

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 Cirullo	2023 Final	8DFZED
Start of Election Cycle: January 1, <u>2020</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1072.09	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 150 ⁰⁰	\$ 5592.75
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 250 ⁰⁰
9) Loan Proceeds (CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$ 391.08
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)	\$ 150 ⁰⁰	\$ 6233.83
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 10.24	\$ 3454.23
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)	\$ 1211.85	\$ 1211.85
17) In-Kind Contributions (CRO-1510)	\$	\$ 1567.75
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1222.09	\$ 6233.83 rk
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0.00 rk
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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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 Bob Ciullo						8DF2ED	
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	
Daniel Corcoran 3610 Shoreline Drive Oak Island, NC 28465				No job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not employed		\$ 50 ⁰⁰ - <i>AK</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	OKI	Card		11/02/2023	\$ 50 ⁰⁰ <i>AK</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	
Kathleen Yonce 1104 Elizabeth Drive Oak Island, N.C. 28465				No job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not employed		\$ 50 ⁰⁰ <i>AK</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	OKI	Card		11/05/2023	\$ 50 ⁰⁰ <i>AK</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	
Dianne Wynn 116 NE 11 th Street Oak Island, NC 28465				No job title			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not employed		\$ 50 ⁰⁰ <i>AK</i>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	OKI	Card		10/24/23	\$ 50 ⁰⁰ <i>AK</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150 ⁰⁰ <i>AK</i>	
5. Total of ALL CRO-1210 Pages						\$ 150 ⁰⁰ <i>AK</i>	

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	11/02/2008	\$ 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	11/05/2008	3.25	Squarespace fee		
OKI	card	0	10/25/2008	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} paypal.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:		\$ 2.24 ^{zk}	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
OKI	card	0	11/10/08 ^{zk}	\$ 2.24 ^{zk}	PayPal fee ^{zk}		
5. Total only this Page						\$ 10.24	
6. Total of ALL CRO-1310 Pages						\$ 10.24	
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

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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 80F2E0	
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	
		i. Original Receipt Amount \$1000.00	
		j. Election Sum to Date \$455.90	
b. Job Title/Profession Town Councilman		c. Employer's Name/Specific Field Town Oak Island	
		g. Comments	
		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	
		i. Original Receipt Amount \$172.00	
		j. Election Sum to Date \$455.90	
b. Job Title/Profession Town Councilman		c. Employer's Name/Specific Field Town Oak Island	
		g. Comments	
		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	
		i. Original Receipt Amount \$100.00	
		j. Election Sum to Date \$455.90	
b. Job Title/Profession Town Council		c. Employer's Name/Specific Field Town of Oak Island	
		g. Comments	
		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)			