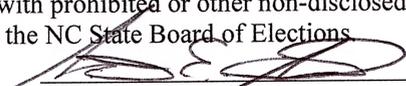


Disclosure Report Cover

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			
Scott Stephenson for Town Council						
b. Mailing Address (include City, State and Zip Code)			d. Date Filed			
103 NW 1st St Oak Island, NC 28465			10/27/2025			
			e. Phone Number			
			303-210-2414			
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name			
2025	09/27/2025	10/20/2025	Scott Stephenson			
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special				
8. Number of Fundraisers this Report		10. Special Report Name				
0						
11. Account Information		11. Account Information				
a. Financial Institution Full Name		a. Financial Institution Full Name				
First Citizens Bank		<div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; color: red; font-weight: bold;">OCT 27 2025</div> <div style="font-size: 0.8em; color: blue; font-weight: bold;">BRUNSWICK COUNTY BOARD OF ELECTIONS</div>				
b. Purpose	c. Account Code				b. Purpose	c. Account Code
Campaign Activity	SS25					
d. Period Begin Balance					d. Period Begin Balance	
\$ 288.89		\$				
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						
<u>SCOTT STEPHENSON</u> Printed Name of Signer		 Signature of Appointed Treasurer		<u>10/26/25</u> Date		
FOR OFFICE USE ONLY						
Date Received:	<u>10/27/25</u>	Employee:	<u>CN</u>			
Date Postmarked:	_____	Employee:	_____			
Date Scanned:	<u>10/30/25</u>	Employee:	<u>NP</u>			
Date Data Entered:	_____	Employee:	_____			
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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	
Scott Stephenson for Town Council		Pre-Election			
Start of Election Cycle: January 1, <u>2025</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 288.89		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 1625.00	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>		\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1625.00		\$ 2796.86	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$ 916.57	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$	
15) Loan Repayments		<i>(CRO-1420)</i>		\$	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 916.57		\$ 1799.54	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 997.32		\$ 997.32	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$	
25) Administrative Support		<i>(CRO-1710)</i>		\$	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$	
27) 48-Hour Notice Reports Sum		<i>(CRO-2220)</i>		\$	
28) Contributions to be Refunded		<i>(CRO-1215)</i>		\$	

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	
Scott Stephenson for Town Council						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Randy Moffitt 806 Ocean Dr Oak Island, NC 28465			General Contractor			
			c. Employer's Name/Specific Field			
			Moffitt Builders, Inc.			
					e. Election Sum to Date	
					\$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ss25	Anedot		9/30/2025	\$ 1000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ronald Russell 2805 E Oak Island Dr Oak Island, NC 28465			Real Estate Agent			
			c. Employer's Name/Specific Field			
			Century 21 Collective			
					e. Election Sum to Date	
					\$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ss25	Check		10/3/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Christine Keelin 127 E Island Dr Oak Island, NC 28465			No job title			
			c. Employer's Name/Specific Field			
			Unemployed			
					e. Election Sum to Date	
					\$ 0	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ss25	Anedot		10/6/2025	\$ 100.00	
<input type="checkbox"/>					\$ 0	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1300.00	
5. Total of ALL CRO-1210 Pages					\$ 1625.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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	
Scott Stephenson for Town Council						
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert Greene Jr 130 SE 40 th St Oak Island, NC 28465			b. Job Title/Profession		d. Comments	
			No Job Title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Unemployed			
				\$ 0		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ss25	Check		10/15/2025	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Tony Morgan 4808 W Beach Dr Oak Island, NC 28465			b. Job Title/Profession		d. Comments	
			No Job Title			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Unemployed			
				\$ 0		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	ss25	Check		10/15/2025	\$ 250.00	
<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					\$ 325.00	
5. Total of ALL CRO-1210 Pages					\$ 1625.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Disbursements

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
Scott Stephenson for Town Council					
3. Type of Disbursement (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	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Peelican Pack and Ship 5008 E Oak Island Dr Unit 2 Oak Island, NC 28465					
		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:		\$ 125.97	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ss25	Debit Card	I	9/30/2025	\$10.72	Postage
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
BuildASign.com / SignsOnTheChp 11525A Stonehollow Drive Suite 100 Austin, TX 78758					
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ss25	Debit Card	B	10/7/2025	\$736.25	Campaign Signs
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Blip Billboards 15991 W 820 N Provo, UT 84601					
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ss25	Debit Card	O	10/9/2025	\$25.00	Billboards
ss25	Debit Card	O	10/14/2025	\$100.00	Billboards
5. Total only this Page					\$ 871.97
6. Total of ALL CRO-1310 Pages					\$ 916.57
<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>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* 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.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Scott Stephenson for Town Council					
3. Type of Disbursement (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	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
Anedot Inc. 3723 Greenville Ave, Ste 41002 Dallas, TX 75206					
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ss25	Anedot	O	9/30/2025	\$40.30	Payment Processing Fee
ss25	Anedot	O	10/6/2025	\$4.30	Payment Processing Fee
4. Payee Information <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)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <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)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 44.60
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)					\$ 916.57
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					