

# Disclosure Report Cover

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.

Amendment

Yes  No

<b>1. Committee Information</b>										
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 01/28/2026						
				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							
2025	07/01/2025	12/31/2025	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		<table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary  <input type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input checked="" type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special         </td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum								
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special								
7. Type of Fund (if applicable, check one)		10. Special Report Name								
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund  <input type="checkbox"/> Other:										
8. Number of Fundraisers this Report 0										
3. Account Information		3. Account Information								
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name								
b. Purpose	c. Account Code	b. Purpose	c. Account Code							
CAMPAIGN	1									
d. Period Begin Balance		d. Period Begin Balance								
\$ 776.04		\$								
<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		01/28/2026 Date						
<b>FOR OFFICE USE ONLY</b>										
Date Received:	1/29/2026	Employee:	91	Delivery Method						
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail						
Date Scanned:	2/6/2026	Employee:	91	<input type="checkbox"/> Registered Mail						
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered						
				<input type="checkbox"/> Electronically Filed						
				<input type="checkbox"/> Signer has not received mandatory training						
<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	2025 Year End Semi-Annual	
Start of Election Cycle: January 1, 2025		Total this Reporting Period
4) Cash on Hand at Start		\$ 776.04
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 9,100.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 9,100.00
		\$ 9,117.16
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$ 1,089.73
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,089.73
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,786.31
<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
26) Forgiven Loans	(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00

# 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

<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		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments				
			OWNER					
			c. Employer's Name/Specific Field					
			BW TRAILER INC.					
			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
			<input type="checkbox"/>	1	Check		10/27/2025	\$ 1,000.00
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
<b>3. Contributor Information</b>						<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments				
			OWNER					
			c. Employer's Name/Specific Field					
			B&B LOGISTICS					
			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
			<input type="checkbox"/>	1	Check		10/27/2025	\$ 1,000.00
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
<b>3. Contributor Information</b>						<input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments				
			OWNER					
			c. Employer's Name/Specific Field					
			COX TOYOTA					
			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
			<input type="checkbox"/>	1	Check		09/03/2025	\$ 500.00
<input type="checkbox"/>					\$			
<input type="checkbox"/>					\$			
<b>4. Total only this Page</b>						\$ 2,500.00		
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 9,100.00		
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

# Contributions from Individuals

Pg 2 of 3  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>	
CARTER 4 ALAMANCE					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession PRESIDENT	d. Comments
DAN DANIELEY 4464 JIMMY BOWLES RD ELON, NC 27244				c. Employer's Name/Specific Field BURLINGTON-ALAMANCE AIRPORT AUTHORITY	e. Election Sum to Date \$ 250.00
<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		11/18/2025	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession CEO	d. Comments
ALLEN GANT JR 1022 W DAVIS STREET BURLINGTON, NC 27215				c. Employer's Name/Specific Field GLEN RAVEN MILLS	e. Election Sum to Date \$ 3,000.00
<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		09/08/2025	\$ 3,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession PRESIDENT	d. Comments
FD HORNADAY 477 MEADOWOOD DRIVE BURLINGTON, NC 27215				c. Employer's Name/Specific Field KNIT WEAR, INC.	e. Election Sum to Date \$ 2,000.00
<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		09/21/2025	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 5,250.00
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 9,100.00

# Contributions from Individuals

Pg 3 of 3  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>
CARTER 4 ALAMANCE						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
DAN INGLE 6388 RASCOE RD BURLINGTON, NC 27217			RETIRED POLICE CHIEF			
			c. Employer's Name/Specific Field			
			TOWN OF ELON			
			e. Election Sum to Date			
			\$ 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"/>	1	Check		12/17/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
ALLEN PAGE 2300 YORK RD. BURLINGTON, NC 27215			SOUTHEASTERN FIELD DIRECTOR			
			c. Employer's Name/Specific Field			
			FREEDOM WORKS			
			e. Election Sum to Date			
			\$ 250.00			
<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		09/26/2025	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
SAM POWELL 1067 EAST LAKE DRIVE BURLINGTON, NC 27215			OWNER			
			c. Employer's Name/Specific Field			
			CAROLINA BIOLOGICAL			
			e. Election Sum to Date			
			\$ 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		08/29/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 1,350.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 9,100.00

# 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</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 <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	
		c. Level Registered (Specify)	
ALAMANCE COUNTY BOARD OF ELECTIONS 115 S. MAPLE ST. GRAHAM, NC 27253		<input type="checkbox"/> Federal	<input type="checkbox"/> County:
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
		e. Election Sum to Date	
		\$ 84.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
1	Check	K	12/09/2025
			\$ 84.00
<b>k. Required Remarks</b> FILING FEE			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	
		c. Level Registered (Specify)	
ALAMANCE GOP 2643 RAMADA ROAD BURLINGTON, NC 27215		<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County:
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
		e. Election Sum to Date	
		\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
1	Check	G	08/20/2025
			\$ 100.00
<b>k. Required Remarks</b>			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>		b. Coordinated Committee Name	
		c. Level Registered (Specify)	
CENTER METHODIST CHURCH 9204 CENTER CHURCH RD SNOW CAMP, NC 27349		<input type="checkbox"/> Federal	<input type="checkbox"/> County:
		<input type="checkbox"/> State	<input type="checkbox"/> Municipality:
		e. Election Sum to Date	
		\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>
1	Check	O	11/25/2025
			\$ 100.00
<b>k. Required Remarks</b> EVENT DONTATION			
<b>5. Total only this Page</b> \$ 284.00			
<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> <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> \$ 1,089.73			
<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			
<i>* Codes require detailed explanation in required remarks field (k)</i>			

# Disbursements

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>			
CARTER 4 ALAMANCE					
<b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)					
<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			
		c. Level Registered (Specify)			
UPS STORE 2779 S. CHURCH STREET BURLINGTON, NC 27215		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments		
				e. Election Sum to Date \$ 271.00	
f. Account Code <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	K	10/22/2025	\$ 271.00	BOX RENTAL
				\$	
<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	
		c. Level Registered (Specify)			
DISCOVER PO BOX 6103 CAROL STREAM, IL 60197		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 456.73		
f. Account Code <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	K	10/22/2025	\$ 456.73	OFFICE EQUIPMENT
				\$	
<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	
		c. Level Registered (Specify)			
US BANK CARD PO BOX 790408 ST. LOUIS, MO 63179		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 78.00		
f. Account Code <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	K	10/15/2025	\$ 78.00	STAMPS FROM USPS
				\$	
<b>5. Total only this Page</b>					\$ 805.73
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 1,089.73
(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)					

Amendment

# Debts and Obligations Owed By the Committee

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
CARTER 4 ALAMANCE			
<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)		<b>Note:</b> 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>b. Description of Creditor</b> CREDIT CARD PURCHASES	
<b>c. Beginning Balance</b>	<b>d. Total Amount Paid</b>	<b>e. Total Amount Incurred</b>	
\$ 0.00	\$ 456.73	\$ 456.73	
<b>f. Remaining Balance</b> \$ 0.00			
<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)		<b>g2. Date (mm/dd/yyyy)</b> 10/22/2025	
AMAZON PO BOX 81226 SEATTLE, WA 98108		<b>g3. Amount</b> \$ 456.73	
<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>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>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>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>4. Total only this Page</b> (This should be the sum of all items 'g3.' from this page) <b>\$ 0.00</b>			
<b>5. Total of ALL CRO-1610 Pages</b> (This line must be on line 22 of Detailed Summary Page CRO-1100) <b>\$ 0.00</b>			
<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.)			

Amendment

# Debts and Obligations Owed By the Committee

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>		
CARTER 4 ALAMANCE				
<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)		<b>Note:</b> All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.		
US BANK CARD PO BOX 790408 ST. LOUIS, MO 63179		<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>		
\$ 0.00	\$ 78.00	\$ 78.00		
<b>f. Remaining Balance</b>				
\$ 0.00				
<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)		<b>g2. Date (mm/dd/yyyy)</b> <input type="text" value="10/15/2025"/> <b>g3. Amount</b> <input type="text" value="78.00"/>		
USPS 405 MAPLE AVE BURLINGTON, NC 27215		<b>g4. Purpose Code</b> <input type="text" value="I"/> <b>g5. Required Remarks</b> <input type="text" value="POSTAGE"/>		
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b> <input type="text"/> <b>g3. Amount</b> <input type="text"/>		
		<b>g4. Purpose Code</b> <input type="text"/> <b>g5. Required Remarks</b> <input type="text"/>		
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b> <input type="text"/> <b>g3. Amount</b> <input type="text"/>		
		<b>g4. Purpose Code</b> <input type="text"/> <b>g5. Required Remarks</b> <input type="text"/>		
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b> <input type="text"/> <b>g3. Amount</b> <input type="text"/>		
		<b>g4. Purpose Code</b> <input type="text"/> <b>g5. Required Remarks</b> <input type="text"/>		
<b>g1. Purchase Place Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>g2. Date (mm/dd/yyyy)</b> <input type="text"/> <b>g3. Amount</b> <input type="text"/>		
		<b>g4. Purpose Code</b> <input type="text"/> <b>g5. Required Remarks</b> <input type="text"/>		
<b>4. Total only this Page</b> (This should be the sum of all items 'g3.' from this page)		\$ 0.00		
<b>5. Total of ALL CRO-1610 Pages</b> (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 0.00		
<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.)				