

## Disclosure Report Cover

Amendment

 Yes  No

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

## 1. Committee Information

a. Full Name

Committee to Elect Barry G. Richards

b. Mailing Address (include City, State and Zip Code)

PO Box 849  
Concord, NC 28026-0849

c. ID Number

118126

d. Date Filed

104-723-1505

e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	12/18/25	12/31/25	Stewart Lee Allison

## 6. Type of Committee (Check One)

Candidate Campaign  Party  
 PAC  Referendum  
 Independent Expenditure  Joint Fundraiser  
 Legal Expense Fund

## 9. Type of Report (check only one type of report from one category)

Municipal	State/County	Referendum
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<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 type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Mid Year	<input type="checkbox"/> 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)

Booster Fund  
 Building Fund  
 Other:

## 8. Number of Fundraisers this Report

## 10. Special Report Name

## 11. Account Information

a. Financial Institution Full Name

Uwharrie Bank

b. Purpose

Campaign

c. Account Code

2777

d. Period Begin Balance

\$150.00

## 11. Account Information

a. Financial Institution Full Name

RECEIVED

b. Purpose IN-PERSON

JAN 08 2026

CABARRUS COUNTY  
BOARD OF ELECTIONS

c. Account Code

d. Period Begin Balance

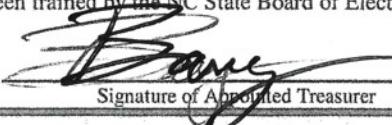
\$

## CERTIFICATION

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

Barry G. Richards

Printed Name of Signer



Signature of Appointed Treasurer

118126

Date

## FOR OFFICE USE ONLY

Date Received:

1-8-26

Employee:

JAN

Delivery Method

Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked:

Employee:

Signer has not received  
mandatory training

Date Scanned:

1-8-26

Employee:

WAN

Date Data Entered:

Employee:

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,  
assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## Detailed Summary

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

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Committee to Elect Barry G Richards 4 <sup>th</sup> Quarter		
Start of Election Cycle: January 1, 2025	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 740.63	\$ 1380.07
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$
11) Other Receipt Sources (CRO-1250)	\$	\$
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)	\$ 1030.07	\$ 1030.07
<b>EXPENDITURES</b>		
13) Disbursements (CRO-1310)	\$	\$
13a) Operating Expenditures (CRO-1310)	\$	\$
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)	\$ 350.00	\$ 350.00
17) In-Kind Contributions (CRO-1510)	\$ 740.63	\$ 880.07
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1080.63	\$ 1230.07
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 150.00	\$ 150.00
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	\$
22) Debts and Obligations owed by the Committee (CRO-1610)	\$	\$
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	\$
24) Account Transfers Within the Committee (CRO-1720)	\$	\$
25) Administrative Support (CRO-1710)	\$	\$
26) Forgiven Loans (CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

# Contributions from Individuals

Amendment  
Pg \_\_\_\_\_ of \_\_\_\_\_  Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Barry G. Richards					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)  Barry G. Richards PO Box 849 Concord, NC 28026-0849					
b. Job Title/Profession		d. Comments		e. Election Sum to Date	
				Retired	
c. Employer's Name/Specific Field  NCDMV					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2777	CK 1258	Filing Fee	12/18/25	\$ 139.44
<input type="checkbox"/>	2777	Debit	Signs/Cards	12/30/25	\$ 3500.00
<input type="checkbox"/>	2777	CK 1258	Signs/Cards	12/30/25	\$ 390.63
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession  c. Employer's Name/Specific Field  e. Election Sum to Date  \$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)  b. Job Title/Profession  c. Employer's Name/Specific Field  e. Election Sum to Date  \$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 740.63					
5. Total of ALL CRO-1210 Pages \$ 740.63					
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

# Refunds/Reimbursements From the Committee

Pg \_\_\_\_\_ of \_\_\_\_\_

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
<i>Committee to Elect Barry G. Richards</i>			
3. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party  e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
<i>Barry G Richards PO Box 849 Concord, NC 28026-0849</i>		h. Original Receipt Date <i>12/30/25</i>	
b. Job Title/Profession		c. Employer's Name/Specific Field	
<i>Retired</i>		<i>NCDMV</i>	
g. Comments		k. Account Code	
		<i>2777</i>	
l. Form of Payment		m. Required Remarks	
<i>CK</i>		<i>Signs/Cards</i>	
n. Date (mm/dd/yyyy)		o. Amount	
<i>12/30/2025</i>		<i>\$ 350.00</i>	
3. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party  e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		h. Original Receipt Date	
b. Job Title/Profession		c. Employer's Name/Specific Field	
		g. Comments	
k. Account Code			
l. Form of Payment		m. Required Remarks	
		n. Date (mm/dd/yyyy)	
		o. Amount	
		<i>\$</i>	
3. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party  e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		h. Original Receipt Date	
b. Job Title/Profession		c. Employer's Name/Specific Field	
		g. Comments	
k. Account Code			
l. Form of Payment		m. Required Remarks	
		n. Date (mm/dd/yyyy)	
		o. Amount	
		<i>\$</i>	
4. Total only this Page		\$ <i>350.00</i>	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ <i>350.00</i>	
6. Purpose Codes (List detailed disbursement code in (f) above)			
L - Returned to Contributor		M - Overpayment for Service	
P* - Reimbursement of In-Kind		O* Other	
* Codes require detailed explanation in required remarks field (m)			

## In-Kind Contributions

Amendment  
 Yes  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
<i>Committee to Elect Barry G Richards</i>			
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
<i>Barry G Richards PO Box 849 Concord, NC 28026-0849</i>		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date	
		\$ 740.63	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
<i>Signs &amp; Cards</i>		<i>12/30/25350.00</i>	\$ 350.00
<i>Signs &amp; Cards</i>		<i>12/30/25390.63</i>	\$ 390.63
			\$
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 740.63	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 740.63	