Disclosure Re	eport 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 Infor	mation				T		
a. Full Name					c. ID Number		
Committee to Elect	Ben Cox						
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed		
P O Box263					10/15/25		
Concord, NC 28026	5				e. Phone Number		
					704-699-0077		
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name		
2025	10/8/25	10/	15/25	Ben Allen Cox			
6. Type of Commit		9. Type of Report			from one category)		
Candidate Camp	=	Municipal	State/C		Referendum		
PAC Independent	Referendum	Organizational	—	Organizational	Organizational		
Expenditure Legal Expense F	Joint Fundraiser	Thirty-five day	′ '	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary	П	First	Final		
Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual Mid Year	. 📙 ,	Fourth Semi-annual	Special		
Other:		Year End		Mid Year	10. Special Report Name		
		Final		Year End			
8. Number of Fund	raisers this Report	Special		Final			
				Special			
11. Account Inform			11. Account I				
a. Financial Institution Uwharrie Bank	Full Name		a. Financial Inst	itution Full Name			
b. Purpose	c. Account Code		b. Purpose	RECEIVED	c. Account Code		
For all		01		IN-PERSON	- Control of the cont		
campaign	BA	C1	r	OCT 1 5 2025			
	related d. Period Begin Balance		001 1 3 2023		d. Period Begin Balance		
finances	\$ 0.00		CA	BARRUS COUNTY ARD OF ELECTIONS	\$		
CERTIFICATION			30,	TO OF ELECTIONS			
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.							
	Printed Name of Signer	S	ignature of Appoint	ted Treasurer	Date		
FOR OFFICE USE O	10-15-25		WAN		Delivery Method		
Date Received:		Employee:			Normal Mail		
Date Postmarke		Employee:			Registered Mail Hand Delivered		
Date Scanned:	10-16-25	Employee:	FAN		Electronically Filed Signer has not received		
Date Data Enter	red:	Employee:			mandatory training		
Please Note: Thi		an of books informat	ion, or account	information.	ess, treasurer, assistant treasurer, tee changes.		

Use this	form to report ind	ividual contributions	over \$5	0 or contribu	itions und	er \$50 if form CR	O 1205 is a	not used	
1. Committee Full Name (and Fund if applicable)						2. ID Number			
Commit	tee to Elect Ben Co	ox							
3. Contr	ibutor Informati	on		Add [Rei	nove			
100	me, Mailing Address	& Phone		b. Job Title	/Profession		d. Comme	nts	
(include	e city, state, & zip)			-					
1	•			c. Employe	r's Name/Sp	pecific Field			
-									
							e. Election	Sum to Date	e
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descripti	on	j. Date (mm/dd/y	yyy)	k. Amo	unt
								\$	
								\$	
								\$	
3. Contr	ibutor Informati	on		Add [Ren	nove			
	me, Mailing Address	& Phone		b. Job Title	Profession		d. Comme	nts	
Ben Alle	city, state, & zip)			Attorney					
P O Box				c. Employer's Name/Specific Field The Law Offices of Ben A Cox					
Concord	, NC 28026								
							e. Election Sum to Date		
							\$	144,45	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descripti	on	j. Date (mm/dd/y	yyy)	k. Amor	unt
		Card		Sign		10/9/	25	\$	144.45
	BACI	Check				10/9	1/25	\$	500,00
								\$	644,45
	ibutor Informatio			Add [nove			
	ne, Mailing Address of city, state, & zip)	& Phone		b. Job Title	Profession		d. Comme	nts	
(merude	city, state, & zip)			-					
				c. Employer	's Name/Sp	ecific Field			
							a Flastian	Sum to Date	
							\$	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	 Kind Description	on	j. Date (mm/dd/y		k. Amou	ınt
								\$	
								\$	
								\$	
4. Total	only this Pag	e					\$	\$	644.45
	only this Pag						\$	\$	644.45

Contributions from Individuals

Amendment

Yes 🖂

No

Amendment \boxtimes No

Detailed SummaryUse 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 Ben Cox	1		
Start of Election Cycle: January 1,	2025	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 644.45	\$ 644.45
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-for-Profit Organizati		\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 0.00	\$ 0.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Commit		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
(6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
7) In-Kind Contributions	(CRO-1510)	\$ 144,45	\$ 144,45
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 144.45	\$ 144.45
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	\$ 500.00	\$ 500.00	
ADDITIONAL INFORMATION	San Carllen Co.		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaign	ns) (CRO-1430)	\$ 0.00	
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0.00	
4) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
6) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
(8) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

In-Kind Contributions Use this form to report non-monetary contributions, donation		of of vided to the comm		Amendment Yes No r fund.		
Use CRO-1215 if In-Kind Contributions were or will be						
1. Committee Full Name (and Fund if applicable)			2. I	D Number		
Committee to Elect Ben C	Xa					
3. Contributor Information	☐ Add ☐ Re	move				
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. C	omments		
(include city, state, & zip)	Individual Candidate					
Ben Allen Cox	Party					
PO Box 263	☐ PAC					
Ben Allen Cox PO Box 263 Concord, NC	Referendum		d. E	d. Election Sum to Date		
, , , , , , , , , , , , , , , , , , ,	Other Receip	t Source	\$	\$ 644,45		
e. Description		f. Date (mm/dd/	уууу)	g. Fair Market Amount		
Sign		10/9/20	5	\$ 144,45		
				\$		
				\$		
3. Contributor Information		emove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contr			d. Election Sum to Date		
e. Description		f. Date (mm/dd/	уууу)	g. Fair Market Amount		
				\$		
				\$		
				\$		
3. Contributor Information	☐ Add ☐ Re	emove				
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. (Comments		
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Recei		d. 1	Election Sum to Date		
e. Description		f. Date (mm/dd.	уууу)	g. Fair Market Amount		
				\$		
				\$		
				\$		
4. Total only this Page			\$	144,45		

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$