

Disclosure Report Cover

Amendment
 Yes No

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Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information.

OCT 31 2022

1. Committee Information	
a. Full Name <i>Committee to Elect GARY CARLTON</i>	c. ID Number <i>Beaufort County Board of Elections</i>
b. Mailing Address (include City, State and Zip Code) <i>104 N. Reed Dr. Washington NC 27889</i>	d. Date Filed <i>10/31/2022</i>
	e. Phone Number <i>404-317-1430</i>

2. Report Year <i>2022</i>	3. Period Start Date (mm/dd/yy) <i>07/01/2022</i>	4. Period End Date (mm/dd/yy) <i>10/23/2022</i>	5. Treasurer Full Name <i>GARY M. CARLTON</i>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund				
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>United Bank</i>	a. Financial Institution Full Name	b. Purpose <i>CAMPAIGN FINANCES</i>	c. Account Code <i>81</i>
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 405.51</i>		d. Period Begin Balance <i>\$ 163.51</i>

CERTIFICATION

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

GARY M. CARLTON
 Printed Name of Signer

GMC
 Signature of Appointed Treasurer

10/31/2022
 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Elect GARY CARTER		OCT 31 2022	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 405 51	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 292 00	
6) Contributions from Individuals (CRO-1210)	\$	\$ 4121 90	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$ 600 00	\$ 3300 00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 600 00	\$ 7713 90	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 842 00	\$ 5713 49	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$ 1836 90	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 842 00	\$ 7550 39	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 163 51	\$ 163 51	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 3450 00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$		
23) Debts and Obligations owed to the Committee (CRO-1620)	\$		
24) Account Transfers Within the Committee (CRO-1720)	\$		
25) Administrative Support (CRO-1710)	\$	\$	
26) Forgiven Loans (CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$	
28) Contributions to be Refunded (CRO-1215)	\$	\$	

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Amendment No Yes
Sourf County Board of Elections

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable) Committee to Elect Gary Carlton

2. ID Number

3. Lender Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Gary Carlton
104 N. Reed Dr
Washington NC 27889
464-317-1430

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Start Date (mm/dd/yyyy) Campan EPF

e. End Date (mm/dd/yyyy) 09/15/2022

f. Rate 0%

g. Security Pledged N/A

h. Account Code 1

i. Form of Payment Personal Act

j. Amount \$ 500.00

k. Loan Number 7

4. Endorsers/Makers (The people who guarantee the loan.)

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

e. Amount

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

e. Amount

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Percentage

e. Amount \$ 500.00

5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100) \$ 600.00

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OCT 31 2022

Amendment No Yes

Mecklenburg County Board of Elections

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		Committee to Elect Gary Carleton	
2. ID Number			
3. Lender Information			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Gary Carleton 104 N. Reed Dr. Washinton NC 27889 404-317-1435	
b. Job Title/Profession	d. Comments		
c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)		
	f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0%	N/A	1	Personal Aid
k. Amount	l. Amount		
\$ 100.00	\$ 100.00		
m. Loan Number	n. Loan Number		
8	8		
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage
			%
			\$
e. Amount	f. Percentage		
	%		
	\$		
	g. Amount		
	%		
	\$		
	h. Amount		
	%		
	\$		
	i. Amount		
	%		
	\$		
	j. Amount		
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)			
\$ 600.00		\$ 100.00	

Disbursements

Pg 1 of 1

Amendment
 Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

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Regroup County Board of Election

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect. GARY CARLTON</i>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>AMERICAN EXPRESS P.O. Box 1270 NEWARK NJ 07101 833-698-2566</i>				b. Coordinated Committee Name		d. Comments <i>Repayment of IN KIND CONT. CREDIT CARD</i>	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>1</i>	<i>CK</i>	<i>0</i>	<i>07/06/2022</i>	<i>\$ 200⁰⁰</i>	<i>CR CARD Pmt.</i>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Beaufort Co. Republican Party</i>				b. Coordinated Committee Name		d. Comments <i>Advertising</i>	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>1</i>	<i>CK</i>	<i>0</i>	<i>08/26/2022</i>	<i>\$ 50⁰⁰</i>	<i>Advertising</i>		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Symbiotic Network 106 Beechtree St WASHINGTON NC 27889 252-944-3905</i>				b. Coordinated Committee Name		d. Comments <i>WEB DESIGN</i>	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
<i>1</i>	<i>CK</i>	<i>A</i>	<i>09/12/2022</i>	<i>\$ 592⁰⁰</i>	<i>Web Design</i>		
5. Total only this Page						\$ <i>842⁰⁰</i>	
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ <i>842⁰⁰</i>	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		H* - Holding Public Office Expenses		
E - Salaries	F* - Equipment	G - Political Party	K* - Office Expenses		Q* - Donation to Legal Expense Fund		
I - Postage	J - Penalties						
O* Other							
* Codes require detailed explanation in required remarks field (k)							

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Outstanding Loans

Page 1 of 3

Amendment Yes No

Curfory County Board of Elections

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect GARY CARLTON			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
GARY CARLTON 104 N. Reed DR WASHINGTON NC 27889 404-317-1430		Retired	CAMPAIGN EXP
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Care Logistics	03/11/2022
			f. End Date (mm/dd/yyyy)
			03/11/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$ 100 ⁰⁰	\$ 100 ⁰⁰
k. Full Name of Lending Institution		l. Loan Number	
GARY CARLTON		1	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
GARY CARLTON 104 N. Reed DR. WASHINGTON NC 27889 404-317-1430		Retired	CAMPAIGN EXP
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Care Logistics	03/31/2022
			f. End Date (mm/dd/yyyy)
			03/31/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$ 1000 ⁰⁰	\$ 1000 ⁰⁰
k. Full Name of Lending Institution		l. Loan Number	
GARY CARLTON		2	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
GARY CARLTON 104 N. Reed DR. WASHINGTON NC 27889 404-317-1430		Retired	CAMPAIGN EXP
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		Care Logistics	04/04/2022
			f. End Date (mm/dd/yyyy)
			04/04/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	N/A	\$ 200 ⁰⁰	\$ 200 ⁰⁰
k. Full Name of Lending Institution		l. Loan Number	
GARY CARLTON		3	
4. Total only this Page		\$ 1300 ⁰⁰	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 3450 ⁰⁰	

OCT 31 2022

Outstanding Loans

Page 2 of 2

Amendment Yes No
 Wake County Board of Elections

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable) <i>Committee to Elect GARY CARLTON</i>		2. ID Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>GARY CARLTON 104 N. REED DR. WASHINGTON, NC 27889 404-317-1430</i>		b. Job Title/Profession <i>Retired</i>	d. Comments <i>CAMPAIGN EXP</i>
		c. Employer's Name/Specific Field <i>Care Logistics</i>	e. Start Date (mm/dd/yyyy) <i>04/18/2022</i>
			f. End Date (mm/dd/yyyy) <i>04/18/2023</i>
g. Rate <i>0%</i>	h. Security Pledged <i>N/A</i>	i. Original Loan Amount <i>\$ 1000⁰⁰</i>	j. Remaining Loan Balance <i>\$ 1000⁰⁰</i>
k. Full Name of Lending Institution <i>GARY CARLTON</i>		l. Loan Number <i>4</i>	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>GARY CARLTON 104 N. REED DR. WASHINGTON NC 27889 404-317-1430</i>		b. Job Title/Profession <i>Retired</i>	d. Comments <i>CAMPAIGN EXP</i>
		c. Employer's Name/Specific Field <i>Care Logistics</i>	e. Start Date (mm/dd/yyyy) <i>03/11/2022</i>
			f. End Date (mm/dd/yyyy) <i>03/11/2023</i>
g. Rate <i>0%</i>	h. Security Pledged <i>N/A</i>	i. Original Loan Amount <i>\$ 50⁰⁰</i>	j. Remaining Loan Balance <i>\$ 50⁰⁰</i>
k. Full Name of Lending Institution <i>GARY CARLTON</i>		l. Loan Number <i>5</i>	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>GARY CARLTON 104 N. REED DR. WASHINGTON NC 27889 404-317-1430</i>		b. Job Title/Profession <i>Retired</i>	d. Comments <i>CAMPAIGN EXP</i>
		c. Employer's Name/Specific Field <i>Care Logistics</i>	e. Start Date (mm/dd/yyyy) <i>06/16/2022</i>
			f. End Date (mm/dd/yyyy) <i>06/16/2023</i>
g. Rate <i>0%</i>	h. Security Pledged <i>N/A</i>	i. Original Loan Amount <i>\$ 500⁰⁰</i>	j. Remaining Loan Balance <i>\$ 500⁰⁰</i>
k. Full Name of Lending Institution <i>GARY CARLTON</i>		l. Loan Number <i>6</i>	
4. Total only this Page		\$ <i>1550</i>	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ <i>3450⁰⁰</i>	

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Outstanding Loans

Page 3 of 3

Amendment Yes No

Waukesha County Board of Elections

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect GARY CARLTON			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
GARY CARLTON 104 N. REED DR. WASHINGTON NC 27889 404-317-1430		Retired	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		CAPE LOGISTICS	09/09/2022
			f. End Date (mm/dd/yyyy)
			09/09/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
8 %	N/A	\$ 500 ⁰⁰	\$ 500 ⁰⁰
k. Full Name of Lending Institution		l. Loan Number	
GARY CARLTON		7	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
GARY CARLTON 104 N. REED DR. WASHINGTON NC 27889 404-317-1430		Retired	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		CAPE LOGISTICS	10/11/2022
			f. End Date (mm/dd/yyyy)
			10/11/2023
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
8 %	N/A	\$ 100 ⁰⁰	\$ 100 ⁰⁰
k. Full Name of Lending Institution		l. Loan Number	
GARY CARLTON		8	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 600 ⁰⁰	
5. Total of ALL CRO-1430 Pages		\$ 3450 ⁰⁰	
(This line must be on line 21 of Detailed Summary Page CRO-1100)			