RECEIVED

Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information. Do not use this form to update information.

1. Committee Information			Beaufort Count	ty. NO				
a. Full Name Board of Elections c. ID Number								
Beaufort County Citizens for Better Government PAC								
b. Mailing Address (include City, State and Zip Code) d. Date Filed								
PO BOX 954					10/27/2025			
Po Box 954 Chicowinity, NC 27817 e. Phone Number								
					252-402-5662			
2. Report Year 3. Period Sta	art Date (mm/dd/yy)	4. Period E						
AND RESIDENCE OF THE PARTY OF T	4/2025	CONTRACTOR OF THE PARTY OF THE	A STATE OF THE PARTY OF THE PAR	AND DESCRIPTION OF THE PARTY OF	Ray Leavy			
6. Type of Committee (Chec	The second secon	THE RESERVE OF THE PARTY OF THE		type of repo	ort from one category)			
	Party Mu Referendum	inicipal Organizationa	State/County Organizat	ional	Referendum Organizational			
Independent Expenditure		Thirty-five day			Pre-referendum			
Legal Expense Fund	John Fundraiser	Pre-primary	First		Final			
Legal Expense I und	l k	Pre-election	Seco		Supplemental Final			
7. Type of Fund (if applicate	ble, check one)	Pre-runoff	Thir		Annual			
Booster Fund		Semi-annual	Four	rth	Special			
Building Fund		Mid Yea	r Semi-ann	ual				
		Year End	l Mid	Year	10. Special Report Name			
Other:		Final	Year	r End	-			
8. Number of Fundraisers th	nis Report	Special	☐ Final					
0			☐ Special					
11. Account Information			11. Account Inform	nation				
a. Financial Institution Full Name			a. Financial Institution	Full Name				
First Citizens	Bank							
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
Confribations and Disbursements	CBG							
4	d. Period Begin B	alance			d. Period Begin Balance			
Distursements	\$ 1310.	08			\$			
CERTIFICATION								
I certify that the Committee or of the NC General Statutes and report is complete, true and contains the complete of the NC General Statutes and contains the complete of the NC General Statutes of the NC Genera	that no funds are con	mmingled with	prohibited or other no	on-disclosed fu				
William R.	Leary	WM	R. Leary		10/27/2025			
Printed Name of S	Signer	Sig	nature of Appointed Trea	surer	Date			
FOR OFFICE USE ONLY				D 1	Swame Math - J			
Date Received:		Employ	yee:	- <u>De</u>	Normal Mail			
Date Postmarked:		Employ	yee:	- 📙	Registered Mail Hand Delivered			
Date Scanned:		Employ	yee:		Electronically Filed			
Date Data Entered:		Employ	yee:		Signer has not received mandatory training			
assis	Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							

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

Beautort County, NC Board of Elections

Amendment

Yes

No

Use this form to summarize all disclosure reporting forms at 1. Committee Full Name (and Fund if applicable)	2. Type of			3. ID Number
BC Citizens for Better Gou	Prese			
			Total this	Total this
Start of Election Cycle: January 1, 2025	-	Reporting Period	d Election Cycle	
4) Cash on Hand at Start		\$	1310.08	\$
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	150,00	\$
6) Contributions from Individuals	(CRO-1210)	\$	2130.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$
9) Loan Proceeds	(CRO-1410)	\$	996.35	\$
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 Organization	ns (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,11	lc,Hd and 11e)	\$	4586.4	\$ \$
EXPENDITURES	27		3276,35	5
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	2524,87	\$
13b) Contributions to Candidates/Political Committe	es (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)	\$	2000 20	3.96
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14.	, 15, 16 and 17)	\$	2728,83	
19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18)	\$	1857,60	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$		\$
26) Forgiven Loans	(CRO-1440)	\$		\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	-	\$
28) Contributions to be Refunded ORO-1100 NC State B	(CRO-1215)	\$		\$ August 200

				ndividuals Page		Amendment Yes No				
Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number										
and the same of th	Beaufort County Cifizens for Better Government PAC									
				Better Governme	ent PAC	05 48				
APRACOS TO SECUL		tor Information			I B 4 6 010	30				
a. Amen		b. Account Code		d. In-Kind Description	e. Date (mm/dd/yyyy	0				
Ren	nove	CBG	cash cash		10/17/2025	\$ 50.00				
Add	d nove	CBG	Check	F	10/20/2025	\$ 50.00				
Add	nove	c B6	check		10/20/2025	\$ 50.00				
Add Rer	d nove					\$				
Add	d nove					\$				
☐ Add	d					\$				
Add						s				
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☐ Ad						\$				
	move	1 41: D				\$ 150.00				
		only this Page of ALL CRO-								
	tal 0	\$ 150.00								

	from Individua		Pg	of	5_	Yes No	
	t individual contributions to the contribution of the contribution		ontributions und			THE RESIDENCE OF THE PARTY OF T	
-	r Better Goo		PAC		id+ 11	Number RECEIV	
3. Contributor Infor		D Premiuse	CONTRACTOR OF THE PROPERTY OF	nove		90/10-	
a. Full Name, Mailing Ad			b. Job Title/Profe		d. Co	mments Beaution 40	
(include city, state, & zi	7		Survey	64		Board of Electic, NO	
Hood Rich	ardson		c. Employer's Nar			Soand of Elections No	
102 Pudl	ley Place		HRicha	- Company of the Comp			
	ton, NC 27	889	PA		10000000	ction Sum to Date	
				i Doto (mm/dd/mm			
f. Prior g. Account Code		i. In-Kind Descrip	ouon	j. Date (mm/dd/yyy		k. Amount	
□ CBG	check			09/24/202	5	\$ 400,00	
□ c∂G	check			10/14/2025		\$ 300,00	
						\$	
3. Contributor Infor	mation		Add Res	move			
a. Full Name, Mailing Ad	dress & Phone		b. Job Title/Profe	ssion	d. Co	omments	
(include city, state, & z			Supervis	or-Retired			
William R	Leavy		c. Employer's Name/Specific Field				
PO BOX 33			()h	eu cer	e. Election Sum to Date		
Chocowini.	ty, NC 278	17	Wegerhaeuser		\$ 230.00		
f. Prior g. Account Cod	e h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)	k. Amount	
□ cBG	check			09/25/202	5	\$ 400.00	
□ CBG	check		*	10/08/2025	7	\$300-00	
						\$	
3. Contributor Infor	mation		Add Re	move			
a. Full Name, Mailing Ad			b. Job Title/Profe	ssion	d. Co	omments	
(include city, state, & z							
Julian	Gott		c. Employer's Na	me/Specific Field			
PO BOX	10				o Fl	ection Sum to Date	
Belhau	10 en, NC 27	1810			\$	O Date	
f. Prior g. Account Cod	e h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	yy)	k. Amount	
O CBG	Check			09/29/2023	5	\$ 200.00	
						\$	
			45-20-20-4-20-20-20-20-20-20-20-20-20-20-20-20-20-			\$	
4. Total only this	Page				\$	1600.00	
5. Total of ALL					\$	2130,00	

Cont	ributions fr	om Individual	ls	Pg	2 of 3	Yes No
Vinding the Co. I will be seen		ndividual contribution	THE RESIDENCE OF THE PARTY OF T	ontributions und	ler \$50 if form CRO	1205 is not used
		e (and Fund if appli		1 0		. ID Number
Bea	ufort Cou	nty Citizens	tor Bet	ter Govi	PAC	1205 is not used ID Number ECEIVED
	ributor Informa				move	27 200
	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profe	ession d.	Comments Ufort County, NC
	ana Sm	7+4				ard of Elections, NC
	AMA JIM	1 L L C L		c. Employer's Na	me/Specific Field	
		larket St.			e.	Election Sum to Date
6	Jashing	ton, NC à	17889			\$ 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyyy)	k. Amount
	c B G	check			09/30/2025	\$ 100.00
						\$
						\$
3. Cont	ributor Informa	ation			move	
	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profe		. Comments
		Bril.	0 \(\int\)	Real Es	tare	
70	2301 3	A STILL	Daire	c. Employer's Na	me/Specific Field	
		rlestown			e.	Election Sum to Date
G	reenville	, NC 278:	34			s 0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyyy)	k. Amount
	CBG	Money Order			09/30/2025	\$ 50.00
	CBG	Money Dirder			10/03/2025	\$ 50,00
	CBG	Money Ordar			10/07/2025	\$1000 100.0
District Constitution	ributor Informa			The second second second	move	
27.5	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profe	ession d.	. Comments
M	elissa	Briley		c. Employer's Na	me/Specific Field	
52.5		les town D				Election Sum to Date
G	reenvill	e, NC 278	34			\$ C
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyyy)	
					99/30/2025	
	CBG	Money Order Money Order			10/03/2025	\$ 50,00
		,				\$
4 Tot	al only this P	200				\$ 400.00

2130,00

\$

Contributions from Individuals	Pg	3 of	3	Amendment Yes	No.	
7 4: 6		A = 0 1 0 0	~~~		1	-

1. Committee Full Name (and Fund if applicable)							2. II	D Number
Beaufort County Citizens for Better Gov. PAC							D Number ECEIVED	
	ributor Informa			Add Remove			d. Comments or 2025	
	me, Mailing Addre	ess & Phone		b. Job Tit	le/Profes	ssion	d. Co	ommentso _{ry} 025
HIND MARKET HOLD	e city, state, & zip)			sch	00) to	eacher		of Elections
5	teve F	uch5				ne/Specific Field		TONS
12	5 Hone	y Pod Farm	n Rd.			County		
		•				8	e. Ele	ection Sum to Date
W	asking ^s	fon, NC 2	,7884	5<	hool	S	\$	500,00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount
	CBG	Money Order				10/17/2025		\$ 130,00
								\$
								\$
3. Cont	ributor Informa	ation		Add	Ren	nove		
	nme, Mailing Addre	ess & Phone		b. Job Tit	le/Profes	ssion	d. Co	omments
(includ	e city, state, & zip)							
				c. Employ	er's Nar	ne/Specific Field		*
				e.			e. Election Sum to Date	
							\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		j. Date (mm/dd/yyy	(y)	k. Amount
								\$
								\$
								\$
3. Cont	ributor Informa	ation		Add	Rei	nove		
a. Full Na	ame, Mailing Addre	ess & Phone		b. Job Title/Profession		d. Comments		
(includ	e city, state, & zip)							
				c Employ	ver's Nar	ne/Specific Field		
				C. Emplo,	Cr STital	nd opecime x rera		
							e. El	ection Sum to Date
							\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		j. Date (mm/dd/yyy	(y)	k. Amount
								\$
								\$
								\$
4. Tot	al only this P	age					\$	130,00
		RO-1210 Pages					\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						Ф	2130,00	

Full Name, Mailing Address & Phone (include city, state, & zip) Hood Richardson [O2 Dudley Place Washington, NC 27889 Description Description Contributor F. Date (mm/dd/yyyy) Spain Contributor F. Date (mm/dd/yyyy) Spain Spain Contributor Full Name, Mailing Address & Phone (include city, state, & zip) Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary D. Type of Contributor Individual Candidate D. Type of Contributor Individual Candidate Party	RECEIVE
Committee Full Name (and Fund if applicable) Dean fort County Citizens for Better Gou PAC	CHOCKIVE
Dearfort County Citizens for Better Gou. PAC Contributor Information Gadd Remove Solution Full Name, Mailing Address & Phone (include city, state, & zip) Hood Richardson ION Dudley Place Washington, NC 27889 Description Description Description Contributor Information F. Date (mm/dd/yyyy) g. Fair Mart 10/17/2025 S Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary Description Contributor Information Description Add Remove Solution Contributor Information Description Contributor Information Contributor Information Description Contributor Information Contri	Cr
Contributor Information Add Remove Referendent Ref	2 h
Full Name, Mailing Address & Phone (include city, state, & zip) Howd Richardson (Or Dudley Place Washington, NC 27889 Description Description Description Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary Description Comments D. Type of Contributor Comments Comments D. Type of Contributor Comments	04 - 20
How d Richardson 102 Dudley Place Washington, NC 27889 Description	of Electric No.
Hood Richardson 102 Dudley Place Washington, NC 27889 Description	Des
Washington, NC 27889 Other Receipt Source F. Date (mm/dd/yyyy) g. Fair Marl 10/17/2025 \$ 96.0 \$ Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary Referendum Structor Struc	
Washington, NC 27889 Other Receipt Source \$ 100.0 Description f. Date (mm/dd/yyyy) g. Fair Mark 2000 #10 Envelopes 10/17/2025 \$ 96.0 \$ Contributor Information	o Date
Description Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary Fair Mark 10/17/2025 \$96,0 \$ Add Remove b. Type of Contributor c. Comments Individual Candidate Party	14861 - 2021 - 14861 - 15861 - 15861 - 15861 - 15861 - 15861 - 15861 - 15861 - 15861 - 15861 - 15861 - 15861 -
\$ Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary S Add Romeye b. Type of Contributor C. Comments Individual Candidate Party	Charles Construction
Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary S Add Remove b. Type of Contributor C. Comments Individual Candidate Party	0
E. Contributor Information Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary D. Add Remove b. Type of Contributor C. Comments Individual Candidate Party	· · · · · · · · · · · · · · · · · · ·
L. Full Name, Mailing Address & Phone (include city, state, & zip) William R, Leary D. Type of Contributor C. Comments Candidate Party	
(include city, state, & zip) William R, Leary Darty	
William R, Leary Candidate Party	
PU 1304 53	o Doto
Oliver Page of Source	
Chocowinally 1 s 230,	00
. Description f. Date (mm/dd/yyyy) g. Fair Mar	ket Amount
Water and Snacks for 10/21/2025 10/21/2025 \$ 107	7.96
Meet and Greets	
\$	
. Contributor Information	els 36≠91 = 37 × 15 x 25
. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip)	
(include city, state, & zip) Individual Candidate	
Party	
PAC	
Referendum d. Election Sum	to Date
Other Receipt Source	
. Description f. Date (mm/dd/yyyy) g. Fair Mar	ket Amount
\$	
\$	
\$	
4. Total only this Page \$ \text{4b.3}	
5. Total of ALL CRO-1510 Pages (This line must be an line 17 of Detailed Summany Page CRO-1100)	\$0 203, D 203,9

Disbursem					Pg of	
Use this form to	report expenditures f coordinated party exp	from the committ	ee for o	perating exp	enses, contributi	ions to candidate/political
	full Name (and Fund					2. ID Number
	County Citiz		Bette	r Gou	, PAC	800 27 200
3. Type of Disb	The second secon				each type of Disb	- Ulin
Operating Experts 4. Payee Inform		tributions to Candida	tes/Politic	AND DESCRIPTION OF THE PERSON NAMED IN	NAME OF TAXABLE PARTY.	ordinated Party Expenditures No.
	failing Address & Pho	one			Remove ed Committee Name	e d. Comments
(include city, state,		, inc				
Ingall	s Printing				stered (Specify)	
107 Ur	nion Drive			Federal State	County: Municipa	ality: e. Election Sum to Date
	ngton, NC	17009		State	Municipa	
						\$ 0
	6	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
CBG	check	D	07/20		\$ 907.38	3000 Tri-folds
Care I	£ MEST	3	10101		\$ 260-00	Mailer LASCRT
4. Payee Inform	nation ing Address & Phone		Ц		Remove ed Committee Name	e d. Comments
(include city, stat				D. Coordinate	ed Commutee Name	d. Comments
Inachs	Printing			a Lavel Pegis	stand (Specify)	
				Federal	stered (Specify) County:	(Land)
	ion Drive			State	Municipa Municipa	ality: e. Election Sum to Date
Washi	ington, NC	27889				\$ 0
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
CBG	check	B			\$ 304,24	1000 Tri-folds - Palm
		_		1	\$	7000
4. Payee Inform	nation			Add	Remove	
	ing Address & Phone				ed Committee Name	e d. Comments
(include city, stat	te, & zip)					
Washin	igton Civio Gladden St	c Center		c Level Regis	stered (Specify)	
110 6	Siedden St	•		Federal	County:	
1100	rington, N	1 17889		State	Municipa Municipa	ality: e. Election Sum to Date
Wash	and ren' in	C 21001				\$ O
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks
CBG	check	0	09/2	16/2025	\$ 180.00	Event Rent 10/21/2
CBG	check	0	09/2	192025	\$ 126,00	Event Rent 10/21/25
5. Total only th	is Page					\$ \$ 977.60
6. Total of ALL	CRO-1310 Pages					7 1517.62
	line 13a of Detailed Sum					\$ 2 6011 07
	line 13b of Detailed Sum line 13c of Detailed Sum					2524.87
-	odes (List detailed				Ехренинител	
A* - Media	B* - Printin			undraising	D - To	Another Candidate
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses
I - Postage O* Other	J - Penaltie	es	K* - O	Office Expen	ises Q* - De	onation to Legal Expense Fund
	re detailed explanati	on in required t	remarks	s field (k)		

Amendment Disbursements Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number Beaufort County Citizens for Better Gov. 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Washington Daily News c. Level Registered (Specify) Market Street Federal County: ☐ State Municipality: e. Election Sum to Date Washington, NC 27889 h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount Insert WDN CBG check A 09/29/2025 \$ 260,00 Remove 4. Pavee Information Add b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Lugalls Printing c. Level Registered (Specify) 107 Union Drive Federal County: State Municipality: e. Election Sum to Date Washington, NC 27889 k. Required Remarks f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) Print WDN Inserts Check B \$ 747.25 CBG 10/89/2025 Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip)

			C. Level Reg		ality: e. Election Sum to Date	
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only t	his Page				\$ 1007.25	

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)

\$\frac{2524}{87}\$

(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)

7. Purpose Code	es (List detailed expenditur	e code in (h.) above)	
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Loan Proceeds			Pg	of	2	Amendment Ves RECEIVED
Use this form to report proceeds from a loan and loan A loan proceeds statement must accompany each loan						MECEIVED
1. Committee Full Name (and Fund if applicable)	i tilat is i	TOIII aii iiic	ITVICUAL		2. II	D Number
Beaufort County Citizens for Be	etter.	Govern	ment PF	10		Beaufort County
3. Lender Information '		Add	Remove			Elections NC
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title	/Profession		d. Co	omments
William R. Leary		Super	visor Reti	1		
194 Jones Circle			r's Name/Specifi			art Date (mm/dd/yyyy)
					09	124/2025
Chocowinity, NC 27817		Weye	rhacuser		f. En	nd Date (mm/dd/yyyy)
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form of Pa	yment		k. Amount
O % NONE			CC			\$ 458,98
I. Full Name of Lending Institution					m. L	oan Number
NA						NA
4. Endorsers/Makers (The people who guarantee the loc	an.)					
a. Full Name, Mailing Address & Phone		b. Job Title	/Profession	C	. Employ	yer's Name/Specific Field
(include city, state, & zip)						
		1 D			A	
		d. Percenta	ge		. Amoun	ıt
				%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title	/Profession	C	. Employ	yer's Name/Specific Field
(include city, state, & zip)						
		d. Percenta	ma.		. Amoun	nt .
		u. r er centa	ge	%	\$	n.
			-			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title	/Profession	0	. Employ	yer's Name/Specific Field
(include city, state, ce zip)						
		d. Percenta	ge	(e. Amour	nt
				%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title	/Profession			yer's Name/Specific Field
(include city, state, & zip)		31000 21111			er aansigrao	,
		d. Percenta	ge	(e. Amour	
				%	\$	458,98
5. Total of ALL CRO-1410 Pages					\$	458,98 996,35
(This line must be on line 9 of Detailed Summary Page CRO-	-1100)					110.0



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

	A STATE OF THE STA
•	Name of committee to receive loan: BC Citizens for Better Gov PA Person or committee to make loan: William R. Leary
•	Date of loan to committee: 09/24/2025
•	Name of lending institution (source):
•	Amount of loan: 458,98
•	Description (if in-kind loan):
•	Names of all parties responsible for payment of loan (guarantors):
	NONE
•	Period of loan:
•	Rate of interest of loan:
•	Security pledged for loan:
pro	(Person lending money to committee) ovided is complete, true, and accurate. I further understand I may not forgive a loan set has an outstanding balance to any source.
uic	We Ri Leavy 10/25/2025
Sig	gnature of Lender Date Signed
	mature of Treasurer of Committee 10/25/2025 Date Signed
Sic	gnature of Treasurer of Committee Date Signed

T	T	1
Loan	Proc	Shee
LOUGH	LIUC	CUUS

Loan Proceeds				2_ of	2	Amendment Yes	₩ No		
Use this form to report proceeds from a loan and loa A loan proceeds statement must accompany each loan									
1. Committee Full Name (and Fund if applicable		rom an mo	lividuai		2. I	D Number			
Beaufort County Citizens for &	The second second second	soverni	ment	PAC					
3. Lender Information			Remove	е					
a. Full Name, Mailing Address & Phone		b. Job Title/Profession				d. Comments			
(include city, state, & zip)		Supervisor-							
William R. Leary		Retired				e. Start Date (mm/dd/yyyy)			
194 Jones Circle		c. Employer's Name/Specific Field			0	09/29/2025			
Chocowinity, NC 27817		Weyerhaeuser				f. End Date (mm/dd/yyyy)			
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form o	of Payment		k. Amount			
O % NONE					\$ 537.37				
I. Full Name of Lending Institution					m. I	oan Number			
4. Endorsers/Makers (The people who guarantee the l	loan.)								
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession			c. Employer's Name/Specific Field				
		d. Percenta	an a		e. Amour	nt .			
		d. Percentage							
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession			c. Emplo	yer's Name/Spo	ecific Field		
		d. Percentage			e. Amount				
		% 3				\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title	Profession		c. Emplo	yer's Name/Sp	ecific Field		
		d. Percentage			e. Amount				
				%	\$				
a. Full Name, Mailing Address & Phone		b. Job Title/Profession c.			c. Emplo	c. Employer's Name/Specific Field			
(include city, state, & zip)									
		d. Percenta	ige		e. Amou	nt			
				%	\$	537.37	1		
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CR)	(0-1100)				\$	996.3	35		



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of committee to receive loan: BC Citizens of Better Gau Pl	AC					
Person or committee to make loan: William R. Leary						
 Person or committee to make loan: William R. Leary Date of loan to committee: 09/29/2025 						
 Name of lending institution (source): NA 						
• Amount of loan:537.37						
Description (if in-kind loan):						
Names of all parties responsible for payment of loan (guarantors):						
Period of loan:						
Rate of interest of loan:						
Security pledged for loan:						
I, William R. Leary , acknowledge that all of the information (Person lending money to committee)	on					
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.						
WM R, Leary 10/25/2025						
Signature of Lender Date Signed	- -					
We R. Leary 10125/2025						
Signature of Treasurer of Committee Date Signed						