

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 | | | c. ID Number | |
| Committee to Elect Terri L. Cartner | | | 1DF3GR | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed | |
| 101 SW 23rd Street Oak Island, NC 28465 | | | 01/31/2025 | |
| | | | e. Phone Number | |
| | | | 336-215-4318 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | |
| 2024 | 01/01/2024 | 12/31/2024 | Ann Schading | |
| 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"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund | | Municipal <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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special | | |
| | | State/County <input type="checkbox"/> Organizational 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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| | | Referendum <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"/> Other: | | | | |
| 8. Number of Fundraisers this Report | | | | |
| | | | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | | |
| Truist | | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code | |
| Campaign Expenses | 101 | | | |
| | d. Period Begin Balance | | d. Period Begin Balance | |
| | \$ 78.82 | | \$ | |
| 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 of Elections. | | | | |
| Ann Schading Printed Name of Signer | | Ann Schading Signature of Appointed Treasurer | | 1/31/25 Date |
| FOR OFFICE USE ONLY | | | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JAN 31 2025 BRUNSWICK COUNTY BOARD OF ELECTIONS </div> | | | | |
| Date Received: | Employee: | Employee: | Delivery Method | |
| | CN | | <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | |
| Date Postmarked: | Employee: | Employee: | <input type="checkbox"/> Signer has not received mandatory training | |
| | | TP | | |
| Date Scanned: | Employee: | Employee: | | |
| | | | | |
| Date Data Entered: | Employee: | Employee: | | |
| | | | | |
| 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 | |
|--|-----------------------------|---------------------------|--|
| Committee to Elect Terril Carter | | 1DF3GR | |
| Start of Election Cycle: January 1, 2024 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 78.82 | \$ 78.82 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 0 | \$ 0 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 87.55 | \$ 87.55 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 0 | \$ 0 | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ 0 | \$ 0 | |
| 9) Loan Proceeds (CRO-1410) | \$ 0 | \$ 0 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ 0 | \$ 0 | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ 0 | \$ 0 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ 0 | \$ 0 | |
| 11c) Outside Sources of Income (CRO-1250) | \$ 4.72 | \$ 4.72 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ 0 | \$ 0 | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ 0 | \$ 0 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 92.27 | \$ 92.27 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 0 | \$ 0 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 0 | \$ 0 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ 0 | \$ 0 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ 0 | \$ 0 | |
| 15) Loan Repayments (CRO-1420) | \$ 0 | \$ 0 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ 83.54 | \$ 83.54 | |
| 17) In-Kind Contributions (CRO-1510) | \$ 87.55 | \$ 87.55 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 171.09 | \$ 171.09 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 0 | \$ 0 | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ | | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ | | |
| 25) Administrative Support (CRO-1710) | \$ | \$ | |
| 26) Forgiven Loans (CRO-1440) | \$ | \$ | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ | |

Contributions from Individuals

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 |
| Committee to Elect Terri L. Cartner | | | | | | 1DF3GR |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Terri L. Cartner 101 SW 23rd Street Oak Island, NC 28465 336-215-4318 | | | No Job Title | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101 | Debit Card | Books Purchased | 07/25/2024 | \$ 87.55 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 87.55 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 87.55 | |

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
|--|--------------------|--|--------------------------------|---|-------------------------|
| Committee to Elect Terri L. Cartner | | | | 1DF3GR | |
| 3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i> | | | | | |
| <input type="checkbox"/> Interest | | <input type="checkbox"/> Contributions from Not-for-Profit Organizations | | <input checked="" type="checkbox"/> Outside Sources of Income | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | b. Not-for-Profit Federal ID # | d. Comments | |
| www. SquareSpace Inc. squarespace.com | | | | Deposited into account by vendor. | |
| | | | | c. Outside Source Explanation | e. Election Sum to Date |
| | | | Debit Card Refund | \$ 4.72 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 101 | Debit Card Deposit | | 07/11/2024 | \$ 4.72 | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | b. Not-for-Profit Federal ID # | d. Comments | |
| | | | | | |
| | | | | c. Outside Source Explanation | e. Election Sum to Date |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> | | | b. Not-for-Profit Federal ID # | d. Comments | |
| | | | | | |
| | | | | c. Outside Source Explanation | e. Election Sum to Date |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$ 4.72 | |
| 6. Total of ALL CRO-1250 Pages | | | | \$ 4.72 | |
| <small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</small> | | | | | |
| <small>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</small> | | | | | |
| <small>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small> | | | | | |

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | |
|---|--|--|---------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Committee to Elect Terri L. Cartner | | | 1DF3GR | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Terri L. Cartner 101 SW 23rd Street Oak Island, NC 28465 336-215-4318 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 07/25/2024 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered | | i. Original Receipt Amount |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: | | <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 87.59 |
| f. Purpose Code | | j. Election Sum to Date | | |
| P | | | | \$ <1,709.50 > |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| No Job Title | Not Employed | | | 101 |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| Cash | Reimbursement for books purchased | 08/09/2024 | \$ 83.54 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered | | i. Original Receipt Amount |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| f. Purpose Code | | j. Election Sum to Date | | |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | \$ | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered | | i. Original Receipt Amount |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| f. Purpose Code | | j. Election Sum to Date | | |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | \$ | |
| 4. Total only this Page | | | | \$ 83.54 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 83.54 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit | | | | |
| P* - Reimbursement of In-Kind O* Other | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | |

In-Kind Contributions

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.

| | | |
|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number |
| Committee to Elect Terri L. Cartner | | 1DF3GR |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| Terri L. Cartner 101 SW 23rd Street Oak Island, NC 28465 336-215-4318 | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date |
| | | \$ |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Government Books | 07/25/2024 | \$ 87.55 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| | <input 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 | |
| | | d. Election Sum to Date |
| | | \$ |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | \$ |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| | <input 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 | |
| | | d. Election Sum to Date |
| | | \$ |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | \$ |
| | | \$ |
| | | \$ |
| 4. Total only this Page | | \$ 87.55 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 87.55 |