

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 ART DORNFIELD</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>147 COUNTRY CLUB DR SHARLOTTE NC 28470</i>	d. Date Filed <i>5-10-2022</i>
	e. Phone Number <i>9106125523</i>

2. Report Year <i>2022</i>	3. Period Start Date (mm/dd/yy) <i>1-1-2022</i>	4. Period End Date (mm/dd/yy) <i>4-30-2022</i>	5. Treasurer Full Name <i>ARTHUR W DORNFIELD</i>
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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	<input type="checkbox"/> Organizational	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Building 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
8. Number of Fundraisers this Report <i>0</i>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		10. Special Report Name	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>FIRST BANK</i>		a. Financial Institution Full Name	
b. Purpose <i>CHECKING</i>	c. Account Code <i>1156</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 1283.00</i>		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.

ARTHUR W DORNFIELD *[Signature]* *5-10-2022*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: **RECEIVED** Employee: *OB* Delivery Method
 Date Postmarked: **MAY 10 2022** Employee: _____ Normal Mail
 Date Submitted: **BRUNSWICK COUNTY** Employee: _____ Registered Mail
BOARD OF ELECTIONS Employee: _____ Hand Delivered
 Date Data Entered: _____ Employee: _____ Electronically Filed
 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 ART DORNFELD		ORG			
Start of Election Cycle: January 1, 2019		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1293.00		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 0	
6) Contributions from Individuals (CRO-1210)		\$ 8214.00		\$ 11267.48	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$	
9) Loan Proceeds (CRO-1410)		\$ 0		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0		\$	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 8214.00		\$ 11267.48	
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)		\$ 7521.60		\$ 9575.08	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7521.60		\$ 9575.08	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1283.00		\$ 1283.00	
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 ART DORNFELD						
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
ARTHUR W DORNFELD 147 COUNTRY CLUB DR SHALLOTTE NC 28470 910 612 5523				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CAROLINA SUN POOL DOCTORS		\$ 11,267.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CREDIT CARD	VISTA PRINT	1-11-2022	\$ 851.67	
<input type="checkbox"/>		CREDIT CARD	VISTA PRINT	2-7-2022	\$ 146.23	
<input type="checkbox"/>		CREDIT CARD	VISTA PRINT	3-4-2022	\$ 920.71	
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
ARTHUR W DORNFELD 147 COUNTRY CLUB DR SHALLOTTE NC 28470 910-612-5523				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CAROLINA SUN POOL DOCTORS		\$ 11,267.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CREDIT CARD	VISTA PRINT	3-4-2022	\$ 1907.79	
<input type="checkbox"/>		CREDIT CARD	GREY OUTDOOR	4-12-2022	\$ 850.00	
<input type="checkbox"/>		CREDIT CARD	VISTA PRINT	4-25-2022	\$ 304.04	
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
ARTHUR W DORNFELD 147 COUNTRY CLUB DR SHALLOTTE NC 28470 910 612 5523				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CAROLINA SUN POOL DOCTORS		\$ 11,267.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CREDIT CARD	COSTAL PRINTING MAIL OUT	4-29-2022	\$ 2171.30	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 7151.74	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 8214.00	

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 ART DORNFIELD						
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
FRANK W HODGES 189 FISHER FARM RD MARTINSVILLE VA 24112 276-632-4543				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				HODGES SHEET METAL		\$ 11267.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1156	CHECK	DONATION	4-6-2022	\$ 500.00	
<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
TRACY CARNES 45 PRIVET DRIVE OCEAN ISLE BEACH NC 910-269-7077				PARAMEDIC		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				BCEMS		\$ 11267.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CASH	DONATION	1-20-2022	\$ 50.00	
<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
MATT STURR 45 PRIVAT DRIVE OCEAN ISLE BEACH NC 910 620 2065				FIRE FIGHTER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SHALLOTTE FIRE		\$ 11267.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CASH	DONATION	1-20-2022	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 600.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 8214.00

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 ART DORNFELD						
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	
GINNY QUAGLIA 6609 SPENCER PLACE OCEAN ISLE BEACH NC 910 386 9611			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 11267.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		FOOD	DONATION	4-14-2022	\$ 92.40	
<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	
ARTHUR W DORNFELD 147 COUNTRY CLUB DR SHALLOTTE NC 28470 910 612 5523			BUSINESS OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			CAROLINA SUN POOL DOCTORS		\$ 11267.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CREDIT CARD	BIRCHWOOD LANE CONSULTANTS	3-13-2022	\$ 369.86	
<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	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 462.26	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9214.00	

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 ART DORNFELD		
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
ARTHUR W DORNFELD 147 COUNTRY CLUB DR SHALLOTTE NC 28420 910 612 5523		<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 \$ 11267.48
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
VISTA PRINT SIGNS	1-11-2022	\$ 851.67
VISTA PRINT BUMP & STICKERS	2-7-2022	\$ 146.23
VISTA PRINT POST CARDS	3-4-2022	\$ 920.71
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
ARTHUR W DORNFELD 147 COUNTRY CLUB DRIVE SHALLOTTE NC 28420 910 612 5523		<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 \$ 11267.48
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
VISTA PRINT POST CARDS + SIGNS	3-4-2022	\$ 1907.79
GREY OUTDOOR ELECTRONIC BILLBOARD	4-12-2022	\$ 850.00
VISTA PRINT POST CARDS + LETTERS ^{HAND}	4-25-2022	\$ 304.04
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
ARTHUR W DORNFELD 147 COUNTRY CLUB DR SHALLOTTE NC 28420 910 612 5523		<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 \$ 11267.48
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
COSTAL PRINTING MAIL OUT POSTCARDS	4-29-2022	\$ 2171.50
BIRCHWOOD LANE CONSULTANTS SIGN STANDS	3-13-2022	\$ 369.86
		\$
4. Total only this Page		\$ 7521.60
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 7521.60