

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 <u>Committee to Elect Phil Henry</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>515 CLARAMONT DR SW CONCORD, NC 28027</u>	d. Date Filed <u>7/13/26</u>
	e. Phone Number <u>317 443 0847</u>

2. Report Year <u>2026</u>	3. Period Start Date (mm/dd/yy) <u>2/2026</u>	4. Period End Date (mm/dd/yy) <u>6/30/26</u>	5. Treasurer Full Name <u>Seremy Wasilowski-Jay</u>
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	Municipal	State/County
☐ PAC	☐ Referendum	☐ Organizational	☐ Organizational
☐ Independent Expenditure	☐ Joint Fundraiser	☐ Thirty-five day	☐ Quarterly
☐ Legal Expense Fund		☐ Pre-primary	☐ First
		☐ Pre-election	☐ Second
		☐ Pre-runoff	☐ Third
		☐ Semi-annual	☐ Fourth
		☒ Mid Year	☐ Semi-annual
		☐ Year End	☐ Mid Year
		☐ Final	☐ Year End
		☐ Special	☐ Final
			☐ Special
7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ Booster Fund			
☐ Building Fund			
☐ Other:			
8. Number of Fundraisers this Report <u>1</u>			

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Pinnacle Bank</u>	a. Financial Institution Full Name <u>Pinnacle Bank</u>	b. Purpose	b. Purpose
b. Purpose	c. Account Code <u>PH</u>	c. Account Code	c. Account Code
	d. Period Begin Balance <u>\$ -10,000.00</u>		d. Period Begin Balance <u>\$</u>

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.

Seremy Wasilowski-Jay [Signature] 7/13/2026
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7-13-26 Employee: WAN

Date Postmarked: _____ Employee: _____

Date Scanned: 7-13-26 Employee: WAN

Date Data Entered: _____ Employee: _____

Delivery Method

☐ Normal Mail

☐ Registered Mail

☒ Hand Delivered

☐ Electronically Filed

☐ 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)		2. Type of Report		3. ID Number	
Committee To Elect Phil Henry		mid year			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0 25.00		\$	
6) Contributions from Individuals (CRO-1210)		\$ 689.95		\$ 829.39	
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)		\$ 689.95		\$ 829.39	
EXPENDITURES					
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)		\$ 664.95		\$ 804.39	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 664.95		\$ 804.39	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 25.00		\$ 25.00	
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)		\$ —		\$	

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee To Elect Phil Henry						
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michelle Monnier 297 BAR LINK RD MT PLEASANT, NC 28124			RETIRED			
			c. Employer's Name/Specific Field			
			NURSE			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	PH	EFT		6/27/2026	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Philip Henry 515 CLARKE 515 CLARKE DR CONCORD, NC 28207			Candidate			
			c. Employer's Name/Specific Field			
			ENGINEER			
					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	
☒		Cashiers Ch	Filing Fee	4/2025	\$ 139.44	
☐		Palm Card	Consolidated Filing	6/8/2026	\$ 395.75	
☐		Business Cds		6/25/2026	\$ 269.20	
3. Contributor Information ☐ Add ☐ 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	
☐					\$	
☐					\$	
☐					\$	
4. Total only this Page					\$ 25.00 689.95	
5. Total of ALL CRO-1210 Pages					\$ 689.95	
(This line must be on line 6 of Detailed Summary Page CRO-1100)					25.00 824.39	

In-Kind Contributions

Pg ____ of ____ 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	
Committee To Elect Phil Henry			
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
515 CLARAMONT DR SW CONCORD, NC 28027 Phillip Henry		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Palm Cards from Consolidated Press		6/8/2026	\$ 395.75
Business Cards - Consolidated		6/25/2026	\$ 269.20
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 664.95	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 664.95	