

# 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>Committee to Elect Ashlie Shanley                                          | c. ID Number<br>STA-D9MZB1-C-001 |
| b. Mailing Address (include City, State and Zip Code)<br>P.O. Box 551<br>Concord, NC 28026 | d. Date Filed<br>02/24/2026      |
|                                                                                            | e. Phone Number<br>7044545368    |

|                        |                                               |                                             |                                          |
|------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------|
| 2. Report Year<br>2026 | 3. Period Start Date (mm/dd/yy)<br>01/01/2026 | 4. Period End Date (mm/dd/yy)<br>02/14/2026 | 5. Treasurer Full Name<br>Ashlie Shanley |
|------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------|

|                                                        |                                           |                                                                            |                                           |
|--------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------|
| <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            | <b>Municipal</b>                                                           | <b>State/County</b>                       |
| <input type="checkbox"/> PAC                           | <input type="checkbox"/> Referendum       | <input type="checkbox"/> Organizational                                    | <input type="checkbox"/> Organizational   |
| <input type="checkbox"/> Independent                   | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day                                   | <input type="checkbox"/> Quarterly        |
| <input type="checkbox"/> Expenditure                   |                                           | <input type="checkbox"/> Pre-primary                                       | <input checked="" type="checkbox"/> First |
| <input type="checkbox"/> Legal Expense Fund            |                                           | <input type="checkbox"/> Pre-election                                      | <input type="checkbox"/> Second           |
| <b>7. Type of Fund (if applicable, check one)</b>      |                                           | <input type="checkbox"/> Pre-runoff                                        | <input type="checkbox"/> Third            |
| <input type="checkbox"/> "Booster Fund"                |                                           | <input type="checkbox"/> Semi-annual                                       | <input type="checkbox"/> Fourth           |
| <input type="checkbox"/> Building Fund                 |                                           | <input type="checkbox"/> Mid Year                                          | <input type="checkbox"/> Semi-annual      |
| <input type="checkbox"/> Other:                        |                                           | <input type="checkbox"/> Year End                                          | <input type="checkbox"/> Mid Year         |
| <b>8. Number of Fundraisers in this Report</b><br>0    |                                           | <input type="checkbox"/> Final                                             | <input type="checkbox"/> Year End         |
|                                                        |                                           | <input type="checkbox"/> Special                                           | <input type="checkbox"/> Final            |
|                                                        |                                           |                                                                            | <input type="checkbox"/> Special          |
|                                                        |                                           | <b>10. Special Report Name</b>                                             |                                           |

|                                                   |                                    |                                                              |                               |
|---------------------------------------------------|------------------------------------|--------------------------------------------------------------|-------------------------------|
| <b>11. Account Information</b>                    |                                    | <b>11. Account Information</b>                               |                               |
| a. Financial Institution Full Name<br>Truist Bank | a. Financial Institution Full Name | b. Purpose<br>Campaign Account For Receipts and Expenditures | c. Account Code<br>A          |
| b. Purpose                                        | b. Purpose                         | d. Period Begin Balance<br>\$ 200.28                         | d. Period Begin Balance<br>\$ |

|                                                                                                                                                                                                                                                                                                                                                                                |                                  |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|
| <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. |                                  |           |
| Ashlie Shanley                                                                                                                                                                                                                                                                                                                                                                 | <i>Ashlie Shanley</i>            | 2-24-2026 |
| Printed Name of Signer                                                                                                                                                                                                                                                                                                                                                         | Signature of Appointed Treasurer | Date      |

|                            |              |                                                                     |                                                     |
|----------------------------|--------------|---------------------------------------------------------------------|-----------------------------------------------------|
| <b>FOR OFFICE USE ONLY</b> |              |                                                                     |                                                     |
| Date Received: 2/26/26     | Employee: CM | <b>Delivery Method</b>                                              |                                                     |
| Date Postmarked: 2/24/26   | Employee: CM | <input type="checkbox"/> Normal Mail                                | <input checked="" type="checkbox"/> Registered Mail |
| Date Scanned: 2/26/26      | Employee: BR | <input type="checkbox"/> Hand Delivered                             | <input type="checkbox"/> Electronically Filed       |
| 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                |     |                                        |
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |

Use this form to summarize all disclosure reporting forms and to total monetary information.

|                                                                              |  |                                        |  |                                      |  |
|------------------------------------------------------------------------------|--|----------------------------------------|--|--------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>               |  | <b>3. ID Number</b>                  |  |
| Committee to Elect Ashlie Shanley                                            |  | First Quarter<br>2026                  |  | STA-D9MZB1-C-001                     |  |
| <b>Start of Election Cycle:</b>                                              |  | <b>January 1,</b>                      |  | <b>2022</b>                          |  |
|                                                                              |  | <b>Total this<br/>Reporting Period</b> |  | <b>Total this<br/>Election Cycle</b> |  |
| 4) Cash on Hand at Start                                                     |  | \$ 526.91                              |  | \$ 0.00                              |  |
| <b>RECEIPTS</b>                                                              |  |                                        |  |                                      |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$                                     |  | \$                                   |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 6.08                                |  | \$ 2407.26                           |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$                                     |  | \$ 1500.00                           |  |
| 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) |  | \$ 6.08                                |  | \$ 3907.26                           |  |
| <b>EXPENDITURES</b>                                                          |  |                                        |  |                                      |  |
| 13) Disbursements                                                            |  |                                        |  |                                      |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$                                     |  | \$ 3047.37                           |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$                                     |  | \$                                   |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$                                     |  | \$                                   |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$ 6.08                                |  | \$ 332.98                            |  |
| 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)          |  | \$ 6.08                                |  | \$ 3380.35                           |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 526.91                              |  | \$ 526.91                            |  |
| <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)                                  |  | \$                                     |  | \$                                   |  |

## Optional form used to report NC Non-Media Expenditures of \$50 or less.

**Amendment**  
☐ Yes ☒ No

**CRO-1315**

# Contributions from Individuals

Pg 1 of 1

|                              |                                        |
|------------------------------|----------------------------------------|
| Amendment                    |                                        |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 Ashlie Shanley                                                                                                           |                        |                           |                                                                                   |                             | STA-D9MZB1-C-001               |  |
| <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)<br><br>Ashlie Shanley<br>P.O. Box 551<br>Concord, NC 28026 |                        |                           | <b>b. Job Title/Profession</b><br>District Attorney<br>Attorney                   |                             | <b>d. Comments</b>             |  |
|                                                                                                                                             |                        |                           | <b>c. Employer's Name/Specific Field</b><br>State of North Carolina<br>Prosecutor |                             |                                |  |
|                                                                                                                                             |                        |                           |                                                                                   |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                                                             |                        |                           |                                                                                   |                             | \$ 2406.76                     |  |
| <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"/>                                                                                                                    |                        | debit                     | postage                                                                           | 01/22/2026                  | \$ 6.08                        |  |
| <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>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>                                                                                                              |                        |                           |                                                                                   |                             | \$ 6.08                        |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100)                                    |                        |                           |                                                                                   |                             | \$ 6.08                        |  |

Committee to Elect Ashlie Shanley  
P.O. Box 551  
Concord, NC 28026

**Retail**

28026



U.S. POSTAGE PAID  
FCM LETTER  
CONCORD, NC 28025  
FEB 24, 2028



**\$6.08**

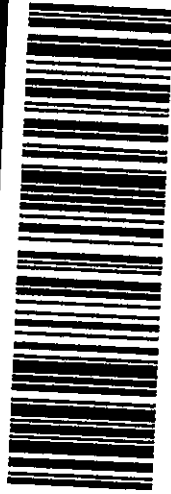
27811

RDC 99

S2324M504930-10

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL®**



9589 0710 5270 2689 3752 16

NCSBE

P.O. Box 27255  
Raleigh, NC 27611-7255

27611-725555

