

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 ALEXIS HUGHES FOR COMMISSIONER | | c. ID Number | | | | | |
| b. Mailing Address (include City, State and Zip Code) 12820 CATHY COURT MIDLAND, NC 28107 | | RECEIVED IN PERSON DEC 29 2025 CABARRUS COUNTY BOARD OF ELECTIONS | | | | | |
| d. Date Filed 12/29/2025 | | e. Phone Number | | | | | |
| 2. Report Year 2025 | 3. Period Start Date (mm/dd/yy) 12/19/2025 | 4. Period End Date (mm/dd/yy) 12/27/2025 | 5. Treasurer Full Name BARBARA STRANG | | | | |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | | | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund | | 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 type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | State/County <input checked="" 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) | | | | | | 10. Special Report Name | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | | | | | | |
| 8. Number of Fundraisers this Report 0 | | | | | | | |
| 3. Account Information | | | | 3. Account Information | | | |
| a. Financial Institution Full Name ALEXIS V. HUGHES CAMPAIN FUNDS | | a. Financial Institution Full Name | | | | | |
| b. Purpose CAMPAIGN ACTIVITIES | | c. Account Code 2211 | | b. Purpose | | c. Account Code | |
| | | | | | | | |
| d. Period Begin Balance \$ | | | | | | 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 | | | | | | | |
| <u>Barbara Strang</u> Printed Name of Signer | | <u>Barbara Strang</u> Signature of Appointed Treasurer | | 12/29/2025 | | Date | |
| FOR OFFICE USE ONLY | | | | | | | |
| Date Received: | 12-29-25 | Employee: | trw | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed | | | |
| Date Postmarked: | | Employee: | | | | | |
| Date Scanned: | 12-29-25 | Employee: | NAN | | | | |
| Date Data Entered: | | Employee: | | <input type="checkbox"/> Signer has not received mandatory training | | | |
| 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) ALEXIS HUGHES FOR COMMISSIONER | 2. Type of Report 2025 Organizational | 3. ID Number | |
| 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) | \$ 5,000.00 | \$ 5,000.00 |
| 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 Organizations | (CRO-1250) | \$ 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 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 5,000.00 | \$ 5,000.00 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 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 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 5,000.00 | \$ 5,000.00 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 5,000.00 | \$ 5,000.00 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 0.00 | \$ 0.00 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 0.00 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 0.00 | |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 | \$ 0.00 |

Contributions from IndividualsPg 1 of 1 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) ALEXIS HUGHES FOR COMMISSIONER | | 2. ID Number | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) ALEXIS HUGHES 12820 CATHY COURT MIDLAND, NC 28107 | | b. Job Title/Profession REALTOR c. Employer's Name/Specific Field SELF | | | |
| | | d. Comments | | | |
| | | e. Election Sum to Date \$ 5,000.00 | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | 2211 | In-Kind | ACCOUNT OPENING | 12/19/2025 | \$ 5,000.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | | \$ 5,000.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 5,000.00 |

CRO-1210

NC State Board of Elections

April 2007

In-Kind ContributionsPg 1 of 1 Yes No

Amendment

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 | |
| ALEXIS HUGHES FOR COMMISSIONER | | | |
| 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 |
| ALEXIS HUGHES 12820 CATHY COURT MIDLAND, NC 28107 | | <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 | |
| d. Election Sum to Date | | | |
| \$ 5,000.00 | | | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| ACCOUNT OPENING | | 12/19/2025 | \$ 5,000.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page \$ 5,000.00 | | | |
| 5. Total of ALL CRO-1510 Pages \$ 5,000.00 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | |

CRO-1510

NC State Board of Elections

December 2007