

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 Rose Bryant Terry		6DF117	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
1789 Cedar Hill Road Navassa, NC 28451		01/05/2026	
		e. Phone Number	
		215-868-1286	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/17/25	12/31/25	Henry B Robbins
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	Municipal	State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Truist Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Operating	216		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 0		\$
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>Henry B. Robbins</u> Printed Name of Signer		<u>Henry B Robbins</u> Signature of Appointed Treasurer	
		<u>1-5-26</u> Date	
FOR OFFICE USE ONLY			
Date Received: RECEIVED	Employee: _____	Delivery Method	
Date Postmarked: JAN 05 2026	Employee: _____	<input type="checkbox"/> Normal Mail	
Date Scanned: BRUNSWICK COUNTY BOARD OF ELECTIONS	Employee: <u>HRB</u>	<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	
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		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> 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 Rose Bryant Terry		Final	6DF117	
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$ 0		\$ 0
RECEIPTS				
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 530	\$ 530
6) Contributions from Individuals		(CRO-1210)	\$ 2152.24	\$ 2152.24
7) Contributions from Political Party Committees		(CRO-1220)	\$	\$
8) Contributions from Other Political Committees		(CRO-1230)	\$	\$
9) Loan Proceeds		(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee		(CRO-1240)	\$	\$
11) Other Receipt Sources				
11a) Interest on Bank Accounts		(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)	\$	\$
11c) Outside Sources of Income		(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources		(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales		(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)			\$ 2682.24	\$ 2682.24
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures		(CRO-1310)	\$ 1494.22	\$ 1494.22
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures		(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 83.54	\$ 83.54
15) Loan Repayments		(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee		(CRO-1320)	\$ 602.24	\$ 602.24
17) In-Kind Contributions		(CRO-1510)	\$ 502.24	\$ 502.24
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 2682.24	\$ 2682.24
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)	\$	\$

Aggregated Contributions from Individuals

Page

1 of 1

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> 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	
Committee T o Elect Rose Bryant Terry					6DF117	
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	216	Check		09/18/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		10/09/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		10/09/2025	\$ 30
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		10/14/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		10/16/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		10/27/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		10/27/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		11/03/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		11/06/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		11/06/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	216	Check		11/26/2025	\$ 50
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
4. Total only this Page					\$ 530	
5. Total of ALL CRO-1205 Pages					\$ 530	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</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	
Committee To Elect Rose Bryant Terry					6DF117	
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	
Rose Bryant Terry 1789 Cedar Hill Road Navassa, NC 28451			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	Check		08/14/2025	\$ 100	
<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	
Hnery B Robbins 2550 Mt Misery Road Leland, NC 28451			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 300	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	Check		08/28/2025	\$ 300	
<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	
Avery McAllister 9349 Southern Blvd Winnabow, NC 28479			Pastor			
			c. Employer's Name/Specific Field			
			Lee's Chapel AMEZ Church			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	Check		09/22/2025	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500	
5. Total of ALL CRO-1210 Pages					\$ 2152.24	
<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	
Committee To Elect Rose Bryant Terry					6DF117	
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	
Rose Brynat Terry 1789 Cedar Hill Road Navassa, NC 28451						
					e. Election Sum to Date	
		\$		481.93		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	In-Kind	Signs/Material	10/10/2025	\$	381.93
<input checked="" type="checkbox"/>		Check		10/10/2025	\$	100
<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	
Clifton Ballard 2539 Old Cedar Loop Road Navassa, NC 28451			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
		\$		100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	Check			\$	100
<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	
Norman Willis 1690 Cedar Hill Road Navassa, NC 28451			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
		\$		150		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	Check			\$	150
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	631.93
5. Total of ALL CRO-1210 Pages					\$	2152.24
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 Rose Bryant Terry					6DF117	
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	
Annette Beatty 1725 Princeton Street Winston Salem, NC 27103			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
					\$ 200	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	216	Check		10/10/2025		\$ 200
<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	
Dr. Virginia W. Adams 331 Hidden Valley Road Wilmington, NC 28409			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	216	Check		10/10/2025		\$ 100
<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	
Dr. Myrtle E. Ashcraft 310 Regiment Ct Odenton, MD 21113			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
					\$ 300	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	216	Check		10/16/2025		\$ 300
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 600	
5. Total of ALL CRO-1210 Pages					\$ 2152.24	
<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	
Committee To Elect Rose Bryant Terry					6DF117	
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	
Lydia K. Davis 916 Turgotine Ln Wilmington, NC 28412			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	Check		10/21/2025	\$ 100	
<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	
Jewell Todd William 1055 Golden Sands Way Leland, NC 28451			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	check		10/27/2025	\$ 100	
<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	
Ms Aquinetta Beatty PO Box 255 Bolivia, NC 28422			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	check		11/06/2025	\$ 100	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300	
5. Total of ALL CRO-1210 Pages					\$ 2152.24	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</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	
Committee To Elect Rose Bryant Terry					6DF117	
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	
Rose Bryant Terry 1789 Cedar Hill Road Navassa, NC 28451			No Job Title			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 602.24	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	216	In- Kind	Event Food	11/06/2025	\$ 120.31	
<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					\$ 120.31	
5. Total of ALL CRO-1210 Pages					\$ 2152.24	
<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
Committee To Elect Rose Bryant Terry					6D117
3. Type of Disbursement <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					
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
Alphagraphics 3534 S College Road Wilmington, NC 28412					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 107.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Check	B	09/05/2025	\$107.54	Campaign Cards
				\$	
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
USPS 1123 Village Road Leland, NC 28451					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 156
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Debit Card	I	09/30/2025	\$78	
216	Debit Card	I	10/02/2025	\$78	
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
Alphagraphics 3534 S College Road Wilmington, NC 28412					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 161.58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Debit Card	B	10/06/2025	\$54.04	Campaign Cards etc.
				\$	
5. Total only this Page					\$ 317.58
6. Total of ALL CRO-1310 Pages					\$ 1494.22
<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		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* - Other				H* - Holding Public Office Expenses	
				K* - 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
Committee To Elect Rose Bryant Terry					6DF117
3. Type of Disbursement <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					
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	
New Hanover Printing 2145 Wrightsville Ave Wilmington, NC 28403					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Debit Card	B	10/10/2025	\$143.27	Campaign Cards, etc.
				\$	
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	
Staples 322 College Road Wilmington, NC 28403					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Debit Card	O	10/31/2025	\$64.19	Misc Office Supplies
				\$	
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	
Subway 103 Village Road Leland, NC 28451					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Debit Card	O	11/05/2025	\$56.30	Food
				\$	
5. Total only this Page					\$ 263.76
6. Total of ALL CRO-1310 Pages					\$ 1494.22
<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	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.

1. Committee Full Name (and Fund if applicable)					2. ID Number
Committee To Elect Rose Bryant Terry					6DF117
3. Type of Disbursement <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					
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	
Shout Productions 5000 Blue Clay Road Castle Hayne, NC 28429					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Debit	O	11/18/2025	\$75	Candidate Picture
				\$	
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	
Harris Teeter 2021 Old Regent Way Leland, NC 28451					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 335.36	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Debit	O	12/19/2025	\$335.36	Event Food
				\$	
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	
Calvary Community Care 325 Main St Navassa, NC 28451					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
216	Bank Check	O	12/31/2025	\$502.52	Contribution 501c(3)
				\$	
5. Total only this Page					\$ 912.88
6. Total of ALL CRO-1310 Pages					\$ 1494.22
<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)					

Refunds/Reimbursements From the Committee

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 Rose Bryant Terry			6DF117	
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
Rose Bryant Terry 1789 Cedar Hill Road Navassa, NC 28451		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		08/14/2025
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 100
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
		L		\$ 100
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No Job Title	Not Employed	Initial Bank Deposit		216
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Bank Draft	Reimburse Original Deposit	12/31/2025	\$ 100	
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
Rose Bryant Terry 1789 Cedar Hill Road Navassa, NC 28451		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/10/2025
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 381.93
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
		P		\$ 481.93
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No Job Title	Not Employed	Signs/Materials		216
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Bank Draft	Reimburse for Campaign Signs	12/31/2025	\$ 381.93	
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
Rose Bryant Terry 1789 Cedar Hill Road Navassa, NC 28451		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/06/2025
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 120.31
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
		O		\$ 602.24
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No Job Title	Not Employed	Event Food		216
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Bank Draft	Food for Campaign Event	12/31/2025	\$ 120.31	
4. Total only this Page				\$ 602.24
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 602.24
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		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Rose Bryant Terry		6DF117	
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
Rose Bryant Terry 1789 Cedar Hill Road Navassa, NC 28451		<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
			\$ 481.93
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Signs/Materials		10/10/2025	\$ 381.93
			\$
			\$
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
Rose Bryant Terry 1789 Cedar Hill Road Navassa, NC 28451		<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
			\$ 602.24
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Event Food		11/06/2025	\$ 120.31
			\$
			\$
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			\$ 502.24
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 502.24