

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 BOB CUNNINGHAM 2023 FINAL			
Start of Election Cycle: January 1, <u>2020</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ <u>1072.09</u>	\$ <u>0</u>	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ <u>150.00</u>	\$ <u>5592.75</u>	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ <u>250.00</u>	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$ <u>391.08</u>	
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)	\$ <u>150.00</u>	\$ <u>6233.83</u>	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ <u>10.24</u>	\$ <u>3454.23</u>	
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)	\$ <u>1211.85</u>	\$ <u>1211.85</u>	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ <u>1232.09</u>	\$ <u>1567.75</u>	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ <u>0</u>	\$ <u>6233.83</u>	
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)	\$	\$	

Contributions from Individuals

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Amenendment
 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) Committee to Elect Bob Ciullo	2. ID Number 8DF2ED
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Daniel Corcoran 3610 Shoreline Drive Oak Island, NC 28465		b. Job Title/Profession No job title		d. Comments	
		c. Employer's Name/Specific Field Not employed		e. Election Sum to Date \$ 50⁰⁰ - RK	
f. Prior <input type="checkbox"/>	g. Account Code OKI	h. Form of Payment Card	i. In-Kind Description	j. Date (mm/dd/yyyy) 11/02/2023	k. Amount \$ 50⁰⁰ RK
<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) Kathleen Yonce 1104 Elizabeth Drive Oak Island, N.C. 28465		b. Job Title/Profession No job title		d. Comments	
		c. Employer's Name/Specific Field Not employed		e. Election Sum to Date \$ 50⁰⁰ RK	
f. Prior <input type="checkbox"/>	g. Account Code OKI	h. Form of Payment Card	i. In-Kind Description	j. Date (mm/dd/yyyy) 11/05/2023	k. Amount \$ 50⁰⁰ RK
<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) Dianne Wynn 116 NE 11th Street Oak Island, NC 28465		b. Job Title/Profession No job title		d. Comments	
		c. Employer's Name/Specific Field Not employed		e. Election Sum to Date \$ 50⁰⁰ - RK	
f. Prior <input type="checkbox"/>	g. Account Code OKI	h. Form of Payment Card	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/24/23	k. Amount \$ 50⁰⁰ RK
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 150⁰⁰ RK
5. Total of ALL CRO-1210 Pages	\$ 150⁰⁰ RK

(This line must be on line 6 of Detailed Summary Page CRO-1101)

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 Bob Ciullo						8DF2ED	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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	
Stripe Committee Squarespace.com							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 36.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
OKI	card	0	11/02/2011	\$ 3.25	Squarespace fee		
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	
Stripe Committee Squarespace.com							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 36.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
OKI	card	0	11/05/2011	\$ 3.25	Squarespace fee		
OKI	card	0	10/25/2011	\$ 1.50	Squarespace fee		
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	
Pay Pal ^{zk}							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 36.08	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
OKI	card	0	11/10/2011 zk	\$ 2.24 zk	PayPal fee zk		
5. Total only this Page						\$ 10.24	
6. Total of ALL CRO-1310 Pages						\$ 10.24	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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 Pg 1 of 1

Amendment Yes No

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

1. Committee Full Name (and Fund if applicable) Committee to Elect Bob Ciullo			2. ID Number 8DF2ED		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bob Ciullo 163 NE 3rd St. Oak Island, NC 28465		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		b. Original Receipt Date 07-10-23	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 1000.00	
b. Job Title/Profession Town Councilman		c. Employer's Name/Specific Field Town Oak Island		f. Purpose Code P	
g. Comments		j. Election Sum to Date \$ 455.90		k. Account Code OKI	
l. Form of Payment check	m. Required Remarks Reimbursement of In Kind Contribu.		n. Date (mm/dd/yyyy) 12/07/23	o. Amount \$1000.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bob Ciullo 163 NE 3rd St. Oak Island NC 28465		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 07-10-23	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 172.00	
b. Job Title/Profession Town Councilman		c. Employer's Name/Specific Field Town Oak Island		f. Purpose Code P	
g. Comments		j. Election Sum to Date \$ 455.90		k. Account Code OKI	
l. Form of Payment check	m. Required Remarks Reimbursement of In Kind Contribu.		n. Date (mm/dd/yyyy) 12-29-23	o. Amount \$ 111.85	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bob Ciullo 163 NE 3rd St. Oak Island NC 28465		d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date 07-10-23	
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$ 100.00	
b. Job Title/Profession Town Council		c. Employer's Name/Specific Field Town of Oak Island		f. Purpose Code P	
g. Comments		j. Election Sum to Date \$ 455.90		k. Account Code OKI	
l. Form of Payment check	m. Required Remarks Reim. of In Kind		n. Date (mm/dd/yyyy) 12-7-23	o. Amount \$ 100	
4. Total only this Page				\$ 1211.85	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 1211.85	
6. Purpose Codes (List detailed disbursement code in (f) above)					
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)					