

# Independent Expenditure Report

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163-278.6(9a).

Amendment  
☐ Yes ☒ No

## I. Reporting Entity Information

|                                                                                                                                                                                              |  |                                                                                                                                                                                |  |                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|
| a. Full Name of Entity Making Disbursement<br>STATE + LOCAL ELECTION ALLIANCE                                                                                                                |  | d. Entity Type (Check One)<br><input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Other Organization<br><input type="checkbox"/> Nonprofit Organization |  | e. Federal ID Number (if applicable)<br>C00812495 |  |
| b. Mailing Address (include City, State and Zip Code) and Phone Number<br>STATE + LOCAL ELECTION ALLIANCE<br>600 PENNSYLVANIA AVE SE<br>UNIT 15180<br>WASHINGTON, DC 20003<br>(202) 544-6960 |  |                                                                                                                                                                                |  | f. Date Filed<br>10/26/2026                       |  |
|                                                                                                                                                                                              |  |                                                                                                                                                                                |  | g. Employer's Name or Principal Place of Business |  |
|                                                                                                                                                                                              |  |                                                                                                                                                                                |  | h. Occupation                                     |  |

|                                                                                                                                                                                                                                                                                                                                                                |  |                                                 |  |                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|-----------------------------------------------|--|
| c. Report Type<br><input type="checkbox"/> Initial<br><input type="checkbox"/> 48 Hour<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Semi-Annual<br><input type="checkbox"/> First<br><input type="checkbox"/> Mid Year<br><input checked="" type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth |  |                                                 |  |                                               |  |
| 2. Report Year<br>2026                                                                                                                                                                                                                                                                                                                                         |  | 3. Period Start Date (mm/dd/yyyy)<br>10/01/2026 |  | 4. Period End Date (mm/dd/yyyy)<br>10/17/2026 |  |

## 5. Custodian of Books

|                                                                                                                                                      |  |                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|--|
| a. Full Name of Entity's Custodian of Books and Accounts<br>ERIC MING                                                                                |  | c. Employer's Name or Principal Place of Business<br>CUSTODIAN OF BOOKS |  |
| b. Mailing Address (include City, State and Zip Code) and Phone Number<br>ERIC MING<br>600 PENNSYLVANIA AVE SE<br>UNIT 15180<br>WASHINGTON, DC 20003 |  | d. Occupation<br>STATE + LOCAL ELECTION ALLIANCE                        |  |

|                                  |    |              |
|----------------------------------|----|--------------|
| 6. Total Contributions ALL Pages | \$ | 0.00         |
| 7. Total Expenditures ALL Pages  | \$ | 1,068,729.40 |

## CERTIFICATION

I certify that this statement is complete, true and correct.

Eric Ming  
 Digitally signed by Eric Ming  
 Date: 2026.10.26 16:03:27 -04'00'  
 10/26/2026

# Disbursements for Independent Expenditures

Page 1 of 14

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

|                                                                                                                                           |                                                 |                                           |                                                                                                   |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------|
| a. Item Number<br>1                                                                                                                       | b. Disbursement Date (mm/dd/yyyy)<br>10/02/2026 | c. Communication Start Date<br>10/02/2026 | d. Purpose (including title(s) of communication(s))<br>Website Design Services - NCJudgeFacts.com | f. Amount<br>\$ 3,500.00 |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number<br>NICK BEAUREGARD<br>4717 EADS ST NE<br>WASHINGTON, DC 20019 |                                                 |                                           |                                                                                                   |                          |

|                                        |                                                                                |                       |                                                                                                                                                                          |                                                     |
|----------------------------------------|--------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Candidate Full Name<br>GEORGE BELL     | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Amount<br>\$ 1,166.67 | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> Other Office: NC COURT OF APPEALS | Co./Municipal Office<br>_____<br>County/District: 2 |
| Candidate Full Name<br>CRAIG COLLINS   | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Amount<br>\$ 1,166.67 | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> Other Office: NC COURT OF APPEALS | Co./Municipal Office<br>_____<br>County/District: 3 |
| Candidate Full Name<br>MICHAEL C BYRNE | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Amount<br>\$ 1,166.66 | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input checked="" type="checkbox"/> Other Office: NC COURT OF APPEALS | Co./Municipal Office<br>_____<br>County/District: 1 |

## 2. Total Disbursements THIS Page (sum all the 'If' entries on this page)

\$ 62,086.61

## 3. Total Disbursements ALL Pages (sum all the 'If' entries on all disbursement pages)

\$ 1,325,293.06

CRO-2210c

NC State Board of Elections

October 2010

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

| a. Item Number                                                                                                                                              | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                                                                   | d. Purpose (including title(s) of communication(s))     | f. Amount          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------|
| 2                                                                                                                                                           | 10/14/2026                        | 10/14/2026                                                                                                                                                                                    | Texting Services - Candidate Bio, Early Vote, and E-Day |                    |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>BRUSHFIRE, LLC<br>3050 K ST NW<br>STE 210<br>WASHINGTON, DC 20007 |                                   |                                                                                                                                                                                               |                                                         |                    |
| <b>Candidate Full Name</b><br>ROBERT REIVES                                                                                                                 |                                   |                                                                                                                                                                                               |                                                         |                    |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                              |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ Co. /Municipal Office: COUNTY COMMISSION Co. LEE<br>County/District: _____  |                                                         | Amount \$ 750.00   |
| <b>Candidate Full Name</b><br>JAMEY LAUDATE                                                                                                                 |                                   |                                                                                                                                                                                               |                                                         |                    |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                              |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ Co. /Municipal Office: COUNTY COMMISSION Co. LEE<br>County/District: _____  |                                                         | Amount \$ 1,302.42 |
| <b>Candidate Full Name</b><br>RAY RUSSELL                                                                                                                   |                                   |                                                                                                                                                                                               |                                                         |                    |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                              |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ Co. /Municipal Office: COUNTY COMMISSION Co. WATA<br>County/District: _____ |                                                         | Amount \$ 758.31   |
| a. Item Number                                                                                                                                              | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                                                                   | d. Purpose (including title(s) of communication(s))     |                    |
| 2                                                                                                                                                           | 10/14/2026                        | 10/14/2026                                                                                                                                                                                    | Texting Services - Candidate Bio, Early Vote, and E-Day |                    |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>BRUSHFIRE, LLC<br>3050 K ST NW<br>STE 210<br>WASHINGTON, DC 20007 |                                   |                                                                                                                                                                                               |                                                         |                    |
| <b>Candidate Full Name</b><br>DENNIS MCCLAWHORN                                                                                                             |                                   |                                                                                                                                                                                               |                                                         |                    |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                              |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ Co. /Municipal Office: COUNTY COMMISSION Co. PITT<br>County/District: _____ |                                                         | Amount \$ 2,007.18 |
| <b>Candidate Full Name</b><br>SEAN EWING                                                                                                                    |                                   |                                                                                                                                                                                               |                                                         |                    |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                              |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ Co. /Municipal Office: COUNTY COMMISSION Co. ALAM<br>County/District: _____ |                                                         | Amount \$ 4,612.21 |
| <b>Candidate Full Name</b><br>BLAKE PRICE                                                                                                                   |                                   |                                                                                                                                                                                               |                                                         |                    |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                              |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ Co. /Municipal Office: COUNTY COMMISSION Co. PITT<br>County/District: _____ |                                                         | Amount \$ 2,110.92 |
| <b>f. Amount</b><br>\$ 58,586.61                                                                                                                            |                                   |                                                                                                                                                                                               |                                                         |                    |

| a. Item Number                                                              | b. Disbursement Date (mm/dd/yyyy)                                              | c. Communication Start Date | d. Purpose (including title(s) of communication(s))                                                                                                                                               | f. Amount    |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 2                                                                           | 10/14/2026                                                                     | 10/14/2026                  | Texting Services - Candidate Bio, Early Vote, and E-Day                                                                                                                                           |              |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number |                                                                                |                             |                                                                                                                                                                                                   |              |
| BRUSHFIRE, LLC<br>3050 K ST NW<br>STE 210<br>WASHINGTON, DC 20007           |                                                                                |                             |                                                                                                                                                                                                   | \$ 58,586.61 |
| Candidate Full Name                                                         |                                                                                |                             |                                                                                                                                                                                                   |              |
| KOURTNEY ROYSTER                                                            | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Amount \$ 2,635.54          | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office COUNTY COMMISSION Co. ALAM<br>County/District: |              |
| Candidate Full Name                                                         |                                                                                |                             |                                                                                                                                                                                                   |              |
| RAMONA ALLEN                                                                | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Amount \$ 4,612.21          | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office COUNTY COMMISSION Co. ALAM<br>County/District: |              |
| Candidate Full Name                                                         |                                                                                |                             |                                                                                                                                                                                                   |              |
| LESHONDA WALLACE                                                            | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Amount \$ 8,782.51          | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office COUNTY COMMISSION Co. NEW<br>County/District:  |              |
| a. Item Number                                                              | b. Disbursement Date (mm/dd/yyyy)                                              | c. Communication Start Date | d. Purpose (including title(s) of communication(s))                                                                                                                                               |              |
| 2                                                                           | 10/14/2026                                                                     | 10/14/2026                  | Texting Services - Candidate Bio, Early Vote, and E-Day                                                                                                                                           |              |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number |                                                                                |                             |                                                                                                                                                                                                   |              |
| BRUSHFIRE, LLC<br>3050 K ST NW<br>STE 210<br>WASHINGTON, DC 20007           |                                                                                |                             |                                                                                                                                                                                                   |              |
| Candidate Full Name                                                         |                                                                                |                             |                                                                                                                                                                                                   |              |
| ADAM HEGE                                                                   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Amount \$ 750.00            | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office COUNTY COMMISSION Co. WATA<br>County/District: |              |
| Candidate Full Name                                                         |                                                                                |                             |                                                                                                                                                                                                   |              |
|                                                                             | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Amount \$                   | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office<br>County/District:                                       |              |
| Candidate Full Name                                                         |                                                                                |                             |                                                                                                                                                                                                   |              |
|                                                                             | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Amount \$                   | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office<br>County/District:                                       |              |
| Candidate Full Name                                                         |                                                                                |                             |                                                                                                                                                                                                   |              |
|                                                                             | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Amount \$                   | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office<br>County/District:                                       |              |

|                                                                                        |                                                                                |                                                     |                                                                                                                                   |                                                                                                                     |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>a. Item Number</b>                                                                  | <b>b. Disbursement Date (mm/dd/yyyy)</b>                                       | <b>c. Communication Start Date</b>                  | <b>d. Purpose (including title(s) of communication(s))</b>                                                                        | <b>f. Amount</b>                                                                                                    |
| 2                                                                                      | 10/14/2026                                                                     | 10/14/2026                                          | Texting Services - Candidate Bio, Early Vote, and E-Day                                                                           |                                                                                                                     |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b> |                                                                                |                                                     |                                                                                                                                   |                                                                                                                     |
| BRUSHFIRE, LLC<br>3050 K ST NW<br>STE 210<br>WASHINGTON, DC 20007                      |                                                                                |                                                     |                                                                                                                                   | \$ 58,586.61                                                                                                        |
| <b>Candidate Full Name</b>                                                             | <b>Amount</b>                                                                  | <b>Office Sought</b>                                |                                                                                                                                   |                                                                                                                     |
| MARSIE WEST                                                                            | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | \$ 19,539.87                                        | <input type="checkbox"/> House<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ | <input checked="" type="checkbox"/> Co. Municipal Office<br>COUNTY COMMISSION<br>Co. FORS<br>County/District: _____ |
| <b>Candidate Full Name</b>                                                             | <b>Amount</b>                                                                  | <b>Office Sought</b>                                |                                                                                                                                   |                                                                                                                     |
| RODNEY D. HARRIS                                                                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | \$ 1,942.92                                         | <input type="checkbox"/> House<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ | <input checked="" type="checkbox"/> Co. Municipal Office<br>COUNTY COMMISSION<br>Co. PITT<br>County/District: _____ |
| <b>Candidate Full Name</b>                                                             | <b>Amount</b>                                                                  | <b>Office Sought</b>                                |                                                                                                                                   |                                                                                                                     |
| ROB ZAPPLÉ                                                                             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | \$ 8,782.52                                         | <input type="checkbox"/> House<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ | <input checked="" type="checkbox"/> Co. Municipal Office<br>COUNTY COMMISSION<br>Co. NEW<br>County/District: _____  |
| <b>2. Total Disbursements THIS Page</b>                                                |                                                                                | (sum all the 'f' entries on this page)              |                                                                                                                                   | \$ 0.00                                                                                                             |
| <b>3. Total Disbursements ALL Pages</b>                                                |                                                                                | (sum all the 'f' entries on all disbursement pages) |                                                                                                                                   | \$ 1,325,293.06                                                                                                     |

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

|                                                                                                                                                  |                                                                                |                                                      |                                                                                                                           |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------|
| a. Item Number<br>3                                                                                                                              | b. Disbursement Date (mm/dd/yyyy)<br>10/15/2026                                | c. Communication Start Date<br>10/15/2026            | d. Purpose (including title(s) of communication(s))<br>Phonebanking - 2Q Live ID w/ Persuasion                            | f. Amount<br>\$ 47,152.80 |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number<br>BRUSHFIRE, LLC<br>3050 K ST NW<br>STE 210<br>WASHINGTON, DC 20007 |                                                                                |                                                      |                                                                                                                           |                           |
| Candidate Full Name                                                                                                                              |                                                                                |                                                      |                                                                                                                           |                           |
| RAMONA ALLEN                                                                                                                                     | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Amount<br>\$ 23,576.40                               | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br>County/District: _____ | Co. ALAM                  |
| Candidate Full Name                                                                                                                              |                                                                                |                                                      |                                                                                                                           |                           |
| SEAN EWING                                                                                                                                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Amount<br>\$ 23,576.40                               | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br>County/District: _____ | Co. ALAM                  |
| Candidate Full Name                                                                                                                              |                                                                                |                                                      |                                                                                                                           |                           |
|                                                                                                                                                  | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            | Amount<br>\$                                         | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br>County/District: _____ | Co. _____                 |
| 2. Total Disbursements THIS Page                                                                                                                 |                                                                                | (sum all the 'If' entries on this page)              |                                                                                                                           |                           |
|                                                                                                                                                  |                                                                                | \$ 262,195.07                                        |                                                                                                                           |                           |
| 3. Total Disbursements ALL Pages                                                                                                                 |                                                                                | (sum all the 'If' entries on all disbursement pages) |                                                                                                                           |                           |
|                                                                                                                                                  |                                                                                | \$ 1,325,293.06                                      |                                                                                                                           |                           |

CRO-2210c

NC State Board of Elections

October 2010

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## I. Disbursement Information

|                                                                                                                                                             |                                                 |                                           |                                                                                                                                                               |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| a. Item Number<br>4                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy)<br>10/09/2026 | c. Communication Start Date<br>10/13/2026 | d. Purpose (including title(s) of communication(s))<br>Direct Mail - Harvey West                                                                              | f. Amount                  |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number<br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                                 |                                           |                                                                                                                                                               |                            |
| Candidate Full Name<br>CRAIG COLLINS                                                                                                                        |                                                 | Amount<br>\$ 71,680.76                    | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office<br>County/District: 3 |                            |
| Candidate Full Name<br>MICHAEL C BYRNE                                                                                                                      |                                                 | Amount<br>\$ 71,680.75                    | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office<br>County/District: 1 |                            |
| Candidate Full Name                                                                                                                                         |                                                 | Amount<br>\$                              | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office<br>County/District:   |                            |
| a. Item Number<br>4                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy)<br>10/09/2026 | c. Communication Start Date<br>10/13/2026 | d. Purpose (including title(s) of communication(s))<br>Direct Mail - Harvey West                                                                              | f. Amount<br>\$ 215,042.27 |
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number<br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                                 |                                           |                                                                                                                                                               |                            |
| Candidate Full Name<br>GEORGE BELL                                                                                                                          |                                                 | Amount<br>\$ 71,680.76                    | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office<br>County/District: 2 |                            |
| Candidate Full Name                                                                                                                                         |                                                 | Amount<br>\$                              | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office<br>County/District:   |                            |
| Candidate Full Name                                                                                                                                         |                                                 | Amount<br>\$                              | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office<br>County/District:   |                            |

|                                                                                               |                                                                                            |                                                                          |                                                                               |                  |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------|
| <b>a. Item Number</b>                                                                         | <b>b. Disbursement Date (mm/dd/yyyy)</b>                                                   | <b>c. Communication Start Date</b>                                       | <b>d. Purpose (including title(s) of communication(s))</b>                    | <b>f. Amount</b> |
| 6                                                                                             | 10/13/2026                                                                                 | 10/13/2026                                                               | Direct Mail SLEA2644-2647                                                     |                  |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b>        |                                                                                            |                                                                          |                                                                               |                  |
| RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004                  |                                                                                            |                                                                          |                                                                               | \$ 10,625.20     |
| <b>Candidate Full Name</b>                                                                    | <b>Amount</b>                                                                              | <b>Office Sought</b>                                                     | <b>Senate District</b>                                                        | <b>Co. LEE</b>   |
| ROBERT REIVES                                                                                 | <input checked="" type="checkbox"/> Support \$ 7,968.90<br><input type="checkbox"/> Oppose | <input type="checkbox"/> House<br><input type="checkbox"/> Other Office: | <input checked="" type="checkbox"/> Co. Municipal Office<br>COUNTY COMMISSION | Co. LEE          |
| <b>Candidate Full Name</b>                                                                    | <b>Amount</b>                                                                              | <b>Office Sought</b>                                                     | <b>Senate District</b>                                                        | <b>Co. LEE</b>   |
| LOUIS WILLIAMS                                                                                | <input type="checkbox"/> Support \$ 2,656.30<br><input checked="" type="checkbox"/> Oppose | <input type="checkbox"/> House<br><input type="checkbox"/> Other Office: | <input checked="" type="checkbox"/> Co. Municipal Office<br>COUNTY COMMISSION | Co. LEE          |
| <b>Candidate Full Name</b>                                                                    | <b>Amount</b>                                                                              | <b>Office Sought</b>                                                     | <b>Senate District</b>                                                        | <b>Co. LEE</b>   |
|                                                                                               | <input type="checkbox"/> Support \$<br><input type="checkbox"/> Oppose                     | <input type="checkbox"/> House<br><input type="checkbox"/> Other Office: | <input type="checkbox"/> Co. Municipal Office<br>COUNTY COMMISSION            | Co. LEE          |
| <b>2. Total Disbursements THIS Page</b> (turn all the 'If' entries on this page)              |                                                                                            |                                                                          |                                                                               | \$ 225,667.47    |
| <b>3. Total Disbursements ALL Pages</b> (turn all the 'If' entries on all disbursement pages) |                                                                                            |                                                                          |                                                                               | \$ 1,325,293.06  |

CRO-2210c

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October 2010

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

| a. Item Number                                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                           | d. Purpose (including title(s) of communication(s)) | f. Amount                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 7                                                                                                                                                                      | 10/13/2026                        | 10/13/2026                                                                                                                                            | Direct Mail, NC County Commission Common Cover 1-4  |                                                                                                 |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                   |                                                                                                                                                       |                                                     |                                                                                                 |
| <b>Candidate Full Name</b><br>JAMEY LAUDATE                                                                                                                            |                                   |                                                                                                                                                       |                                                     |                                                                                                 |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 14,786.76<br>COUNTY COMMISSION Co. LEE<br>County District: _____                      |
| <b>Candidate Full Name</b><br>ERIC DAVIDSON                                                                                                                            |                                   |                                                                                                                                                       |                                                     |                                                                                                 |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 4,928.92<br>COUNTY COMMISSION Co. LEE<br>County District: _____                       |
| <b>Candidate Full Name</b><br>_____                                                                                                                                    |                                   |                                                                                                                                                       |                                                     |                                                                                                 |
| <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                    |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ _____<br>Co. Municipal Office _____<br>County District: _____                         |
| a. Item Number                                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                           | d. Purpose (including title(s) of communication(s)) |                                                                                                 |
| 12                                                                                                                                                                     | 10/13/2026                        | 10/13/2026                                                                                                                                            | Direct Mail, NC County Commission Cover             |                                                                                                 |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                   |                                                                                                                                                       |                                                     |                                                                                                 |
| <b>Candidate Full Name</b><br>RAY RUSSELL                                                                                                                              |                                   |                                                                                                                                                       |                                                     |                                                                                                 |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 14,968.83<br>County Commission Co. WATA<br>County District: _____                     |
| <b>Candidate Full Name</b><br>SAVVA KOSTIS                                                                                                                             |                                   |                                                                                                                                                       |                                                     |                                                                                                 |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 4,989.61<br>Co. Municipal Office County Commission Co. WATA<br>County District: _____ |
| <b>Candidate Full Name</b><br>_____                                                                                                                                    |                                   |                                                                                                                                                       |                                                     |                                                                                                 |
| <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                    |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ _____<br>Co. Municipal Office _____<br>County District: _____                         |
| <b>2. Total Disbursements THIS Page</b> (sum all the 'f' entries on this page)                                                                                         |                                   |                                                                                                                                                       |                                                     | \$ 39,674.12                                                                                    |
| <b>3. Total Disbursements ALL Pages</b> (sum all the 'f' entries on all disbursement pages)                                                                            |                                   |                                                                                                                                                       |                                                     | \$ 1,325,293.06                                                                                 |

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# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

| a. Item Number                                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | f. Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------------------------------|-----------|
| 11                                                                                                                                                                     | 10/13/2026                        | 10/13/2026                  | Direct Mail, NC County Commission Cover             |           |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                   |                             |                                                     |           |

|                                                                                |                                   |                             |                                                                                                                                                                                                 |  |
|--------------------------------------------------------------------------------|-----------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Candidate Full Name</b><br>ADAM HEGE                                        |                                   |                             |                                                                                                                                                                                                 |  |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose |                                   | Amount \$ 15,542.61         | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office County Commission<br>County/District: |  |
| <b>Candidate Full Name</b><br>RICHARD WOODS                                    |                                   |                             |                                                                                                                                                                                                 |  |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose |                                   | Amount \$ 5,180.07          | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office County Commission<br>County/District: |  |
| <b>Candidate Full Name</b><br>Support \$                                       |                                   |                             |                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose            |                                   | Amount \$                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office<br>County/District:                              |  |
| a. Item Number                                                                 | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s))                                                                                                                                             |  |
| 14                                                                             | 10/13/2026                        | 10/13/2026                  | Direct Mail, NC County Commission Common Cover                                                                                                                                                  |  |

|                                                                                                                                                                        |  |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |  | f. Amount \$ 28,829.88 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|

|                                                                     |  |                     |                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------|--|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Candidate Full Name</b><br>BENJI HOLLOMAN                        |  | Amount \$ 7,207.47  | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office County Commission<br>County/District: |  |
| <b>Candidate Full Name</b><br>RODNEY D. HARRIS                      |  | Amount \$ 21,622.41 | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office County Commission<br>County/District: |  |
| <b>Candidate Full Name</b><br>Support \$                            |  | Amount \$           | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office<br>County/District:                              |  |
| <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose |  | Amount \$           | <input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office<br>County/District:                                                      |  |

|                                                                                               |  |                 |
|-----------------------------------------------------------------------------------------------|--|-----------------|
| <b>2. Total Disbursements THIS Page</b><br>(sum all the 1f entries on this page)              |  | \$ 49,553.36    |
| <b>3. Total Disbursements ALL Pages</b><br>(sum all the 1f entries on all disbursement pages) |  | \$ 1,325,293.06 |

# Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

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## 1. Disbursement Information

| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | f. Amount |
|----------------|-----------------------------------|-----------------------------|-----------------------------------------------------|-----------|
| 5              | 10/13/2026                        | 10/13/2026                  | Direct Mail, NC County Commission Cover             |           |

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number  
 RESONANCE CAMPAIGNS  
 1319 F St NW  
 Ste 301, #220  
 WASHINGTON, DC 20004

### Candidate Full Name

GARY WEAVER  
☐ Support \$ 7,885.55  
☐ Oppose

Office Sought: ☐ House ☐ Senate District: ☒ Co./Municipal Office County Commission Co. PITT  
 County/District:

Candidate Full Name  
 BLAKE PRICE  
☒ Support \$ 23,656.65  
☐ Oppose

Office Sought: ☐ House ☐ Senate District: ☒ Co./Municipal Office County Commission Co. PITT  
 County/District:

Candidate Full Name  
☐ Support \$  
☐ Oppose

Office Sought: ☐ House ☐ Senate District: ☐ Co./Municipal Office County Commission Co.  
 County/District:

a. Item Number 9 b. Disbursement Date (mm/dd/yyyy) 10/13/2026 c. Communication Start Date 10/13/2026 d. Purpose (including title(s) of communication(s)) Direct Mail, NC County Commission Cover f. Amount

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number  
 RESONANCE CAMPAIGNS  
 1319 F St NW  
 Ste 301, #220  
 WASHINGTON, DC 20004

Candidate Full Name  
 MARK SMITH  
☐ Support \$ 8,649.26  
☐ Oppose

Office Sought: ☐ House ☐ Senate District: ☒ Co./Municipal Office COUNTY COMMISSION Co. PITT  
 County/District:

Candidate Full Name  
 DENNIS MCCLAWHORN  
☒ Support \$ 25,947.78  
☐ Oppose

Office Sought: ☐ House ☐ Senate District: ☒ Co./Municipal Office COUNTY COMMISSION Co. PITT  
 County/District:

## 2. Total Disbursements THIS Page

(sum all the If entries on this page)

3. Total Disbursements ALL Pages (sum all the If entries on all disbursement pages)

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NC State Board of Elections

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# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | f. Amount |
|----------------|-----------------------------------|-----------------------------|-----------------------------------------------------|-----------|
| 8              | 10/13/2026                        | 10/13/2026                  | Direct Mail, New Hanover Commission Slate           |           |

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

RESONANCE CAMPAIGNS  
1319 F St NW  
Ste 301, #220  
WASHINGTON, DC 20004

Candidate Full Name

ROB ZAPPLE ☒ Support \$ 30,250.79 ☐ Office Sought ☐ House ☐ Senate District ☒ Co. Municipal Office COUNTY COMMISSION Co. NEW County District:

Candidate Full Name LESHONDA WALLACE ☒ Support \$ 30,250.80 ☐ Office Sought ☐ House ☐ Senate District ☒ Co. Municipal Office COUNTY COMMISSION Co. NEW County District:

Candidate Full Name ☐ Support \$ ☐ Office Sought ☐ House ☐ Senate District ☐ Co. Municipal Office COUNTY COMMISSION Co. NEW County District:

2. Total Disbursements THIS Page (sum all the If entries on this page) \$ 171,831.95

3. Total Disbursements ALL Pages (sum all the If entries on all disbursement pages) \$ 1,325,293.06

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NC State Board of Elections

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# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

| a. Item Number                                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                            | d. Purpose (including title(s) of communication(s)) | f. Amount                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|
| 10                                                                                                                                                                     | 10/13/2026                        | 10/13/2026                                                                                                                                             | Direct Mail - Alamanance                            |                                                                 |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                   |                                                                                                                                                        |                                                     |                                                                 |
| <b>Candidate Full Name</b><br>SEAN EWING                                                                                                                               |                                   |                                                                                                                                                        |                                                     |                                                                 |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 25,677.09<br>Co. ALAM _____<br>County/District: _____ |
| <b>Candidate Full Name</b><br>KOURTNEY ROYSTER                                                                                                                         |                                   |                                                                                                                                                        |                                                     |                                                                 |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 7,622.02<br>Co. ALAM _____<br>County/District: _____  |
| <b>Candidate Full Name</b><br>_____                                                                                                                                    |                                   |                                                                                                                                                        |                                                     |                                                                 |
| <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                    |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ _____<br>Co. ALAM _____<br>County/District: _____     |
| a. Item Number                                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                            | d. Purpose (including title(s) of communication(s)) |                                                                 |
| 10                                                                                                                                                                     | 10/13/2026                        | 10/13/2026                                                                                                                                             | Direct Mail - Alamanance                            |                                                                 |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                   |                                                                                                                                                        |                                                     |                                                                 |
| <b>Candidate Full Name</b><br>KELLY ALLEN                                                                                                                              |                                   |                                                                                                                                                        |                                                     |                                                                 |
| <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 26,177.08<br>Co. ALAM _____<br>County/District: _____ |
| <b>Candidate Full Name</b><br>RAMONA ALLEN                                                                                                                             |                                   |                                                                                                                                                        |                                                     |                                                                 |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 25,677.09<br>Co. ALAM _____<br>County/District: _____ |
| <b>Candidate Full Name</b><br>STEVE CARTER                                                                                                                             |                                   |                                                                                                                                                        |                                                     |                                                                 |
| <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                         |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> Other Office: _____ |                                                     | Amount \$ 26,177.08<br>Co. ALAM _____<br>County/District: _____ |

\$ 111,330.36



# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

| a. Item Number                                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                                                                                                                         | d. Purpose (including title(s) of communication(s)) | f. Amount    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------|
| 15                                                                                                                                                                     | 10/15/2026                        | 10/15/2026                                                                                                                                                                                                                                          | Direct Mail, New Hanover Commission State           |              |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                   |                                                                                                                                                                                                                                                     |                                                     |              |
| <b>Candidate Full Name</b><br>KATHERINE CORPENING                                                                                                                      |                                   |                                                                                                                                                                                                                                                     |                                                     |              |
| <input checked="" type="checkbox"/> Support \$ 4,875.14<br><input type="checkbox"/> Oppose                                                                             |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office: _____<br><input checked="" type="checkbox"/> Other Office: DISTRICT COURT 6 County/District: 4      |                                                     |              |
| <b>Candidate Full Name</b><br>MELINDA CROUCH                                                                                                                           |                                   |                                                                                                                                                                                                                                                     |                                                     |              |
| <input checked="" type="checkbox"/> Support \$ 4,875.13<br><input type="checkbox"/> Oppose                                                                             |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office: _____<br><input checked="" type="checkbox"/> Other Office: DISTRICT COURT 6 County/District: 3      |                                                     |              |
| <b>Candidate Full Name</b><br>_____                                                                                                                                    |                                   |                                                                                                                                                                                                                                                     |                                                     |              |
| <input type="checkbox"/> Support \$ _____<br><input type="checkbox"/> Oppose                                                                                           |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office: _____<br><input type="checkbox"/> Other Office: _____ County/District: _____                        |                                                     |              |
| a. Item Number                                                                                                                                                         | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                                                                                                                         | d. Purpose (including title(s) of communication(s)) |              |
| 15                                                                                                                                                                     | 10/15/2026                        | 10/15/2026                                                                                                                                                                                                                                          | Direct Mail, New Hanover Commission State           |              |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 |                                   |                                                                                                                                                                                                                                                     |                                                     |              |
| <b>Candidate Full Name</b><br>JAMES FAISON III                                                                                                                         |                                   |                                                                                                                                                                                                                                                     |                                                     |              |
| <input checked="" type="checkbox"/> Support \$ 4,875.13<br><input type="checkbox"/> Oppose                                                                             |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office: _____<br><input checked="" type="checkbox"/> Other Office: DISTRICT COURT 6 County/District: 2      |                                                     |              |
| <b>Candidate Full Name</b><br>RICHARD COLLIER                                                                                                                          |                                   |                                                                                                                                                                                                                                                     |                                                     |              |
| <input type="checkbox"/> Support \$ 4,875.13<br><input checked="" type="checkbox"/> Oppose                                                                             |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office: COUNTY COMMISSION<br><input type="checkbox"/> Other Office: _____ County/District: _____ |                                                     |              |
| <b>Candidate Full Name</b><br>LESHONDA WALLACE                                                                                                                         |                                   |                                                                                                                                                                                                                                                     |                                                     |              |
| <input checked="" type="checkbox"/> Support \$ 4,875.13<br><input type="checkbox"/> Oppose                                                                             |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office: COUNTY COMMISSION<br><input type="checkbox"/> Other Office: _____ County/District: _____ |                                                     |              |
|                                                                                                                                                                        |                                   |                                                                                                                                                                                                                                                     |                                                     | f. Amount    |
|                                                                                                                                                                        |                                   |                                                                                                                                                                                                                                                     |                                                     | \$ 39,001.06 |

| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | e. Full Name, Mailing Address (include city, state, and zip) & Phone Number  | f. Amount    |
|----------------|-----------------------------------|-----------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|--------------|
| 15             | 10/15/2026                        | 10/15/2026                  | Direct Mail, New Hanover Commission State           | RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 | \$ 39,001.06 |

|                            |                                                                                |                             |                                                                                                                                                                      |                          |  |
|----------------------------|--------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| <b>Candidate Full Name</b> |                                                                                |                             |                                                                                                                                                                      |                          |  |
| LEANN PIERCE               | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Amount \$ 4,875.13          | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office COUNTY COMMISSION | County/District: Co. NEW |  |
| <b>Candidate Full Name</b> |                                                                                |                             |                                                                                                                                                                      |                          |  |
| KELLY COLQUETTE HANLEY     | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Amount \$ 4,875.14          | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office SUPERIOR COURT               | County/District: 06B     |  |
| <b>Candidate Full Name</b> |                                                                                |                             |                                                                                                                                                                      |                          |  |
| ROB ZAPPLE                 | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Amount \$ 4,875.13          | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> Co. Municipal Office COUNTY COMMISSION | County/District: Co. NEW |  |
| a. Item Number             | b. Disbursement Date (mm/dd/yyyy)                                              | c. Communication Start Date | d. Purpose (including title(s) of communication(s))                                                                                                                  |                          |  |
| 16                         | 10/16/2026                                                                     | 10/19/2026                  | Direct Mail - Harvey West 2                                                                                                                                          |                          |  |

|                                                                              |               |
|------------------------------------------------------------------------------|---------------|
| e. Full Name, Mailing Address (include city, state, and zip) & Phone Number  | f. Amount     |
| RESONANCE CAMPAIGNS<br>1319 F St NW<br>Ste 301, #220<br>WASHINGTON, DC 20004 | \$ 215,042.27 |

|                                         |                                                                                |                     |                                                                                                                                                                        |                    |                                                     |
|-----------------------------------------|--------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------|
| <b>Candidate Full Name</b>              |                                                                                |                     |                                                                                                                                                                        |                    |                                                     |
| MICHAEL C BYRNE                         | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Amount \$ 71,680.76 | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office NORTH CAROLINA COURT OF APPEAL | County/District: 1 |                                                     |
| <b>Candidate Full Name</b>              |                                                                                |                     |                                                                                                                                                                        |                    |                                                     |
| GEORGE BELL                             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Amount \$ 71,680.76 | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office NORTH CAROLINA COURT OF APPEAL | County/District: 2 |                                                     |
| <b>Candidate Full Name</b>              |                                                                                |                     |                                                                                                                                                                        |                    |                                                     |
| CRAIG COLLINS                           | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Amount \$ 71,680.75 | Office Sought<br><input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co. Municipal Office NORTH CAROLINA COURT OF APPEAL | County/District: 3 |                                                     |
| <b>2. Total Disbursements THIS Page</b> |                                                                                |                     |                                                                                                                                                                        |                    | (turn all the 1f entries on this page)              |
|                                         |                                                                                |                     |                                                                                                                                                                        |                    | \$ 215,042.27                                       |
| <b>3. Total Disbursements ALL Pages</b> |                                                                                |                     |                                                                                                                                                                        |                    | (turn all the 1f entries on all disbursement pages) |
|                                         |                                                                                |                     |                                                                                                                                                                        |                    | \$ 1,325,293.06                                     |

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NC State Board of Elections

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# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## 1. Disbursement Information

| a. Item Number | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) |
|----------------|-----------------------------------|-----------------------------|-----------------------------------------------------|
| 17             | 10/16/2026                        | 10/05/2026                  | Refund of Digital Advertising - Harvey West Video   |

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

|                                                                                             |                |
|---------------------------------------------------------------------------------------------|----------------|
| WATERSHED STRATEGY, INC.<br>1250 CONNECTICUT AVE NW<br>STE 700<br>WASHINGTON, DC 20036-2657 | f. Amount      |
|                                                                                             | \$ (17,065.22) |

Candidate Full Name

|                 |               |                                                                                                                 |                 |                      |                 |
|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------------|-----------------|
| MICHAEL C BYRNE | Amount        | Office Sought                                                                                                   | Senate District | Co. Municipal Office | County/District |
|                 | \$ (5,688.41) | <input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office: NORTH CAROLINA COURT OF APPEAL |                 |                      | 1               |

Candidate Full Name

|  |        |                                                                       |                 |                      |                 |
|--|--------|-----------------------------------------------------------------------|-----------------|----------------------|-----------------|
|  | Amount | Office Sought                                                         | Senate District | Co. Municipal Office | County/District |
|  | \$     | <input type="checkbox"/> House <input type="checkbox"/> Other Office: |                 |                      |                 |

Candidate Full Name

|  |        |                                                                       |                 |                      |                 |
|--|--------|-----------------------------------------------------------------------|-----------------|----------------------|-----------------|
|  | Amount | Office Sought                                                         | Senate District | Co. Municipal Office | County/District |
|  | \$     | <input type="checkbox"/> House <input type="checkbox"/> Other Office: |                 |                      |                 |

a. Item Number

|    |                                   |                             |                                                     |           |
|----|-----------------------------------|-----------------------------|-----------------------------------------------------|-----------|
| 17 | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date | d. Purpose (including title(s) of communication(s)) | f. Amount |
|    | 10/16/2026                        | 10/05/2026                  | Refund of Digital Advertising - Harvey West Video   |           |

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

|                                                                                             |                |
|---------------------------------------------------------------------------------------------|----------------|
| WATERSHED STRATEGY, INC.<br>1250 CONNECTICUT AVE NW<br>STE 700<br>WASHINGTON, DC 20036-2657 | f. Amount      |
|                                                                                             | \$ (17,065.22) |

Candidate Full Name

|             |               |                                                                                                                 |                 |                      |                 |
|-------------|---------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------------|-----------------|
| GEORGE BELL | Amount        | Office Sought                                                                                                   | Senate District | Co. Municipal Office | County/District |
|             | \$ (5,688.41) | <input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office: NORTH CAROLINA COURT OF APPEAL |                 |                      | 2               |

Candidate Full Name

|               |               |                                                                                                                 |                 |                      |                 |
|---------------|---------------|-----------------------------------------------------------------------------------------------------------------|-----------------|----------------------|-----------------|
| CRAIG COLLINS | Amount        | Office Sought                                                                                                   | Senate District | Co. Municipal Office | County/District |
|               | \$ (5,688.40) | <input checked="" type="checkbox"/> House <input type="checkbox"/> Other Office: NORTH CAROLINA COURT OF APPEAL |                 |                      | 3               |

Candidate Full Name

|  |        |                                                                       |                 |                      |                 |
|--|--------|-----------------------------------------------------------------------|-----------------|----------------------|-----------------|
|  | Amount | Office Sought                                                         | Senate District | Co. Municipal Office | County/District |
|  | \$     | <input type="checkbox"/> House <input type="checkbox"/> Other Office: |                 |                      |                 |

## 2. Total Disbursements THIS Page

(sum all the 'f' entries on this page)

\$ (34,130.44)

## 3. Total Disbursements ALL Pages

(sum all the 'f' entries on all disbursement pages)

\$ 1,325,293.06

CRO-2210c

NC State Board of Elections

October 2010

# Disbursements for Independent Expenditures

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Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

## I. Disbursement Information

| a. Item Number                                                                                                                                                                                                                                               | b. Disbursement Date (mm/dd/yyyy) | c. Communication Start Date                                                                                                                                                       | d. Purpose (including title(s) of communication(s))                    | f. Amount                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|
| 19                                                                                                                                                                                                                                                           | 10/16/2026                        | 09/16/2026                                                                                                                                                                        | Digital Advertising Refund: Facebook, Programmatic, Production, Google |                                   |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>WATERSHED STRATEGY, INC.<br>1250 CONNECTICUT AVE NW<br>STE 700<br>WASHINGTON, DC 20036-2657                                                                        |                                   |                                                                                                                                                                                   |                                                                        | <b>f. Amount</b><br>\$ (6,482.60) |
| <b>Candidate Full Name</b><br>MARSIE WEST                                                                                                                                                                                                                    |                                   |                                                                                                                                                                                   |                                                                        |                                   |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                               |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office: COUNTY COMMISSION Co. FORD<br>County/District: _____ |                                                                        |                                   |
| <b>Candidate Full Name</b><br>Amount \$ (6,482.60)                                                                                                                                                                                                           |                                   |                                                                                                                                                                                   |                                                                        |                                   |
| <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                          |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office: _____ Co. _____<br>County/District: _____            |                                                                        |                                   |
| <b>Candidate Full Name</b><br>Amount \$                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                   |                                                                        |                                   |
| <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                          |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office: _____ Co. _____<br>County/District: _____            |                                                                        |                                   |
| <b>a. Item Number</b> 18 <b>b. Disbursement Date (mm/dd/yyyy)</b> 10/16/2026 <b>c. Communication Start Date</b> 09/16/2026 <b>d. Purpose (including title(s) of communication(s))</b> Digital Advertising Refund: Facebook, Programmatic, Production, Google |                                   |                                                                                                                                                                                   |                                                                        |                                   |
| <b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b><br>WATERSHED STRATEGY, INC.<br>1250 CONNECTICUT AVE NW<br>STE 700<br>WASHINGTON, DC 20036-2657                                                                        |                                   |                                                                                                                                                                                   |                                                                        | <b>f. Amount</b><br>\$ (3,456.52) |
| <b>Candidate Full Name</b><br>LESHONDA WALLACE                                                                                                                                                                                                               |                                   |                                                                                                                                                                                   |                                                                        |                                   |
| <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                               |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office: COUNTY COMMISSION Co. NEW<br>County/District: _____  |                                                                        |                                   |
| <b>Candidate Full Name</b><br>Amount \$ (1,728.26)                                                                                                                                                                                                           |                                   |                                                                                                                                                                                   |                                                                        |                                   |
| <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                                                                                                               |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office: COUNTY COMMISSION Co. NEW<br>County/District: _____  |                                                                        |                                   |
| <b>Candidate Full Name</b><br>Amount \$                                                                                                                                                                                                                      |                                   |                                                                                                                                                                                   |                                                                        |                                   |
| <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                          |                                   | <b>Office Sought</b><br><input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office: _____ Co. _____<br>County/District: _____            |                                                                        |                                   |
| <b>2. Total Disbursements THIS Page</b> (sum all the 'f' entries on this page)                                                                                                                                                                               |                                   |                                                                                                                                                                                   |                                                                        | \$ (9,939.12)                     |
| <b>3. Total Disbursements ALL Pages</b> (sum all the 'f' entries on all disbursement pages)                                                                                                                                                                  |                                   |                                                                                                                                                                                   |                                                                        | \$ 1,325,293.06                   |