

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

COMMITTEE TO ELECT CHRISTY WILHELM

c. ID Number

STA-MQD8CX-C-001

b. Mailing Address (include City, State and Zip Code)

POST OFFICE BOX 1841

CONCORD, NC 28026

d. Date Filed

7/1/2026

e. Phone Number

704-224-5026

2. Report Year

2026

3. Period Start Date (mm/dd/yy)

02/15/2026

4. Period End Date (mm/dd/yy)

06/30/2026

5. Treasurer Full Name

CHRISTY ELIZABETH WILHELM

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers, this Report

11. Account Information

a. Financial Institution Full Name

WELLS FARGO BANK, N.A.

b. Purpose

ACCOUNT FOR
CAMPAIGN
RECEIPTS
AND
EXPENDITURES

c. Account Code

01

d. Period Begin Balance

\$ 2,061.09

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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 of Elections.

Christy E. Wilhelm

Printed Name of Signer

Christy E. Wilhelm

Signature of Appointed Treasurer

07/01/2026

Date

FOR OFFICE USE ONLY

Date Received:

07/06/26

Employee:

ST

Date Postmarked:

07/01/26

Employee:

WJ

Date Scanned:

7/7/26

Employee:

BR

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

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

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
COMMITTEE TO ELECT CHRISTY WILHELM		2026 SECOND QUARTER		STA-MQD8CX-C-001	
Start of Election Cycle:		January 1,		2025	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2,061.09		\$ 775.51	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$ 2,950.00	
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)		\$		\$	
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)		\$ 0		\$ 3,725.51	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 10.48		\$ 1,674.90	
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)		\$ 2,050.61		\$ 2,050.61	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,061.09		\$ 3,725.51	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
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)		\$		\$	

Disbursements

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Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT CHRISTY WILHELM					2. ID Number STA-MQD8CX-C-001	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 66 MCCACHERN BOULEVARD CONCORD, NC 28025 (704) 262-3368			b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 23.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Debit	I	02/17/2026	\$10.48	POSTAGE FOR CAMPAIGN REPORT	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 10.48	
6. Total of ALL CRO-1310 Pages					\$ 10.48	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Refunds/Reimbursements From the Committee

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Amendment	
☐ Yes	☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT CHRISTY WILHELM				STA-MQD8CX-C-001	
3. Payee Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
CHRISTY E. WILHELM 5730 BURCK DRIVE NW CONCORD, NC 28027 704-224-5026		☒ Candidate ☐ PAC		6/22/2026	
		☐ Referendum ☐ Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		☐ Federal ☐ County: ☒ State ☐ Municipality:		\$ 2,050.61	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 2,950.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
DISTRICT COURT JUDGE	STATE OF NC	RETURN CONTRIBUTIONS CLOSE BANK ACCOUNT		01	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		☐ Candidate ☐ PAC			
		☐ Referendum ☐ Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		☐ Federal ☐ County: ☐ State ☐ Municipality:		\$	
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
		☐ Candidate ☐ PAC			
		☐ Referendum ☐ Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		☐ Federal ☐ County: ☐ State ☐ Municipality:		\$	
		f. Purpose Code		j. Election Sum to Date	
				\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					
					\$ 2,050.61
5. Total of ALL GRO-1320 Pages (This line must be on line 16 of Detailed Summary Page GRO-1100).					
					\$ 2,050.61
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)					

Retail



27811

U.S. POSTAGE PAID
FCM LETTER
CONCORD, NC 28025
JUL 01, 2028

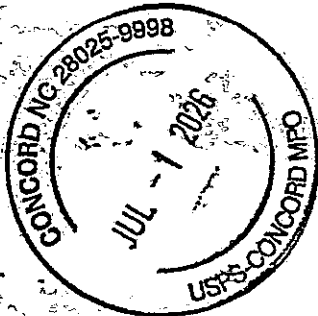
\$10.77

S2324M504930-10

RDC 99

*NC State Board of Elections
Post Office Box 27255
Raleigh, NC 27611-7255*

7018 1130 0000 8031 7222



*C.E. Williams
P.O. Box 1841
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