year ☐ Year End ☐ Final ☐ Special	
7. Type of Fund (if applicable, check one)		State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☒ Mid Year ☐ Year End ☐ Final ☐ Special	
8. Number of Fundraisers this Report 0		10. Special Report Name	
3. Account Information			
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 6,820.47		d. Period Begin Balance \$
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board			
Printed Name of Signer <u>Rebekah W. Loy</u>		Signature of Appointed Treasurer <u>Rebekah W. Loy</u>	
		Date 07/09/2026	
FOR OFFICE USE ONLY			
Date Received:	<u>7/10/2026</u>	Employee:	<u>WLL</u>
Date Postmarked:		Employee:	
Date Scanned:	<u>7/10/26</u>	Employee:	<u>W</u>
Date Data Entered:		Employee:	
		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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
CARTER 4 ALAMANCE		2026 Second Quarter			
Start of Election Cycle: January 1, 2025			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 6,820.47		\$ 776.04
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 20.00		\$ 20.00	
6) Contributions from Individuals (CRO-1210)		\$ 6,300.00		\$ 18,149.00	
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)		\$ 6,320.00		\$ 18,186.16	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 6,680.10		\$ 12,484.67	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 100.00		\$ 100.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 8.05		\$ 8.05	
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)		\$ 6,788.15		\$ 12,609.88	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,352.32		\$ 6,352.32	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 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 IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CARTER 4 ALAMANCE						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add	1	Credit Card		04/16/2026	\$ 20.00	
☐ Remove						
4. Total only this Page					\$ 20.00	
5. Total of ALL CRO-1205 Pages					\$ 20.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CARTER 4 ALAMANCE						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
FRED BIDDY 1118 DVIS STREET BURLINGTON, NC 27215			SALES			
			c. Employer's Name/Specific Field FDB SALES, INC.			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		02/15/2026	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CAROL DAVIS 721 ARCHER RD WINSTON-SALEM, NC 27106			RETIRED			
			c. Employer's Name/Specific Field ALAMANCE CO. TRANSPORTATION AUTH.			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Credit Card		04/16/2026	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ALLEN GANT JR 1022 W DAVIS STREET BURLINGTON, NC 27215			CEO			
			c. Employer's Name/Specific Field GLEN RAVEN MILLS			
					e. Election Sum to Date	
					\$ 5,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		06/30/2026	\$ 2,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 2,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,300.00	

Contributions from Individuals

Pg 2 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CARTER 4 ALAMANCE						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAM HUNT 1218 W DAVIS ST BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field			
			HUNT ELECTRIC			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		06/16/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRAD A KOURY 1513 ALTAMAHAW UNION RIDGE RD BURLINGTON, NC 27217			PRESIDENT			
			c. Employer's Name/Specific Field			
			KOURY AVIATION, INC.			
					e. Election Sum to Date	
					\$ 1,200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		05/12/2026	\$ 1,000.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ERNIE KOURY 2502 HOSKINS RD. BURLINGTON, NC 27215			PRESIDENT			
			c. Employer's Name/Specific Field			
			CAROLINA HOSIERY, INC.			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		03/05/2026	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 2,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,300.00	

Contributions from Individuals

Pg 3 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CARTER 4 ALAMANCE						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID SCOTT 1777 FOXHALL LANE MEBANE, NC 27302			RETIRED			
			c. Employer's Name/Specific Field			
			SCOTT SALES LLC			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		06/12/2026	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL SHOFFNER 845 S MAIN ST GRAHAM, NC 27253			INSURANCE AGENT			
			c. Employer's Name/Specific Field			
			STATE FARM INSURANCE & INVESTMENTS			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		06/15/2026	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID WESTCOTT 3004 S. FAIRWAY DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			WESTCOTT BUICK GMC			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	1	Check		05/13/2026	\$ 1,000.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 1,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 6,300.00	

Disbursements

Amendment
Pg 1 of 1 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CARTER 4 ALAMANCE					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
☐ Operating Expenses ☒ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures					
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE REPUBLICAN WOMEN 4220 CHIPPENHAM COURT GRAHAM, NC 27253			b. Coordinated Committee Name		d. Comments
			c. Level Registered (Specify)		
			☐ Federal ☒ County: ☐ State ☐ Municipality:		
			Alamance		e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	06/09/2026	\$ 100.00	DONATION
				\$	
5. Total only this Page					\$ 100.00
6. Total of ALL CRO-1310 Pages					
<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>					\$ 100.00
7. Purpose Codes (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 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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CARTER 4 ALAMANCE							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) AUTHOROCARE GOLF CLASSIC 914 CHAPEL HILL RD BURLINGTON, NC 27215				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	06/18/2026	\$ 300.00	SPONSOR FOR GOLF		
				\$	TOURNAMENT		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DISCOVER PO BOX 6103 CAROL STREAM, IL 60197				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 855.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	02/19/2026	\$ 61.41	PAYOFF CREDIT CARD-		
1	Check	O	03/23/2026	\$ 116.79	CAMPAIGN SUPPLIES PAID OFF CREDIT CARD		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DISCOVER PO BOX 6103 CAROL STREAM, IL 60197				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 855.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	04/27/2026	\$ 180.66	PAID OFF CREDIT CARD		
1	Check	O	06/25/2026	\$ 39.88	PAID OFF CREDIT CARD		
5. Total only this Page						\$ 698.74	
6. Total of ALL CRO-1310 Pages							
(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)						\$ 6,680.10	
7. Purpose Codes (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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CARTER 4 ALAMANCE							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SAPIENT EDGE STRATEGIES 2732 AUBREY STREET MONROE, NC 28110				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						\$ 3,973.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	03/23/2026	\$ 3,973.75	POLITICAL CONSULTING		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) UPS STORE 2779 S. CHURCH STREET BURLINGTON, NC 27215				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						\$ 727.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	K	03/17/2026	\$ 456.00	MAIL BOX RENTAL		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) VANS ADVERTISING 2954 ELDER LANE BURLINGTON, NC 27215				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						\$ 1,551.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	03/04/2026	\$ 1,551.61	ADVERTISING		
				\$			
5. Total only this Page						\$ 5,981.36	
6. Total of ALL CRO-1310 Pages							
<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>						\$ 6,680.10	
7. Purpose Codes (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.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CARTER 4 ALAMANCE						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add	1	Electric Funds Tran	O	04/16/2026	\$ 8.05	PAYPAL FEES
☐ Remove						
4. Total only this Page					\$	8.05
5. Total of ALL CRO-1315 Pages					\$	8.05
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
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

Debts and Obligations Owed By the Committee

Amendment Pg 1 of 2 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) CARTER 4 ALAMANCE		2. ID Number	
3. Creditor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
DISCOVER PO BOX 6103 CAROL STREAM, IL 60197		b. Description of Creditor CAMPAIGN EXPENSES	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 61.41	\$ 398.74	\$ 337.33	\$ 0.00
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
SUBWAY 3141 GARDEN ROAD BURLINGTON, NC 27215		03/03/2026	\$ 55.83
		g4. Purpose Code O	g5. Required Remarks FOOD FOR VOLUNTEERS
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
WENDY'S 2423 SOUTH CHURCH STREET 27215		02/28/2026	\$ 12.77
		g4. Purpose Code O	g5. Required Remarks FOOD FOR VOLUNTEERS
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
WENDY'S 2423 SOUTH CHURCH STREET 27215		03/07/2026	\$ 14.38
		g4. Purpose Code O	g5. Required Remarks FOOD FOR VOLUNTEERS
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page (This should be the sum of all items 'g3.' from this page)		\$ 0.00	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 0.00	
6. Purpose Codes (List detailed expenditure code in (g4.))			
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.)			

Debts and Obligations Owed By the Committee

Amendment Pg 2 of 2 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
CARTER 4 ALAMANCE			
3. Creditor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
DISCOVER PO BOX 6103 CAROL STREAM, IL 60197		b. Description of Creditor CAMPAIGN EXPENSES	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ 61.41	\$ 398.74	\$ 337.33	\$ 0.00
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
ARBY'S 806 S MAIN ST GRAHAM, NC 27253 (336) 227-2870		05/13/2026	\$ 39.88
		g4. Purpose Code	g5. Required Remarks
		O	FOOD FOR VOLUNTEERS
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
BISCUITVILLE 310 S MAIN ST 27253		02/17/2026	\$ 14.49
		g4. Purpose Code	g5. Required Remarks
		O	FOOD FOR VOLUNTEERS
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
DOLLAR TREE 3131 GARDEN ROAD 27215		02/28/2026	\$ 2.67
		g4. Purpose Code	g5. Required Remarks
		O	THANK YOU CARDS
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
OFFICE DEPOT 1825 S. CHURCH STREET		03/30/2026	\$ 180.66
		g4. Purpose Code	g5. Required Remarks
		K	THANK YOU CARDS, PRINTER PAPER
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
ROASTED COFFEE DEPOT 1825 S. CHURCH STREET		02/27/2026	\$ 16.65
		g4. Purpose Code	g5. Required Remarks
		O	COFFEE FOR VOLUNTEERS
4. Total only this Page (This should be the sum of all items 'g3.' from this page)			\$ 0.00
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)			\$ 0.00
6. Purpose Codes (List detailed expenditure code in (g4.))			
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.)			