

# 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 <i>CHARLIE NERN FOR COUNCIL</i>	c. ID Number <i>CNFC</i>
b. Mailing Address (include City, State and Zip Code) <i>647 OYSTER BAY DR SUNSET BEACH NC 28468</i>	d. Date Filed <i>12/2/2021</i>
	e. Phone Number <i>910 579 5219</i>

2. Report Year <i>2021</i>	3. Period Start Date (mm/dd/yy) <i>09/22/2021</i>	4. Period End Date (mm/dd/yy) <i>10/19/2021</i>	5. Treasurer Full Name <i>LOUIS R. DELVITA</i>
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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"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	<b>10. Special Report Name</b>
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b> <i>6</i>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>UNITED BANK</i>	a. Financial Institution Full Name	b. Purpose <i>AHL CAMPAIGN FINANCES</i>	b. Purpose
c. Account Code <i>4024</i>	c. Account Code	d. Period Begin Balance <i>\$ 737.71</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.

*LOUIS R. DELVITA*      *Louis R. Delvita*      *12/2/2021*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: **DEC 06 2021**      Employee: *CRB*      **Delivery Method**

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_       Normal Mail

Date Scanned: \_\_\_\_\_      Employee: \_\_\_\_\_       Registered Mail

Date Data Entered: \_\_\_\_\_      Employee: \_\_\_\_\_       Hand Delivered

\_\_\_\_\_      \_\_\_\_\_       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.

**Summary**

Amendment  Yes  No

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	
CHARLIE NERN FOR COUNCIL	PRE-ELECTION		
Start of Election Cycle: January 1, 2018	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 737.71	\$ 0	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 208.51	\$ 490.18	
6) Contributions from Individuals (CRO-1210)	\$ 200.00	\$ 2425.81	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$ 500.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
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)	\$ 408.51	\$ 3415.99	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 618.15	
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)	\$ 32.01	\$ 857.82	
17) In-Kind Contributions (CRO-1320)	\$ 125.17	\$ 950.98	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 157.18	\$ 2426.95	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 989.04	\$ 989.04	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 500.00	\$	
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)	\$	\$	

Report of Contributions from Individuals

Page

1 of 1  Yes  No

This form is used to report NC Contributions From Individuals of \$100 or less

Committee Full Name (and Fund if applicable)

2. ID Number

CHARLIE NERN FOR COUNCIL

CNFC

1. Contributor Information

a. Amount	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
		CHECK			
	204024	BARRADA HANOVER		09/27/2021	\$ 25.00
		CREDIT CARD PAYMENT	DOMAIN NAME		
		MELISSA WARREN	FRN	2009/30/2021	\$ 4.05
		CREDIT CARD PAYMENT	LOUIS STR		
		MELISSA WARREN	FRN	10/09/2021	\$ 27.96
	204024	CHECK		10/02/2021	\$ 25.00
		CASH IN-KIND	1/2 REFRESHMENTS		
		STEVE ARNS	AT MEETING	10/03/2021	\$ 8.33
		CASH IN-KIND	1/2 REFRESHMENTS		
		KAREN JOSEPH	AT MEETING	10/09/2021	\$ 12.40
	204024	CHECK 1/3 OF SAAD CONTRIBUTION		10/15/2021	\$ 33.34
		FROM MIKA HARGREAVS			
		CASH IN-KIND CONTRIBUTION	REFRESHMENTS		
		DUNBAR, LEN	1/3	10/16/2021	\$ 48.44
		CASH IN-KIND CONTRIBUTION	REFRESHMENTS		
		KATHLEEN MACDONALD	1/3	10/15/2021	\$ 11.65
		CASH IN-KIND CONTRIBUTION	REFRESHMENTS		
		SUSAN BRIDGHS	1/3	10/11/2021	\$ 12.34

4. Total only this Page

208.51 2021

5. Total of ALL CRO-1205 Pages

208.51 2021

(This line must be on the 5 of Detailed Summary Page (91.1) form)

# 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) <u>CHARLIE NEEN FOR COUNCIL</u>	2. ID Number
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3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (Include city, state, & zip) <u>MELISSA WARREN 209 WATER WAY DR SW SUNSAT BLACH NC 28468 910-520-2917</u>		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 <u>09/30/2021</u>
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		i. Original Receipt Amount \$ <u>32.01</u>
b. Job Title/Profession <u>NO JOB TITLE</u>		c. Employer's Name/Specific Field <u>NOT EMPLOYED</u>		f. Purpose Code <u>P</u>
		g. Comments <u>1/3 OF WEBSITE COST</u>		j. Election Sum to Date <u>0</u>
k. Account Code <u>4024</u>		l. Form of Payment <u>CHECK</u>		
m. Required Remarks <u>REPAYMENT</u>		n. Date (mm/dd/yyyy) <u>09/30/2021</u>		o. Amount \$ <u>32.01</u>

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
		g. Comments		j. Election Sum to Date \$
k. Account Code		l. Form of Payment		
m. Required Remarks		n. Date (mm/dd/yyyy)		o. Amount \$

3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (Include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		h. Original Receipt Date
		e. Level Registered <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		i. Original Receipt Amount \$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code
		g. Comments		j. Election Sum to Date \$
k. Account Code		l. Form of Payment		
m. Required Remarks		n. Date (mm/dd/yyyy)		o. Amount \$

4. Total only this Page	\$
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$

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)

# 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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
CHARLIE NEEN FOR COUNCIL		CNFC	
<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. Type of Contributor</b>	<b>c. Comments</b>
MELISSA WARREN 209 WATERWAY DR SW SUNSET BEACH NC 28468 910-520-2917		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	1/3 of WEB SITE + DOMAIN NAME FEE \$ 700.00
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
DOMAIN NAME FEE 1/3		09/30/2021	\$ 700.00
WEB SITE FEE 1/3		09/30/2021	\$ 27.96
			\$
<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. Type of Contributor</b>	<b>c. Comments</b>
KAREN JOSEPH 5915 SANDPIPER BAY DR SW SUNSET BEACH NC 28468 910-579-4891		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	1/3 of REFRESHMENTS AT MEETING \$ 12.40
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
IN KIND REFRESHMENTS		10/09/2021	\$ 12.40
			\$
			\$
<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. Type of Contributor</b>	<b>c. Comments</b>
STEVE HEINS 144 CROOKED GOLF CIR SUNSET BEACH NC 28468 631-338-2295		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	1/3 of REFRESHMENTS AT MEETING \$ 8.33
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
IN-KIND REFRESHMENTS		10/03/2021	\$ 8.33
			\$
			\$
<b>4. Total only this Page</b>		\$ 52.74	
<b>5. Total of ALL CRO-1510 Pages</b>		\$ 125.17	
<small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>			