

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<b>1. Committee Information</b>							
a. Full Name <i>Committee To Elect Bill Barber</i>		c. ID Number					
b. Mailing Address (include City, State and Zip Code) <i>3467 Hwy 601 S #114 Concord NC 28225</i>		d. Date Filed <i>01/22/2024</i>					
e. Phone Number <i>880236-9285</i>							
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>				
2025	12-23-2023	12-31-2025	William Barber				
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>							
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:							
<b>8. Number of Fundraisers this Report</b>							
<b>11. Account Information</b>				<b>11. Account Information</b>			
a. Financial Institution Full Name <i>FNB Bank</i>		a. Financial Institution Full Name		b. Purpose <i>RECEIVED INFORMATION</i>		c. Account Code	
b. Purpose		c. Account Code <i>CK</i>		d. Period Begin Balance <i>JAN 22 2026</i>		e. Period Begin Balance	
				CABARRUS COUNTY BOARD OF ELECTIONS		\$	
<b>CERTIFICATION</b>							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.							
<i>William Barber</i>		<i>william Barber</i>		<i>01-22-2023</i>			
Printed Name of Signer		Signature of Appointed Treasurer		Date			
<b>FOR OFFICE USE ONLY</b>							
Date Received:	1-22-26	Employee:	WAN	Delivery Method			
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail			
Date Scanned:	1-22-26	Employee:	NAN	<input type="checkbox"/> Registered Mail			
Date Data Entered:		Employee:		<input checked="" type="checkbox"/> Hand Delivered			
				<input type="checkbox"/> Electronically Filed			
				<input type="checkbox"/> Signer has not received mandatory training			
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.							
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
<i>Count Other to Elect Bill Barber</i>		<i>YEAR END</i>	
Start of Election Cycle: <u>January 1, 2024</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ <i>1400</i>	\$
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ <i>384.20</i>
6) Contributions from Individuals		(CRO-1210)	\$ <i>384.20</i>
7) Contributions from Political Party Committees		(CRO-1220)	\$
8) Contributions from Other Political Committees		(CRO-1230)	\$
9) Loan Proceeds		(CRO-1410)	\$
10) Refunds/Reimbursements to the Committee		(CRO-1240)	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts		(CRO-1250)	\$
11b) Contributions from Not-For-Profit Organizations		(CRO-1250)	\$
11c) Outside Sources of Income		(CRO-1250)	\$
11d) Legal Expense Fund - Other Sources		(CRO-1270)	\$
11e) Exempt Purchase Price Sales		(CRO-1265)	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ <i>384.20</i>	\$ <i>1834.20</i>
<b>EXPENDITURES</b>			
13) Disbursements			
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)	\$
17) In-Kind Contributions		(CRO-1510)	\$ <i>384.20</i>
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ <i>384.20</i>	\$ <i>434.20</i>
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ <i>1400</i>	\$ <i>1400</i>
<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  
 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 Bill Barber					
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	d. Comments	
William Barber 3467 Hwy 101 S #14 Concord NC 28025			Self-employed		
			c. Employer's Name/Specific Field		
			REAL ESTATE		
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"/>	CB	IN KIND Payment	P Signs	12/27/20	\$ 24384.20
<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	d. Comments	
			c. Employer's Name/Specific Field		
e. Election Sum to Date \$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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	d. Comments	
			c. Employer's Name/Specific Field		
e. Election Sum to Date \$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page <span style="float: right;">\$ 248.20 384.20</span>					
5. Total of ALL CRO-1210 Pages <span style="float: right;">\$ 384.20</span>					
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

## 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 Bill Barber</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	c. Comments
<i>William Barber            3467 Hwy 601 S #114            COWESO RD NC 28025</i>		<input 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	d. Election Sum to Date  \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
<i>Signs</i>		<i>12/23/23</i>	<i>\$ 384.20</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	c. Comments
		<input 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	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
		<input 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	d. Election Sum to Date  \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 384.20	
5. Total of ALL CRO-1510 Pages		\$ 384.20	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			