

# Disclosure Report Cover

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

Amendment

Yes

No

## 1. Committee Information

a. Full Name	c. ID Number		
THE GILLELAND PLAN			
b. Mailing Address (include City, State and Zip Code)	d. Date Filed		
1062 S Brady Ave NEWTON, NC 28658	12/30/2025		
			e. Phone Number
			828-461-2180

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/11/2025	12/30/2025	JOEL SCOTT GILLELAND

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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<b>Municipal</b> <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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input 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	<b>Referendum</b> <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"/> Other:				
8. Number of Fundraisers this Report				
N/A				

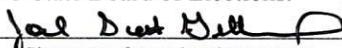
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
		N/A	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
			d. Period Begin Balance
			\$ 0.00
			\$ 0.00

## 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.

Joel Scott Gilleland

Printed Name of Signer

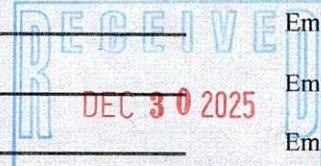


12/30/2025

Date

Signature of Appointed Treasurer

## FOR OFFICE USE ONLY

Date Received:		Employee:		Delivery Method
Date Postmarked:		Employee:		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Scanned:		Employee:		
Date Data Entered:		Employee:		

**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	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
-----------	--------------------------	-----	-------------------------------------	----

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
THE GILLELAND PLAN	FINAL		
Start of Election Cycle: <u>January 1, 2025</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 3,276.65	\$ 3,276.65
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)		\$ 3,276.65	\$ 3,276.65
<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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 3,276.65	\$ 3,276.65
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,276.65	\$ 3,276.65
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00	\$ 0.00
<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 1 of 1

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>	
The Gilleland Plan					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			Business Person		
Joel Scott Gilleland 1062 S Brady Ave Newton, NC 28658 828-461-2180			<b>c. Employer's Name/Specific Field</b>		
			Self-Employed		
<b>e. Election Sum to Date</b> \$ 2,776.65					
<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"/>		In-Kind	Filing Fee	07/11/2025	\$ 5.00
<input type="checkbox"/>		In-Kind	Yard Signs	08/01/2025	\$ 2,171.65
<input type="checkbox"/>		In-Kind	Business Cards	08/01/2025	\$ 50.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			Business Person		
Joel Scott Gilleland 1062 S Brady Ave Newton, NC 28658 828-461-2180			<b>c. Employer's Name/Specific Field</b>		
			Self-Employed		
<b>e. Election Sum to Date</b> \$ 2,776.65					
<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"/>		In-Kind	Shirts	10/01/2025	\$ 200.00
<input type="checkbox"/>		In-Kind	Large Sign	10/01/2025	\$ 150.00
<input type="checkbox"/>		In-Kind	Handouts/Sticke	09/01/2025	\$ 200.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
			Business Person		
Douglas W. Rink P.O. Box 405 Newton, NC 28658 828-261-5123			<b>c. Employer's Name/Specific Field</b>		
			Self-Employed		
<b>e. Election Sum to Date</b> \$ 500.00					
<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 type="checkbox"/>		In-Kind	Billboard	09/01/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 3,276.65
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,276.65

# In-Kind Contributions

Pg 1 of 1  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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>
THE GILLELAND PLAN		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Joel Scott Gilleland 1062 S Brady Ave Newton, NC 28658 828-461-2180	<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>      <b>d. Election Sum to Date</b> \$ 2,776.65
	<b>e. Description</b> Filing Fee	
	<b>f. Date (mm/dd/yyyy)</b> 07/11/2025	
	<b>g. Fair Market Amount</b> \$ 5.00	
	<b>e. Description</b> Yard Signs	
	<b>f. Date (mm/dd/yyyy)</b> 08/01/2025	
	<b>g. Fair Market Amount</b> \$ 2,171.65	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Joel Scott Gilleland 1062 S Brady Ave Newton, NC 28658 828-461-2180	<b>b. Type of Contributor</b> <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>      <b>d. Election Sum to Date</b> \$ 2,776.65
	<b>e. Description</b> Shirts	
	<b>f. Date (mm/dd/yyyy)</b> 10/01/2025	
	<b>g. Fair Market Amount</b> \$ 200.00	
	<b>e. Description</b> Large Sign	
	<b>f. Date (mm/dd/yyyy)</b> 10/01/2025	
	<b>g. Fair Market Amount</b> \$ 150.00	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; zip)</b>  Douglas W. Rink P.O. Box 405 Newton, NC 28658 828-261-5123	<b>b. Type of Contributor</b> <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	<b>c. Comments</b>      <b>d. Election Sum to Date</b> \$ 500.00
	<b>e. Description</b> Handouts/Stickers	
	<b>f. Date (mm/dd/yyyy)</b> 09/01/2025	
	<b>g. Fair Market Amount</b> \$ 200.00	
	<b>e. Description</b> Billboard	
	<b>f. Date (mm/dd/yyyy)</b> 09/01/2025	
	<b>g. Fair Market Amount</b> \$ 500.00	
<b>4. Total only this Page</b> \$ 3,276.65		
<b>5. Total of ALL CRO-1510 Pages</b> \$ 3,276.65 <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		