

# 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 NERO FOR COUNCIL</i>	c. ID Number
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 5214</i>

2. Report Year <i>2021</i>	3. Period Start Date (mm/dd/yy) <i>10/19/2021</i>	4. Period End Date (mm/dd/yy) <i>11/12/2021</i>	5. Treasurer Full Name <i>LOUIS R DeVita</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	<input type="checkbox"/> 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
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>7. Type of Fund (if applicable, check one)</b>		<b>8. Number of Fundraisers this Report</b>	
<input type="checkbox"/> Booster Fund	<input type="checkbox"/> Building Fund	<i>4</i>	
<input checked="" type="checkbox"/> Other:			
<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>ALL CAMPAIGN FINANCIAL</i>	c. Account Code <i>4024</i>	b. Purpose	c. Account Code
	d. Period Begin Balance <i>\$ 989.04</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. DeVita*      *LOUIS R. DeVita*      *12/2/2021*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

<b>FOR OFFICE USE ONLY</b>		
Date Received: _____	Employee: <i>OB</i>	<b>Delivery Method</b>
Date Postmarked: <b>DEC 06 2021</b>	Employee: _____	<input checked="" type="checkbox"/> Normal Mail
Date Scanned: <b>BRUNSWICK COUNTY BOARD OF ELECTIONS</b>	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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.

**Filed Summary**

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		FINAL		
Start of Election Cycle: January 1, <u>2018</u>		Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 989.04	\$ 0	
<b>RECEIPTS</b>				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 130.66	\$ 620.85	
6) Contributions from Individuals	(CRO-1210)	\$ 200.00	\$ 2625.81	
7) Contributions from Political Party Committees	(CRO-1220)	\$ 650.00	\$ 650.00	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 500.00	
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)		\$ 980.66	\$ 4396.66	
<b>EXPENDITURES</b>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 1239.04	\$ 1857.19	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 857.82	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$ 500.00	\$ 500.00	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$ 230.66	\$ 1181.64	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1969.70	\$ 4396.66	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0	
<b>ADDITIONAL INFORMATION</b>				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0		
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-1710)	\$		
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>	
CHARLIE NERN 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. Job Title/Profession</b>		<b>d. Comments</b>	
RICHARD LYRA 2780 KEOUGHTAN Rd PIAFFTOWN, NC 27040 336-971-1149				NO JOB TITLE			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<b>e. Election Sum to Date</b>	
						\$ 200.00	
<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"/>	4024	CHECK		10/24/2021		\$ 200.00	
<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>	
C.							
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$	
<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"/>						\$	
<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>	
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$	
<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"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 200.00 701	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 200.00 717	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Contributions from Political Party Committees

Pg 1 of 1

Amendment

Yes  No

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
CHARLIE NERN 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. Comments</b>	
CAMPAIGN TO ELECT MIKE HARGREAVES 612 DRAGON CT SUNSAT BEACH NC 28468 315-939-2277				CONTRIBUTION	
				<b>c. Election Sum to Date</b>	
				\$ 650.00 <i>no</i>	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
4024	CHECK		10/20/2021	\$ 500.00	
	IN KIND	CAPTAINS MEETING 1/3 EXPENSE	10/26/2021	\$ 150.00 <i>no</i>	
				\$	
<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. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<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. Comments</b>	
				<b>c. Election Sum to Date</b>	
				\$	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>	
				\$	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 650.00 <i>no 1/2</i>	
<b>5. Total of ALL CRO-1220 Pages</b> (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 650.00 <i>no 1/2</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) <b>CHARLIE NERN FOR COUNCIL</b>						2. ID Number <b>CNFC</b>
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <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 <i>(include city, state, &amp; zip)</i> <b>BRUNSWICK BRACON 208 SMITH AVE SHALLOTTE NC 28459 910 754 6890</b>				b. Coordinated Committee Name		d. Comments <b>MULTIPLE ADS</b>
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 1009.33</b> <i>no 1/2</i>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>4024</b>	<b>DEBIT CARD</b>	<b>A</b>	<b>10/21/2014</b>	<b>\$ 900.00</b>	<b>NEWS PAPER AD</b>	
<b>4024</b>	<b>DEBIT CARD</b>	<b>A</b>	<b>10/22/2014</b>	<b>\$ 108.33</b>	<b>NEWS PAPER AD</b>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove <i>no 1/2</i>						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> <b>SUNSET VISION PO BOX 6244 OCRAH ISLAND BEACH 28469 910 575-8097</b> <i>no 1/2</i>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 190.71</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>4024</b>	<b>CHECK</b>	<b>O</b>	<b>11/12/2014</b>	<b>\$ 190.71</b>	<b>TO CLOSE CAMPAIGN</b>	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> <b>PRINT BY DESIGN, LLC 4249 SEA MOUNTAIN HWAY LITTLE RIVER, SC 29566 843-399-0105</b>				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 40.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>4024</b>	<b>CHECK</b>	<b>B</b>	<b>11/12/2014</b>	<b>\$ 40.00</b>	<b>1/2 OF INVOICE # 11121-2</b>	
5. Total only this Page						<b>\$ 1239.04</b> <i>no 1/2</i>
6. Total of ALL CRO-1310 Pages <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>						<b>\$ 1239.04</b> <i>no 1/2</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
L* - Other						