

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

Amendment

Yes

No

1. Committee Information

a. Full Name

Citizens For District 2 Write In

c. ID Number

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

308 N Center Street
Mount Olive NC 28365

d. Date Filed

1/12/2026

e. Phone Number

919-922-4171

2. Report Year

3. Period Start Date (mm/dd/yy)

2025

10/21/2025

4. Period End Date (mm/dd/yy)

12/31/2025

5. Treasurer Full Name

Ray McDonald

6. Type of Committee (Check One)

| | |
|--------------------------------------------------------|-------------------------------------------|
| <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 | |

9. Type of Report

(check only one type of report from one category)

Municipal

| |
|----------------------------------------------|
| <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 checked="" type="checkbox"/> Year End |
| <input checked="" type="checkbox"/> Final |
| <input type="checkbox"/> Special |

State/County

| |
|-----------------------------------------|
| <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 type="checkbox"/> Year End |
| <input type="checkbox"/> Final |
| <input type="checkbox"/> Special |

Referendum

| |
|---------------------------------------------|
| <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 |

7. Type of Fund (if applicable, check one)

| |
|-----------------------------------------|
| <input type="checkbox"/> "Booster Fund" |
| <input type="checkbox"/> Building Fund |
| <input type="checkbox"/> Other: |

8. Number of Fundraisers this Report

0

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Truist Bank

b. Purpose

Personal acc
Campaign Exp

c. Account Code

001

d. Period Begin Balance

\$ 0

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$ 0

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.

Ray McDonald

Printed Name of Signer

Signature of Appointed Treasurer

1/12/2026

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

| |
|---------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Normal Mail |
| <input type="checkbox"/> Registered Mail |
| <input type="checkbox"/> Hand Delivered |
| <input type="checkbox"/> Electronically Filed |
| <input type="checkbox"/> Signer has not received mandatory training |

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

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

Amendment
 Yes No

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 |
|-------------------------------------------------------------------------------------|------------------------------------|----------------------------------|
| Citizens for District 2 Write In | Final | |
| Start of Election Cycle: January 1, 2025 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ 0 | \$ 0 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ \$ 738.87 |
| 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) | \$ \$ |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ \$ 738.87 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ \$ |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ \$ 738.87 |
| 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) | \$ \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ \$ 738.87 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 0 | \$ 0 |
| ADDITIONAL INFORMATION | | |
| 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) | \$ |