

# 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.

|   |  |  |  |
|---|--|--|--|
| <b>1. Committee Information</b>   |  |  |  |
| a. Full Name<br><i>Committee to Elect Barry Richards</i>  |  | c. ID Number   |  |
| b. Mailing Address (include City, State and Zip Code)<br><i>PO Box 849<br/>Concord, NC 28026-0849</i>   |  | d. Date Filed<br><i>4/2/26</i>   |  |
|   |  | e. Phone Number<br><i>704-723-1505</i>   |  |
| 2. Report Year<br><i>2026</i>   | 3. Period Start Date (mm/dd/yy)<br><i>1/1/26</i> | 4. Period End Date (mm/dd/yy)<br><i>2/14/26</i>  | 5. Treasurer Full Name<br><i>Stewart Lee Allison</i> |
| <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<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund  |  | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special    |  |
| <b>7. Type of Fund (if applicable, check one)</b>   |  | <b>State/County</b>  |  |
| <input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:  |  | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |  |
| <b>8. Number of Fundraisers this Report</b>   |  | <b>10. Special Report Name</b>   |  |
|   |  |  |  |
| <b>11. Account Information</b>  |  | <b>11. Account Information</b>   |  |
| a. Financial Institution Full Name<br><i>Uwharrie Bank</i>  |  | a. Financial Institution Full Name<br><b>RECEIVED</b>  |  |
| b. Purpose<br><i>Campaign</i>   | c. Account Code<br><i>2777</i>                   | b. Purpose<br><b>APR 02 2026</b>   | c. Account Code                                      |
|   | d. Period Begin Balance<br><i>\$ 50.00</i>       | <b>CABARRUS COUNTY BOARD OF ELECTIONS</b>  | d. Period Begin Balance                              |
| <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>Barry Richards</i><br>Printed Name of Signer   |  | <i>Barry Richards</i><br>Signature of Appointed Treasurer  | <i>4/2/26</i><br>Date                                |
| <b>FOR OFFICE USE ONLY</b>  |  |  |  |
| Date Received:  | <i>4-2-26</i>                                    | Employee:  | <i>HAN</i>   |
| Date Postmarked:  | <i>4</i>   | Employee:  |  |
| Date Scanned:   | <i>4-6-26</i>                                    | Employee:  | <i>HAN</i>   |
| Date Data Entered:  |  | Employee:  |  |
| Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><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.<br>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              |  |
|--|-----------------------------|---------------------------|--|
| Committee to Elect Barry Richards  | 1st Quarter                 |                           |  |
| Start of Election Cycle: January 1, _____                                    | Total this Reporting Period | Total this Election Cycle |  |
| 4) Cash on Hand at Start   | \$ 50.00                    | \$                        |  |
| <b>RECEIPTS</b>  |                             |                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      | \$                          | \$                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 | \$ 160.00                   | \$ 1,640.07               |  |
| 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  |                             |                           |  |
| 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) | \$ 160.00                   | \$ 1,640.07               |  |
| <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)                     | \$ 150.00                   | \$ 600.00                 |  |
| 17) In-Kind Contributions (CRO-1510)   | \$ 60.00                    | \$ 1,040.07               |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          | \$ 210.00                   | \$ 1,640.07               |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ .00                      | \$ .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**

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

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

|  |                        |                           |                               |  |                  |                                |  |
|--|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |                               |  |                  | <b>2. ID Number</b>            |  |
| Committee to Elect Barry G. Richards   |                        |                           |                               |  |                  |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Robert McKeever Freeman<br>392 DAWKINS Street SW<br>CONCORD, NC 28025                          |                        |                           |                               | Business Owner                           |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | Construction                             |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 100.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input checked="" type="checkbox"/>  | 2777                   | Check                     | 60585996 Check                | 1/30/26                                  | \$ 100.00        |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
| Barry G. Richards<br>PO Box 849<br>CONCORD, NC 28026-0849                                      |                        |                           |                               | Retired                                  |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               | NCDMV                                    |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$ 1,190.07                    |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input checked="" type="checkbox"/>  | 2777                   | Debit                     | CARDS                         | 1/26/26                                  | \$ 60.00         |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |                  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           |                               | <b>b. Job Title/Profession</b>           |                  | <b>d. Comments</b>             |  |
|  |                        |                           |                               |  |                  |                                |  |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                  |                                |  |
|  |                        |                           |                               |  |                  |                                |  |
|  |                        |                           |                               |  |                  | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |                               |  |                  | \$                             |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b> |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <input type="checkbox"/>   |                        |                           |                               |  | \$               |                                |  |
| <b>4. Total only this Page</b>   |                        |                           |                               |  |                  | \$ 160.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>  |                        |                           |                               |  |                  | \$ 1,290.07                    |  |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>                 |                        |                           |                               |  |                  |                                |  |

# Refunds/Reimbursements From the Committee

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

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

|  |  |  |                     |                                   |  |
|--|--|--|---------------------|-----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |  |  | <b>2. ID Number</b> |                                   |  |
| Committee to Elect Barry G Richards  |  |  |                     |                                   |  |
| <b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove              |  |  |                     |                                   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |  | <b>d. Type of Committee</b>  |                     | <b>h. Original Receipt Date</b>   |  |
| Barry G. Richards<br>PO Box 849<br>CONCORD, NC 28026-0849  |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC    |                     | 2/9/26                            |  |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party |                     |                                   |  |
|  |  | <b>e. Level Registered</b>   |                     | <b>i. Original Receipt Amount</b> |  |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:  |  | \$ 150.00  |                     |                                   |  |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:  |  |  |                     |                                   |  |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>                                     |                     |                                   |  |
| P  |  | \$   |                     |                                   |  |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>   |                     | <b>k. Account Code</b>            |  |
| Retired  | NCAMV                                    |  |                     | 2777                              |  |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>               | <b>n. Date (mm/dd/yyyy)</b>  | <b>o. Amount</b>    |                                   |  |
| Debit  | Cards                                    | 2/9/26   | \$ 150.00           |                                   |  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                         |  |  |                     |                                   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |  | <b>d. Type of Committee</b>  |                     | <b>h. Original Receipt Date</b>   |  |
|  |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC    |                     |                                   |  |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party |                     |                                   |  |
|  |  | <b>e. Level Registered</b>   |                     | <b>i. Original Receipt Amount</b> |  |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:  |  | \$   |                     |                                   |  |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:  |  |  |                     |                                   |  |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>                                     |                     |                                   |  |
|  |  | \$   |                     |                                   |  |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>   |                     | <b>k. Account Code</b>            |  |
|  |  |  |                     |                                   |  |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>               | <b>n. Date (mm/dd/yyyy)</b>  | <b>o. Amount</b>    |                                   |  |
|  |  |  | \$                  |                                   |  |
| <b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                         |  |  |                     |                                   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |  | <b>d. Type of Committee</b>  |                     | <b>h. Original Receipt Date</b>   |  |
|  |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC    |                     |                                   |  |
|  |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party |                     |                                   |  |
|  |  | <b>e. Level Registered</b>   |                     | <b>i. Original Receipt Amount</b> |  |
| <input type="checkbox"/> Federal <input type="checkbox"/> County:  |  | \$   |                     |                                   |  |
| <input type="checkbox"/> State <input type="checkbox"/> Municipality:  |  |  |                     |                                   |  |
| <b>f. Purpose Code</b>   |  | <b>j. Election Sum to Date</b>                                     |                     |                                   |  |
|  |  | \$   |                     |                                   |  |
| <b>b. Job Title/Profession</b>   | <b>c. Employer's Name/Specific Field</b> | <b>g. Comments</b>   |                     | <b>k. Account Code</b>            |  |
|  |  |  |                     |                                   |  |
| <b>l. Form of Payment</b>  | <b>m. Required Remarks</b>               | <b>n. Date (mm/dd/yyyy)</b>  | <b>o. Amount</b>    |                                   |  |
|  |  |  | \$                  |                                   |  |
| <b>4. Total only this Page</b>   |  |  | \$                  |                                   |  |
| <b>5. Total of ALL CRO-1320 Pages</b><br><i>(This line must be on line 16 of Detailed Summary Page CRO-1100)</i> |  |  | \$                  |                                   |  |
| <b>6. Purpose Codes</b> (List detailed disbursement code in (f) above)   |  |  |                     |                                   |  |
| L - Returned to Contributor  |  | M - Overpayment for Service  |                     | N - Exceeded Contribution Limit   |  |
| P* - Reimbursement of In-Kind  |  | O* Other   |                     |                                   |  |
| * Codes require detailed explanation in required remarks field (m)   |  |  |                     |                                   |  |

# In-Kind Contributions

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.

|  |  |   |  |
|--|--|---|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |  | <b>2. ID Number</b>   |  |
| Committee to Elect Barry G. Richards   |  |   |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove  |  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><small>(include city, state, &amp; zip)</small><br><br>Barry G. Richards<br>PO Box 549<br>Concord, NC 28026-0549 |  | <b>b. Type of Contributor</b><br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |  |
|  |  | <b>c. Comments</b><br><br>d. Election Sum to Date<br>\$ 900.63  |  |
| <b>e. Description</b><br><br>Cards   |  | <b>f. Date (mm/dd/yyyy)</b><br><br>7/9/26   | <b>g. Fair Market Amount</b><br><br>\$ 60.00 |
|  |  |   | \$   |
|  |  |   | \$   |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><small>(include city, state, &amp; zip)</small><br><br>(Empty)   |  | <b>b. Type of Contributor</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |  |
|  |  | <b>c. Comments</b><br><br>d. Election Sum to Date<br>\$   |  |
| <b>e. Description</b><br><br>(Empty)   |  | <b>f. Date (mm/dd/yyyy)</b><br><br>(Empty)  | <b>g. Fair Market Amount</b><br><br>\$       |
|  |  |   | \$   |
|  |  |   | \$   |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |   |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br><small>(include city, state, &amp; zip)</small><br><br>(Empty)   |  | <b>b. Type of Contributor</b><br><input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |  |
|  |  | <b>c. Comments</b><br><br>d. Election Sum to Date<br>\$   |  |
| <b>e. Description</b><br><br>(Empty)   |  | <b>f. Date (mm/dd/yyyy)</b><br><br>(Empty)  | <b>g. Fair Market Amount</b><br><br>\$       |
|  |  |   | \$   |
|  |  |   | \$   |
| <b>4. Total only this Page</b>   |  | \$  |  |
| <b>5. Total of ALL CRO-1510 Pages</b><br><small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>   |  | \$  |  |