

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 <i>Committee to Elect Rob Cerulo</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>9884 Flower Bonnet Ave. NW Concord NC 28027</i>	d. Date Filed <i>10/29/24</i>
e. Phone Number	

2. Report Year <i>2024</i>	3. Period Start Date (mm/dd/yy) <i>11/1/24</i>	4. Period End Date (mm/dd/yy) <i>10/19/24</i>	5. Treasurer Full Name <i>Robert Jeffrey Cerulo</i>				
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 <input type="checkbox"/> Municipal <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 type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> State/County <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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		<input type="checkbox"/> Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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	
7. Type of Fund (if applicable, check one)						CABARRUS COUNTY BOARD OF ELECTIONS RECEIVED 10. Special Report Name <i>2024 3rd Quarter Report</i>	
<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 <i>Uwharrie Bank</i>	a. Financial Institution Full Name <i>Uwharrie Bank</i>		
b. Purpose <i>Campaign Finance</i>	c. Account Code <i>10</i>	b. Purpose <i>Campaign Finance</i>	c. Account Code <i>10</i>
d. Period Begin Balance <i>\$ 645.68</i>		d. Period Begin Balance <i>\$</i>	

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.

Rob Cerulo

Printed Name of Signer

Rob Cerulo

Signature of Appointed Treasurer

10/29/24

Date

FOR OFFICE USE ONLY

Date Received: <i>10-29-24</i>	Employee: <i>WAN</i>	Delivery Method
Date Postmarked: <i>10-29-24</i>	Employee: <i>WAN</i>	<input type="checkbox"/> Normal Mail
Date Scanned: <i>10-29-24</i>	Employee: <i>WAN</i>	<input checked="" type="checkbox"/> Registered Mail
Date Data Entered: <i>10-29-24</i>	Employee: <i>WAN</i>	<input checked="" 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

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
<i>Committee to Elect Rob Cerula 3rd Quarter 2024</i>		
Start of Election Cycle: <u>January 1, 2024</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 645.68	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 200.00	\$ 400,00
6) Contributions from Individuals (CRO-1210)	\$ 1,900.00	\$ 3,050.00
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)	\$	RECEIVED IN-PERSON
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	CABIN S COUNTY BOARD OF ELECTIONS
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)	\$ 2,100.00	\$ 3,450.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2,224.23	\$ 2,878.55
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)	\$	\$ 50.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2,224.23	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 521.45	\$ 521.45
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)	\$	\$

Aggregated Contributions from Individuals

Page _____ of _____

Amendment **No**

Optional form used to report NC Contributions From Individuals of \$50 or less

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	
Committee to Elect Rob Cernlo					
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	
Tordan Alerding 9875 Flower Bonnet Ave. NW Concord, NC 28027			AO		
			c. Employer's Name/Specific Field		
			Duke Energy		
e. Election Sum to Date \$ 100.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	10	ActBlue/CC	Donation	08/16/2024	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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	
Edward Cernlo 48 Duffield St. Apt 2 Brooklyn NY 11201			Business Owner		
			c. Employer's Name/Specific Field		
			UC Sports		
e. Election Sum to Date \$ 250.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	10	ActBlue/CC	Donation	08/24/24	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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	
Elizabeth Shoop 554 Old Speedway Dr. NW Concord NC 28027			Not Employed		
			c. Employer's Name/Specific Field		
			Retired		
e. Election Sum to Date \$ 100.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	10	CC/ActBlue	Donation	08/25/2024	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$ 450.00					
5. Total of ALL CRO-1210 Pages \$ 1,900.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)					

Contributions from Individuals

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		
Committee to Elect Rob Cerny				
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	
Liana Wong 16443 Andreas Dr. Chesterfield, MO 63005		Not Employed		
c. Employer's Name/Specific Field		e. Election Sum to Date		
		\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	10	CC/ActBlue	Donation	
<input type="checkbox"/>				
<input type="checkbox"/>				
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	
Paul Haffenbergs 422 Bailey Ave. Pittsburgh, PA 15211		Auto Dealer		
c. Employer's Name/Specific Field		e. Election Sum to Date		
		\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	10	ActBlue/CC	Donation	
<input type="checkbox"/>				
<input type="checkbox"/>				
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	
Michael Cerny 5303 Jason Dr. Erie, PA 16506		Not Employed		
c. Employer's Name/Specific Field		e. Election Sum to Date		
		\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	
<input type="checkbox"/>	10	ActBlue/CC	Donation	
<input type="checkbox"/>				
<input type="checkbox"/>				
4. Total only this Page				\$ 450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 1,900.00

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
<i>Committee to Elect Rob Cern lo</i>	

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
<i>Michael O'Leary 6276 Raven Rock Dr Denver, NC 28037</i>		<i>Not Employed</i>	
		c. Employer's Name/Specific Field	
		<i>Retired</i>	e. Election Sum to Date
			\$ <i>100.00</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>10</i>	ActBlue/CC	<i>Donation</i>	<i>08/28/2024</i>	\$ <i>100.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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
<i>Dorsey Ward 572 Dogwood St. SE Concord, NC 28025</i>		<i>Not Employed</i>	
		c. Employer's Name/Specific Field	
		<i>Retired</i>	e. Election Sum to Date
			\$ <i>250.00</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>10</i>	ActBlue/CC	<i>Donation</i>	<i>08/13/2024</i>	\$ <i>250.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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
<i>David Barnum 14205 Northridge Dr. Charlotte, NC 28269</i>		<i>Ranch Owner</i>	
		c. Employer's Name/Specific Field	
		<i>Bread King</i>	e. Election Sum to Date
			\$ <i>100.00</i>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<i>10</i>	ActBlue/CC	<i>Donation</i>	<i>09/01/2024</i>	\$ <i>100.00</i>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ <i>450.00</i>
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ <i>1900.00</i>

Contributions from Individuals

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			
Committee to Elect Rob Cervi to					
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		
Joseph Meginnes 612 Pershing Ave Wheaton, IL 60189		Director			
c. Employer's Name/Specific Field		e. Election Sum to Date			
		Calvert Impact	\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	(O	ActBlue/CC	Donation	09/09/2024	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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		
Alissa Peck 313 S. Willing St. Mt. Prospect, IL 60056		Not Employed			
c. Employer's Name/Specific Field		e. Election Sum to Date			
		Retired			\$ 350.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	(O	ActBlue/CC	Donation	09/09/2024	\$ 350.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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		
Wendy Wood 717 Union St. S. Concord, NC 28025		Not Employed			
c. Employer's Name/Specific Field		e. Election Sum to Date			
		Retired			\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	(O	CC/ActBlue	Donation	10/18/2024	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$ 1900.00	

Disbursements

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)		2. ID Number	
Committee to Elect Rob Cerny			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Lead NC Training PO Box 1323 Raleigh, NC 27602			
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
(0	Debit	(G	08/01/2024
			\$ 50.00
			Training
k. Required Remarks			
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Minuteman Press Huntersville 9606 Sherrill Estates Rd. Huntersville, NC 28078			
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 171.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
(0	Debit	B	08/08/2024
			\$ 171.60
			Fluers
k. Required Remarks			
4. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Minuteman Press 9606 Sherrill Estates Rd. Huntersville, NC 28078			
		c. Level Registered (Specify)	e. Election Sum to Date
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$ 242.33
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
(0	Debit	B	08/16/2024
			\$ 242.33
			Fluers
k. Required Remarks			
5. Total only this Page			
\$ 463.93			
6. Total of ALL CRO-1310 Pages			
\$ 2,224.23			
(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)			

Disbursements

Pg ____ of ____

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)		2. ID Number	
Committee to Elect Rob Cerny			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Minuteman Press 9606 Sherrill Estates Rd Huntersville NC 28078			
c. Level Registered (Specify)			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 37.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
10	Debit	B	09/12/2024
			j. Amount
			\$ 37.54
			k. Required Remarks
			Flyer design
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Consolidated Press 3900 Greensboro St. Charlotte, NC 28206			
c. Level Registered (Specify)			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 760.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
10	Debit	B	09/12/2024
			j. Amount
			\$ 760.14
			k. Required Remarks
			Yarn Signs
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Consolidated Press 3900 Greensboro St. Charlotte NC 28206			
c. Level Registered (Specify)			
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 760.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
10	Debit	B	09/12/2024
			j. Amount
			\$ 760.13
			k. Required Remarks
			Gard Signs
5. Total only this Page \$ 1,557.82			
6. Total of ALL CRO-1310 Pages 2,224.23			
(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)			

Disbursements

Pg

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)		2. ID Number	
Committee to Elect Rob Cernic			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)			
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
MinneMan Press 9606 Sherrill Estates Rd. Huntersville NC 28078		d. Comments e. Election Sum to Date \$ 202.48	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks			
10 Check B 08/30/2024 \$202.48 Flyers			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date \$	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks			
4. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		d. Comments e. Election Sum to Date \$	
f. Account Code <input type="checkbox"/> g. Form of Payment <input type="checkbox"/> h. Purpose Code <input type="checkbox"/> i. Date (mm/dd/yyyy) <input type="checkbox"/> j. Amount <input type="checkbox"/> k. Required Remarks			
5. Total only This Page		\$ 202.48	
6. Total of ALL CRO-1310 Pages		\$ 2,224.23	
(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	
E - Salaries		F* - Equipment	
I - Postage		J - Penalties	
O* Other		C* - Fundraising	
		D - To Another Candidate	
		G - Political Party	
		H* - Holding Public Office Expenses	
		K* - Office Expenses	
		Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)			