

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 Scott Stephenson for Town Council	c. ID Number
b. Mailing Address (include City, State and Zip Code) 103 NW 1 st St Oak Island, NC 28465	d. Date Filed 1/26/26
	e. Phone Number 303-210-2414

RECEIVED

JAN 26 2026

BRUNSWICK COUNTY
BOARD OF ELECTIONS

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 10/21/25	4. Period End Date (mm/dd/yy) 1/27/26	5. Treasurer Full Name Scott Stephenson
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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	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input 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 First Citizens Bank		a. Financial Institution Full Name	
b. Purpose	c. Account Code ss25	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 997.32		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Scott Stephenson _____ 1/24/26 _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: <u>1-26-26</u>	Employee: <u>NP</u>	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
Date Postmarked: _____	Employee: _____	
Date Scanned: <u>1-26-26</u>	Employee: <u>NP</u>	
Date Data Entered: _____	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

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Reporting Period	3. ID Number	
Scott Stephenson for Town Council	Year End		
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 997.32	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$	\$
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$ 100.00	\$ 2896.86
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>		\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$ 564.61	\$ 1942.29
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>	\$ 100.00	\$
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$ 0	\$ 521.86
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 664.61	\$ 2464.15
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 432.71	\$ 432.71
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

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) Virginia Bowen 204 Barbee Blvd Oak Island, NC 28465			b. Job Title/Profession No Job Title		d. Comments		
			c. Employer's Name/Specific Field Not Employed				
			e. Election Sum to Date \$ 100.00				
			f. Prior		g. Account Code		h. Form of Payment
<input type="checkbox"/>		ss25		Check		i. In-Kind Description	
						j. Date (mm/dd/yyyy) 10/27/25	
						k. Amount \$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
			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
<input type="checkbox"/>						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							
			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
<input type="checkbox"/>						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					\$		
5. Total of ALL CRO-1210 Pages					\$		
<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					
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	
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:			
				\$ 645.01	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ss25	Debit Card	O	10/27/25	\$120.00	Print Media
ss25	Debit Card	O	10/29/25	\$80.00	Print Media
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:			
				\$ 645.01	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ss25	Debit Card	O	10/31/25	\$80.00	Print Media
ss25	Debit Card	O	11/3/25	\$80.00	Print Media
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:			
				\$ 645.01	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ss25	Debit Card	O	11/4/25	\$80.01	Print Media
ss25	Debit Card	O	11/6/25	\$80.00	Print Media
5. Total only this Page					\$ 520.01
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 564.61
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
Scott Stephenson for Town Council					
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	
Cross Roads Gathering 128 Country Club Dr 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:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ss25	Debit Card	O	11/3/25	\$44.60	Refreshments
				\$	
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 <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>					\$ 564.61
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

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

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Scott Stephenson for Town Council				
3. Payee Information <input checked="" 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
Scott Stephenson 103 NW 1 st St Oak Island, NC 28465		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		8/29/25
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 100.00
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
		N		\$ 100.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
No Job Title	Not Employed			ss25
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
Draft	• Refund of prohibited contribution originally received 8/29/25	1/24/26	\$ 100.00	
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 (Specify)		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 (Specify)		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				\$ 100.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 100.00
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)				