

Disclosure Report Cover

Amendment
 Yes No

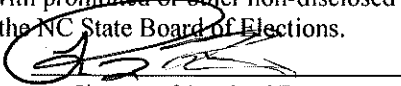
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
 Do not use this form to update information

1. Committee Information	
a. Full Name Committee to Elect Robert L. Edwards	c. ID Number
b. Mailing Address (include City, State and Zip Code) 6337 Marquam Pl Charlotte, NC 28215	d. Date Filed 9/30/3035
	e. Phone Number 704-222-2817

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/01/2025	9/23/2025	Robert Lawrence Edwards

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

11. Account Information		11. Account Information	
a. Financial Institution Full Name Bank of America		a. Financial Institution Full Name n/a	
b. Purpose Checking	c. Account Code Account 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		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.
 Robert L. Edwards  9/30/2025
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY			
Date Received:	Mecklenburg County	Employee:	_____
Date Postmarked:	OCT 03 2025	Employee:	_____
Date Scanned:	Board of Elections	Employee:	_____
Date Data Entered:	_____	Employee:	_____
Delivery Method			
<input type="checkbox"/>	Normal Mail		
<input type="checkbox"/>	Registered Mail		
<input type="checkbox"/>	Hand Delivered		
<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

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 Robert L. Edwards		2025 Thirty-Five Day			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 0		\$ 0	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0		\$ 0	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0		\$ 0	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 812.71		\$ 812.71	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 812.71		\$ 812.71	
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)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

Contributions from Individuals

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 Robert L. Edwards						
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	
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215			CMS Educator		Candidate In-Kind Contribution	
			Behavioral Health Specialist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
Charlotte-Mecklenburg Schools		EC Teacher		\$ 201.00		
Array of Brighter Beginnings		Program Director/Quility Profr				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Website Hosting	8/27/2025	\$ 46	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Website Landing	9/2/2025	\$ 5.00	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Website Design	8/01/2025	\$ 150	
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	
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215			CMS Educator		Candidate In-Kind	
			Behavioral Health Specialist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
Charlotte-Mecklenburg Schools		Program Director/Quility Profr		\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Flyer Purchase	09/09/2025	\$ 42	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Flyer Purchase	9/10/2025	\$ 65.50	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Flyer Purchase	8/31/2025	\$ 36	
3. Contributor 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	
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215			CMS Educator		Candidate In-Kind	
			Behavioral Health Specialist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
Charlotte-Mecklenburg Schools		Program Director/Quility Profr		\$ 579.50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Bank Deposit	07/28/2025	\$ 100	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Campaign Filing	07/18/2025	\$ 60	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Fin. Training T	07/12/2025	\$ 75	
4. Total only this Page					\$ 579.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 812.71	

Contributions from Individuals

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 Robert L. Edwards						
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	
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215			CMS Educator		Candidate In-Kind Contribution	
			Behavioral Health Specialist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Charlotte-Mecklenburg Schools		\$ 201.00	
			EC Teacher			
			Array of Brighter Beginnings			
			Program Director/Quility Profr			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Website Hosting	8/27/2025	\$ 46	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Website Landing	9/2/2025	\$ 5.00	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Website Design	8/01/2025	\$ 150	
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	
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215			CMS Educator		Candidate In-Kind	
			Behavioral Health Specialist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Charlotte-Mecklenburg Schools		\$	
			Program Diretor/Quility Profr			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Flyer Purchase	09/09/2025	\$ 42	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Flyer Purchase	9/10/2025	\$ 65.50	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Flyer Purchase	8/31/2025	\$ 36	
3. Contributor 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	
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215			CMS Educator		Candidate In-Kind	
			Behavioral Health Specialist			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Charlotte-Mecklenburg Schools		\$ 579.50	
			Program Diretor/Quility Profr			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Bank Deposit	07/28/2025	\$ 100	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Campaign Filing	07/18/2025	\$ 60	
<input checked="" type="checkbox"/>	Account 1	In-Kind	Fin. Training T	07/12/2025	\$ 75	
4. Total only this Page					\$ 579.50	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 812.71	

In-Kind Contributions

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 Robert L. Edwards		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215	b. Type of Contributor <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	c. Comments These funds came from my person account.
		d. Election Sum to Date \$ 805.90
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign Photos	8/01/2025	\$ 150
Campaign Logo	8/01/2025	\$ 50
Google Workspace	09/01/2025	\$ 26.40
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215	b. Type of Contributor : <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	c. Comments
		d. Election Sum to Date \$ 812.71
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Google Workspace	08/01/2025	\$ 6.81
		\$
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input 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	c. Comments
		d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 233.21
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 812.71

In-Kind Contributions

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 Robert L. Edwards			
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215		<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	These funds came from my person account.
		d. Election Sum to Date	
		\$ 201.00	
e. Description		f. Date (mmt/dd/yyyy)	g. Fair Market Amount
Website Hosting Subscription		8/27/2025	\$ 46
Website Landing App		9/2/2025	\$ 5.00
Website Design		08/01/2025	\$ 150
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215		<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	
		d. Election Sum to Date	
		\$ 344.50	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Flyer Purchase 1		09/09/2025	\$ 42
Flyer Purchase 2		9/10/2025	\$ 65.50
Flyer Purchase 3		8/31/2025	\$ 36
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Robert L. Edwards 6337 Marquam Pl Charlotte, NC 28215		<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	
		d. Election Sum to Date	
		\$ 579.50	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Bank Deposit for Campaign Banking		07/28/2025	\$ 100
Campaign Filing Fee		07/18/2025	\$ 60
Travel for Financial Training Travel		07/12/2025	\$ 75
4. Total only this Page			\$ 579.50
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 812.71