

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 | | c. ID Number | |
| Vote Brad Scott NC | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 420 N Ashe Ave Newton, NC 28658 | | 1/17/2026 | |
| | | e. Phone Number | |
| | | 980-858-2137 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2025 | 12/16/2025 | 12/31/2025 | Brad Scott |
| 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"/> Party | Municipal | State/County |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third |
| | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |
| | | <input type="checkbox"/> Final | <input checked="" type="checkbox"/> Year End |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <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 | | | |
| | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| Wells Fargo | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| Checking | JFS1001 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 1,025.00 | | \$ |
| 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. | | | |
| A. Bradley Scott | | 1/17/2026 | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | Date | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | Employee: | Delivery Method | |
| Date Postmarked: | Employee: | <input type="checkbox"/> Normal Mail | |
| Date Scanned: | Employee: | <input type="checkbox"/> Registered Mail | |
| Date Data Entered: | Employee: | <input type="checkbox"/> Hand Delivered | |
| | By Employee: | <input type="checkbox"/> Electronically Filed | |
| | | <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
☐ 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 | |
| Vote Brad Scott NC | | Year-End 2025 | | | |
| Start of Election Cycle: January 1, 2025 | | | Total this Reporting Period | | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ 1,025.00 | | \$ 0.00 |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 539.00 | | \$ 1,328.12 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ | |
| 9) Loan Proceeds (CRO-1410) | | \$ | | \$ 1,025.00 | |
| 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) | | \$ 539.00 | | \$ 2,353.12 | |
| 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) | | \$ 489.00 | | \$ 1,278.12 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 489.00 | | \$ 1,276.12 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,075.00 | | \$ 1,075.00 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 1,025.00 | | | |
| 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 | |
| Vote Brad Scott NC | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Brad Scott 420 N Ashe Ave Newton, NC 28658 | | | | Department Chair - Business | | For Reporting Only |
| | | | | Adjunct Faculty - Business | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Asheville-Buncombe Tech. Comm. College | | e. Election Sum to Date |
| | | | | Gardner-Webb Uni. | | \$ 828.12 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Campaign Website URL | 12/18/2025 | \$ 14.00 | |
| <input type="checkbox"/> | | In-Kind | Hosting Svcs Website | 12/18/2025 | \$ 25.00 | |
| <input type="checkbox"/> | | In-Kind | Consulting - Admin. | 12/23/2025 | \$ 150.00 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Brad Scott 420 N Ashe Ave Newton, NC 28658 | | | | Department Chair - Business | | For Reporting Only |
| | | | | Adjunct Faculty - Business | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Asheville-Buncombe Tech. CC | | e. Election Sum to Date |
| | | | | Gardner-Webb University | | \$ 1,017.12 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Consulting - Admin. | 12/29/2025 | \$ 150.00 | |
| <input type="checkbox"/> | | In-Kind | Consulting - Admin. | 12/30/2025 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| Tom Dees 3322 Tolley St Claremont, NC 28610 | | | | Teacher | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | Iredell-Statesville Schools | | |
| | | | | | | 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 | |
| <input type="checkbox"/> | JFS1001 | Electronic Debit | | 12/23/2025 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 539.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 539.00 | |

Amendment

☐ Yes☐ **No**

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

CRO-1510

Outstanding Loans

Pg ____ of ____

Amendment

☐ Yes ☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | | |
|---|----------------------------|--|---------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Vote Brad Scott NC | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| Brad Scott | | Department Chair - Business Adjunct - Business | | Candidate - Self-Fund |
| 420 N Ashe Ave Newton, NC 28658 980-858-2137 | | c. Employer's Name/Specific Field Asheville-Buncombe Tech. CC Gardner-Webb Uni. | | e. Start Date (mm/dd/yyyy) |
| | | | | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| 0 % | N/A | \$ 25.00 | | \$ 25.00 |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| Aaron Bradley Scott "Brad Scott," individual candidate loan | | | | 420-1001 |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| Brad Scott | | Department Chair - Business Adjunct - Business | | Candidate - Self-Fund |
| 420 N Ashe Ave Newton, NC 28658 980-858-2137 | | c. Employer's Name/Specific Field Asheville-Buncombe Tech. CC Gardner-Webb Uni. | | e. Start Date (mm/dd/yyyy) |
| | | | | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| 0 % | N/A | \$ 1,000.00 | | \$ 1,000.00 |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| Aaron Bradley Scott "Brad Scott," individual candidate loan | | | | 420-1002 |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments |
| | | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | | | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance |
| % | | \$ | | \$ |
| k. Full Name of Lending Institution | | | | l. Loan Number |
| | | | | |
| 4. Total only this Page | | | | \$ |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | | \$ |