

# 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<br><u>Friends of Laura</u>                                                                                                                                                                                                                                                                                                                                       |                                                      | c. ID Number<br><u>2CBFEG</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |
| b. Mailing Address (include City, State and Zip Code)<br><u>133 Eagles Terrace</u><br><u>Shelby, NC 28150</u>                                                                                                                                                                                                                                                                 |                                                      | d. Date Filed<br><u>02/23/2026</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                      | e. Phone Number<br><u>704-477-5771</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |
| 2. Report Year<br><u>2026</u>                                                                                                                                                                                                                                                                                                                                                 | 3. Period Start Date (mm/dd/yy)<br><u>01/01/2026</u> | 4. Period End Date (mm/dd/yy)<br><u>02/14/2026</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. Treasurer Full Name<br><u>Aubrey Melia Stover</u> |
| 6. Type of Committee (Check One)<br><input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser                           |                                                      | 9. Type of Report (check only one type of report from one category)<br><b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |                                                      |
| 7. Type of Fund (if applicable, check one)<br><input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:                                                                                                                                                                                                              |                                                      | 10. Special Report Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| 8. Number of Fundraisers this Report<br><u>0</u>                                                                                                                                                                                                                                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
| <b>11. Account Information</b>                                                                                                                                                                                                                                                                                                                                                |                                                      | <b>11. Account Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |
| a. Financial Institution Full Name<br><u>Wells Fargo</u>                                                                                                                                                                                                                                                                                                                      |                                                      | a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |
| b. Purpose<br><u>Campaign</u>                                                                                                                                                                                                                                                                                                                                                 | c. Account Code<br><u>01</u>                         | b. Purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | c. Account Code                                      |
|                                                                                                                                                                                                                                                                                                                                                                               | d. Period Begin Balance<br><u>\$ 4863.28</u>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d. Period Begin Balance<br><u>\$</u>                 |
| <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 of Elections. |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
| <u>A. Melia Stover</u><br>Printed Name of Signer                                                                                                                                                                                                                                                                                                                              |                                                      | <u>A. Melia Stover</u><br>Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                      | <u>02/22/26</u><br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
| Date Received: <u>2/22/26</u>                                                                                                                                                                                                                                                                                                                                                 | Employee: <u>CA</u>                                  | Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input checked="" type="checkbox"/> Electronically Filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                      |
| Date Postmarked: _____                                                                                                                                                                                                                                                                                                                                                        | Employee: _____                                      | <input type="checkbox"/> Signer has not received mandatory training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |
| Date Scanned: _____                                                                                                                                                                                                                                                                                                                                                           | Employee: _____                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
| Date Data Entered: _____                                                                                                                                                                                                                                                                                                                                                      | Employee: _____                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |
| <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.<br>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              |
| Friends of Laura                                                             |            | 1 <sup>st</sup> quarter - county | 2CBFEG                    |
| Start of Election Cycle: January 1, <u>2026</u>                              |            | Total this Reporting Period      | Total this Election Cycle |
| 4) Cash on Hand at Start                                                     |            | \$ 4863.28                       | \$ 12672.44               |
| <b>RECEIPTS</b>                                                              |            |                                  |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      | \$ 204.00  | \$ 204.00                        |                           |
| 6) Contributions from Individuals (CRO-1210)                                 | \$ 5400.00 | \$ 12322.44                      |                           |
| 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)                           | \$         | \$                               |                           |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  | \$         | \$                               |                           |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 5604.00 | \$ 12,526.44                     |                           |
| <b>EXPENDITURES</b>                                                          |            |                                  |                           |
| 13) Disbursements                                                            |            |                                  |                           |
| 13a) Operating Expenditures (CRO-1310)                                       | \$ 8463.62 | \$ 10,722.78                     |                           |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             | \$         | \$                               |                           |
| 13c) Coordinated Party Expenditures (CRO-1310)                               | \$         | \$                               |                           |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             | \$         | \$                               |                           |
| 15) Loan Repayments (CRO-1420)                                               | \$         | \$                               |                           |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     | \$         | \$                               |                           |
| 17) In-Kind Contributions (CRO-1510)                                         | \$ 54.00   | \$ 54.00                         |                           |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          | \$ 8517.62 | \$ 10,776.78                     |                           |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1949.66 | \$ 1949.66                       |                           |
| <b>ADDITIONAL INFORMATION</b>                                                |            |                                  |                           |
| 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)                                  | \$         | \$                               |                           |

Page 1 of 1

☐ Yes ☒ No

|                                                 |              |
|-------------------------------------------------|--------------|
| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
| Friends of Laura                                | 2CBFEG       |

|                                                 |              |
|-------------------------------------------------|--------------|
| 1. Committee Full Name (and Fund if applicable) | 2. ID Number |
| Friends of Laura                                | 2CBFEG       |

[illegible]

|                         |           |
|-------------------------|-----------|
| 4. Total only this Page | \$ 204.00 |
|-------------------------|-----------|

|                                                                                                                 |           |
|-----------------------------------------------------------------------------------------------------------------|-----------|
| <b>5. Total of ALL CRO-1205 Pages</b><br><i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | \$ 204.00 |
|-----------------------------------------------------------------------------------------------------------------|-----------|

CRO-1205 NC State Board of Elections April 2007

# Contributions from Individuals

Pg 1 of 2

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 |                         |
| Friends of Laura                                                                                  |                 |                    |                        |                                   | 2CBFEG       |                         |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |              |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |              | d. Comments             |
| Peggy Goforth<br>100 Hogan Dr.<br>Shelby, NC 28150                                                |                 |                    |                        | retired                           |              |                         |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |              | e. Election Sum to Date |
|                                                                                                   |                 |                    |                        |                                   |              | \$ 100.00               |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount    |                         |
| <input type="checkbox"/>                                                                          | 01              | check              |                        | 02/11/2026                        | \$ 100.00    |                         |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$           |                         |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$           |                         |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |              |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                             |                 |                    |                        | b. Job Title/Profession           |              | d. Comments             |
| Roger Harris<br>1713 Barbee Rd.<br>Shelby, NC 28150                                               |                 |                    |                        | retired                           |              |                         |
|                                                                                                   |                 |                    |                        | c. Employer's Name/Specific Field |              | e. Election Sum to Date |
|                                                                                                   |                 |                    |                        |                                   |              | \$ 100.00               |
| f. Prior                                                                                          | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount    |                         |
| <input type="checkbox"/>                                                                          | 01              | check              |                        | 02/14/2026                        | \$ 100.00    |                         |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$           |                         |
| <input type="checkbox"/>                                                                          |                 |                    |                        |                                   | \$           |                         |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                 |                    |                        |                                   |              |                         |
| a. Full Name, Mailing Address & Phone<br>(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                                                                           |                 |                    |                        |                                   | \$ 200.00    |                         |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                                   | \$ 5400.00   |                         |

# Contributions from Individuals

Pg 2 of 2

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)<br><b>Friends of Laura</b>                                                                     |                 |                    |                        |                                                           | 2. ID Number<br><b>2CBFEG</b> |                                              |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                             |                 |                    |                        |                                                           |                               |                                              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Doug Brown<br/>1402 Stone Gate Dr.<br/>Shelby, NC 28150</b>        |                 |                    |                        | b. Job Title/Profession<br><b>retired</b>                 |                               | d. Comments                                  |
|                                                                                                                                                |                 |                    |                        | c. Employer's Name/Specific Field                         |                               |                                              |
|                                                                                                                                                |                 |                    |                        |                                                           |                               | e. Election Sum to Date<br>\$ <b>5000.00</b> |
| f. Prior                                                                                                                                       | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                      | k. Amount                     |                                              |
| <input type="checkbox"/>                                                                                                                       | <b>01</b>       | <b>check</b>       |                        | <b>01/21/2026</b>                                         | \$ <b>5000.00</b>             |                                              |
| <input type="checkbox"/>                                                                                                                       |                 |                    |                        |                                                           | \$                            |                                              |
| <input type="checkbox"/>                                                                                                                       |                 |                    |                        |                                                           | \$                            |                                              |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |                 |                    |                        |                                                           |                               |                                              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Christina Alexander<br/>409 Beaumonde Ave<br/>Shelby, NC 28150</b> |                 |                    |                        | b. Job Title/Profession<br><b>Nurse Practitioner</b>      |                               | d. Comments                                  |
|                                                                                                                                                |                 |                    |                        | c. Employer's Name/Specific Field<br><b>Atrium Health</b> |                               |                                              |
|                                                                                                                                                |                 |                    |                        |                                                           |                               | e. Election Sum to Date<br>\$ <b>100.00</b>  |
| f. Prior                                                                                                                                       | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                      | k. Amount                     |                                              |
| <input type="checkbox"/>                                                                                                                       | <b>01</b>       | <b>check</b>       |                        | <b>01/29/2026</b>                                         | \$ <b>100.00</b>              |                                              |
| <input type="checkbox"/>                                                                                                                       |                 |                    |                        |                                                           | \$                            |                                              |
| <input type="checkbox"/>                                                                                                                       |                 |                    |                        |                                                           | \$                            |                                              |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |                 |                    |                        |                                                           |                               |                                              |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Michael Keeley<br/>213 Deer Chase Rd.<br/>Shelby, NC 28150</b>     |                 |                    |                        | b. Job Title/Profession<br><b>retired</b>                 |                               | d. Comments                                  |
|                                                                                                                                                |                 |                    |                        | c. Employer's Name/Specific Field                         |                               |                                              |
|                                                                                                                                                |                 |                    |                        |                                                           |                               | e. Election Sum to Date<br>\$ <b>100.00</b>  |
| f. Prior                                                                                                                                       | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                      | k. Amount                     |                                              |
| <input type="checkbox"/>                                                                                                                       | <b>01</b>       | <b>check</b>       |                        | <b>01/29/2026</b>                                         | \$ <b>100.00</b>              |                                              |
| <input type="checkbox"/>                                                                                                                       |                 |                    |                        |                                                           | \$                            |                                              |
| <input type="checkbox"/>                                                                                                                       |                 |                    |                        |                                                           | \$                            |                                              |
| 4. Total only this Page                                                                                                                        |                 |                    |                        |                                                           | \$ <b>5200.00</b>             |                                              |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                                              |                 |                    |                        |                                                           | \$ <b>5400.00</b>             |                                              |

# Disbursements

Pg 1 of 2

Amendment  
☐ 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>                          |  |
| Friends of Laura                                                                                                                                                                         |                           |                        |                             |                                                                                                                                                                                               |                            | 2CBFEG                                       |  |
| <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                                                                                                 |                           |                        |                             |                                                                                                                                                                                               |                            |                                              |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Vista Print<br>275 Wyman St.<br>Waltham, MA 02451                                                |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                                                          |                            | <b>d. Comments</b><br><br><br>               |  |
|                                                                                                                                                                                          |                           |                        |                             | Friends of Laura                                                                                                                                                                              |                            |                                              |  |
|                                                                                                                                                                                          |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                              |  |
|                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                                                               |                            | <b>e. Election Sum to Date</b><br>\$ 5231.80 |  |
| <b>f. Account Code</b>                                                                                                                                                                   | <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> |                                              |  |
| 01                                                                                                                                                                                       | debit card                | B                      | 01/20/2026                  | \$ 370.62                                                                                                                                                                                     | postcards & stickers       |                                              |  |
| 01                                                                                                                                                                                       | debit card                | I                      | 02/02/2026                  | \$ 4861.18                                                                                                                                                                                    | postcard mailing service   |                                              |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                             |                                                                                                                                                                                               |                            |                                              |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Walgreens<br>820 N. Dekalb St.<br>Shelby, NC 28150                                               |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                                                          |                            | <b>d. Comments</b><br><br><br>               |  |
|                                                                                                                                                                                          |                           |                        |                             | Friends of Laura                                                                                                                                                                              |                            |                                              |  |
|                                                                                                                                                                                          |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                              |  |
|                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                                                               |                            | <b>e. Election Sum to Date</b><br>\$ 5.12    |  |
| <b>f. Account Code</b>                                                                                                                                                                   | <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> |                                              |  |
| 01                                                                                                                                                                                       | debit card                | B                      | 01/20/2026                  | \$ 5.12                                                                                                                                                                                       | business cards             |                                              |  |
|                                                                                                                                                                                          |                           |                        |                             | \$                                                                                                                                                                                            |                            |                                              |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                             |                                                                                                                                                                                               |                            |                                              |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>USPS<br>101 N. Main St.<br>Boiling Springs, NC 28017                                             |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                                                          |                            | <b>d. Comments</b><br><br><br>               |  |
|                                                                                                                                                                                          |                           |                        |                             | Friends of Laura                                                                                                                                                                              |                            |                                              |  |
|                                                                                                                                                                                          |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                              |  |
|                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                                                               |                            | <b>e. Election Sum to Date</b><br>\$ 31.20   |  |
| <b>f. Account Code</b>                                                                                                                                                                   | <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> |                                              |  |
| 01                                                                                                                                                                                       | debit card                | I                      | 01/21/2026                  | \$ 31.20                                                                                                                                                                                      | stamps                     |                                              |  |
|                                                                                                                                                                                          |                           |                        |                             | \$                                                                                                                                                                                            |                            |                                              |  |
| <b>5. Total only this Page</b>                                                                                                                                                           |                           |                        |                             |                                                                                                                                                                                               |                            | \$ 5268.12                                   |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                    |                           |                        |                             |                                                                                                                                                                                               |                            | \$ 8463.62                                   |  |
| <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>                                                                                  |                           |                        |                             |                                                                                                                                                                                               |                            |                                              |  |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>                                                                                                            |                           |                        |                             |                                                                                                                                                                                               |                            |                                              |  |
| 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

Pg 2 of 2

Amendment  
☐ 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><br>Friends of Laura                                                                                                                                                                                                                                              |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      | <b>2. ID Number</b><br>2CB FEG                                             |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i><br><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                                                                                                                                                                                                                                |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      |                                                                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Shelby Shopper<br>503 N. Lafayette St.<br>Shelby, NC 28150                                                                                                                                                                      |                                  |                      |                                    | <b>b. Coordinated Committee Name</b><br>Friends of Laura<br><br><b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                      | <b>d. Comments</b><br><br><br><b>e. Election Sum to Date</b><br>\$ 3100.50 |  |
| f. Account Code<br>01                                                                                                                                                                                                                                                                                                   | g. Form of Payment<br>debit card | h. Purpose Code<br>A | i. Date (mm/dd/yyyy)<br>01/29/2026 | j. Amount<br>\$ 3100.50                                                                                                                                                                                                                                       | k. Required Remarks<br>newspaper ads |                                                                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      |                                                                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>The Victorian Rose<br>212 S. Lafayette St.<br>Shelby, NC 28152                                                                                                                                                                  |                                  |                      |                                    | <b>b. Coordinated Committee Name</b><br>Friends of Laura<br><br><b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                      | <b>d. Comments</b><br><br><br><b>e. Election Sum to Date</b><br>\$ 95.00   |  |
| f. Account Code<br>01                                                                                                                                                                                                                                                                                                   | g. Form of Payment<br>check      | h. Purpose Code<br>B | i. Date (mm/dd/yyyy)<br>02/04/2026 | j. Amount<br>\$ 95.00                                                                                                                                                                                                                                         | k. Required Remarks<br>photography   |                                                                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      |                                                                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                        |                                  |                      |                                    | <b>b. Coordinated Committee Name</b>                                                                                                                                                                                                                          |                                      | <b>d. Comments</b>                                                         |  |
| <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:                                                                                                                                      |                                  |                      |                                    | <b>e. Election Sum to Date</b><br>\$                                                                                                                                                                                                                          |                                      |                                                                            |  |
| f. Account Code                                                                                                                                                                                                                                                                                                         | g. Form of Payment               | h. Purpose Code      | i. Date (mm/dd/yyyy)               | j. Amount                                                                                                                                                                                                                                                     | k. Required Remarks                  |                                                                            |  |
|                                                                                                                                                                                                                                                                                                                         |                                  |                      |                                    | \$                                                                                                                                                                                                                                                            |                                      |                                                                            |  |
|                                                                                                                                                                                                                                                                                                                         |                                  |                      |                                    | \$                                                                                                                                                                                                                                                            |                                      |                                                                            |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                                          |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      | \$ 3195.50                                                                 |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                                                   |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      | \$ 8463.62                                                                 |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      |                                                                            |  |
| <b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>                                                                                                                                                                                                                                           |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      |                                                                            |  |
| 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)                                                                                                                                                                                                                                                        |                                  |                      |                                    |                                                                                                                                                                                                                                                               |                                      |                                                                            |  |

# In-Kind Contributions

Pg 1 of 1

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.

|                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                     |  | <b>2. ID Number</b>                                                                                                                                                                                                                                                             |  |
| Friends of Laura                                                                                                                                                                                                                                                           |  | 2CBFEG                                                                                                                                                                                                                                                                          |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                 |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><small>(include city, state, &amp; zip)</small><br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Mark Beaver<br/> c/o Beaver Bail Bonds<br/> 517 S. Dekalb St.<br/> Shelby, NC 28150 </div>    |  | <b>b. Type of Contributor</b><br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |  |
|                                                                                                                                                                                                                                                                            |  | <b>c. Comments</b><br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                            |  | <b>d. Election Sum to Date</b><br>\$ 39.99                                                                                                                                                                                                                                      |  |
| <b>e. Description</b><br>50 yard sign posts                                                                                                                                                                                                                                |  | <b>f. Date (mm/dd/yyyy)</b><br>02/10/2026                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                            |  | <b>g. Fair Market Amount</b><br>\$ 39.99                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                            |  | \$                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                            |  | \$                                                                                                                                                                                                                                                                              |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                 |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><small>(include city, state, &amp; zip)</small><br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Jeff Walker<br/> c/o Jammn J's Pizza Factory<br/> 1011 Grove St.<br/> Shelby, NC 28152 </div> |  | <b>b. Type of Contributor</b><br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |  |
|                                                                                                                                                                                                                                                                            |  | <b>c. Comments</b><br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                            |  | <b>d. Election Sum to Date</b><br>\$ 14.01                                                                                                                                                                                                                                      |  |
| <b>e. Description</b><br>meal                                                                                                                                                                                                                                              |  | <b>f. Date (mm/dd/yyyy)</b><br>02/06/2026                                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                            |  | <b>g. Fair Market Amount</b><br>\$ 14.01                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                            |  | \$                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                            |  | \$                                                                                                                                                                                                                                                                              |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                 |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><small>(include city, state, &amp; zip)</small><br><div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>                                                                                         |  | <b>b. Type of Contributor</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |  |
|                                                                                                                                                                                                                                                                            |  | <b>c. Comments</b><br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>                                                                                                                                                                               |  |
|                                                                                                                                                                                                                                                                            |  | <b>d. Election Sum to Date</b><br>\$                                                                                                                                                                                                                                            |  |
| <b>e. Description</b><br>                                                                                                                                                                                                                                                  |  | <b>f. Date (mm/dd/yyyy)</b><br>                                                                                                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                            |  | <b>g. Fair Market Amount</b><br>\$                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                            |  | \$                                                                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                            |  | \$                                                                                                                                                                                                                                                                              |  |
| <b>4. Total only this Page</b>                                                                                                                                                                                                                                             |  | \$ 54.00                                                                                                                                                                                                                                                                        |  |
| <b>5. Total of ALL CRO-1510 Pages</b><br><small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>                                                                                                                                                   |  | \$ 54.00                                                                                                                                                                                                                                                                        |  |