

# 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.

<b>1. Committee Information</b>	
a. Full Name COMMITTEE TO ELECT CHARLES FARLEY	c. ID Number ODF-249--
b. Mailing Address (include City, State and Zip Code) 101 NORTH EAST 72ND STREET TRANQUIL HARBOR OAK ISLAND, NC 28465-4422	d. Date Filed 06/23/2023
	e. Phone Number 910 448 2576

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 07/14/2021	4. Period End Date (mm/dd/yy) 09/21/2021	5. Treasurer Full Name CHARLES FARLEY
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b>		<b>10. Special Report Name</b>		
0				

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name N/A		a. Financial Institution Full Name FIRST CITIZENS BANK	
b. Purpose NONE	c. Account Code 000	b. Purpose CONTRIBUTIONS AND EXPENDITURES	c. Account Code LIFE 1003
	d. Period Begin Balance \$		d. Period Begin Balance \$ 0.00

**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

Charles Farley                      C Farley                      06/23/2023  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: **RECEIVED**                      Employee: mm                      Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: **JUN 26 2023**                      Employee: \_\_\_\_\_  
 Signer has not received mandatory training

Date Scanned: **BRUNSWICK COUNTY BOARD OF ELECTIONS**                      Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_                      Employee: \_\_\_\_\_

**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 Charles Farkley	2021 35 day	ODF-249	
Start of Election Cycle: January 1, 2019	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0.00	\$ 0.00	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00	
6) Contributions from Individuals (CRO-1210)	\$ 225.00	\$ 225.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00	
9) Loan Proceeds (CRO-1410)	\$ 100.00	\$ 100.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00	
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)	\$ 325.00	\$ 325.00	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 0.00	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 25.00	\$ 25.00	
17) In-Kind Contributions (CRO-1510)	\$ 25.00	\$ 25.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 50.00	\$ 50.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 275.00	\$ 275.00	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ -		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 100		
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

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT CHARLES FARLEY						ODF-249--	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ANTHONY SAPPIO 4156 TELFAIR LANE SAINT JAMES, NC 20461				NOT EMPLOYED NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
				<b>e. Election Sum to Date</b>		\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	<del>10000</del> CHIEF	Check		09/11/2021	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JANE SEXTON 1908 CHOTO ROAD KNOXVILLE, TN 37922				NOT EMPLOYED NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
				<b>e. Election Sum to Date</b>		\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	<del>000</del> CHIEF	Check		07/21/2021	\$ 100.00		
<input type="checkbox"/>	CHIEF	Check	Filing Fee	07/14/2021	\$ 25.00		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 225.00 <del>200.00</del>	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 225.00 <del>200.00</del>	

# Loan Proceeds

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT CHARLES FARLEY				ODF-249--	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CHARLES FARLEY 101 NE 72ND STREET TRANQUIL HARBOR OAK ISLAND, NC 28465		NO JOB TITLE			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		NO EMPLOYER		07/19/2021	
				<b>f. End Date (mm/dd/yyyy)</b>	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
%		10873 CHIEF	Check	\$ 100.00	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers (The people who guarantee the loan.)</b>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		%		\$	
<b>5. Total of ALL CRO-1410 Pages</b> (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$ 100.00	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
COMMITTEE TO ELECT CHARLES FARLEY			ODF-249--	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>g. Comments</b>
CHARLES FARLEY 101 NE 72ND ST OAK ISLAND, NC 28465		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		09/21/2021 07/14
				<b>i. Original Receipt Amount</b>
				\$ 25.00 <del>100.00</del>
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
<del>REQUIRED</del> NO JOB TITLE	<del>REQUIRED</del> NO EMPLOYER	P		\$ 100.00 <del>500</del>
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
<del>1000</del> CHIEF	Check	REIMBURSEMENT of Filing Fee	09/21/2021	\$ 25.00
<b>4. Total only this Page</b>				\$ 25.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 25.00
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>				
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kin      O* Other				
* Codes require detailed explanation in required remarks field (m)				

# Outstanding Loans

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT CHARLES FARLEY		ODF-249--	
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
CHARLES FARLEY 101 NE 72ND STREET TRANQUIL HARBOR OAK ISLAND, NC 28465		NO JOB TITLE	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		NO EMPLOYER	07/19/2021
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 100.00	\$ 100.00
<b>k. Full Name of Lending Institution</b>		<b>l. Loan Number</b>	
<b>4. Total only this Page</b>		\$ 100.00	
<b>5. Total of ALL CRO-1430 Pages</b> <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 100.00	