

# 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>10/24/2021</i>
	e. Phone Number <i>910 579 5214</i>

<b>2. Report Year</b> <i>2021</i>	<b>3. Period Start Date (mm/dd/yy)</b> <i>07/06/2021</i>	<b>4. Period End Date (mm/dd/yy)</b> <i>09/21/2021</i>	<b>5. Treasurer Full Name</b> <i>LOUIS R. DEVITA</i>
--------------------------------------	---	---	---

<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 checked="" 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
		<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
		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<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>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>	
<input type="checkbox"/> Booster Fund	<input type="checkbox"/> Building Fund		
<input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b>			
<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 INCOME/EXPENSE</i>	c. Account Code <i>4024</i>	b. Purpose	c. Account Code
	d. Period Begin Balance \$ <i>0</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*      *10/25/2021*  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

**RECEIVED**

Date Received: *OCT 25 2021*

Date Postmarked: *BRUNSWICK COUNTY BOARD OF ELECTIONS*

Date Scanned: \_\_\_\_\_

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

Employee: *PL* \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee: \_\_\_\_\_

**Delivery Method**

Normal Mail

Registered Mail

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.

# 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	
CHARLIE NERN FOR COUNCIL	35 DAY	CNFC	
Start of Election Cycle:	January 1, 11/2018	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 281.67	\$ 281.67
6) Contributions from Individuals (CRO-1210)		\$ 2225.81	\$ 2225.81
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$ 500.00	\$ 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)		\$ 3007.48	\$ 3007.48
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 618.15	\$ 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)		\$ 825.81	\$ 825.81
17) In-Kind Contributions (CRO-1510)		\$ 825.81	\$ 825.81
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2269.77	\$ 2269.77
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 737.71	\$ 737.71
<b>ADDITIONAL INFORMATION</b>			
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-1700)		\$	\$
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 NARN 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>	
CHRISTOPHER M. BRITTIN 412 SAIL FISH ST. SUNSET BEACH NC 28568 703-400-8987				OWNER B1B RE SOLUTIONS			
				<b>c. Employer's Name/Specific Field</b>			
						<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"/>	7004024	CHECK		09/10/2021	\$ 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>	
SUSAN BRIDGERS 595 COACH TRAIL SUNSET BEACH NC 28568 910 575-4768				NO JOB TITLE		1/3 of KICK-OFF MEETING AS IN KIND TO BE REPAID TO SUSAN	
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED		<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"/>	700	IN KIND	FOOD & BEVERAGES FOR KICK-OFF MEETING	09/10/2021	\$ 594.84		
<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>						\$ 694.84	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2225.81	

**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>	
GORDON H. COOKSON 7385 BALMORE DR SW SUNSET BEACH NC 28468 910 575 4162				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		09/07/2021		\$ 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>	
KAREN JOSEPH 915 SAND PIPER PLY DR SW SUNSET BEACH NC 28468 910-579-4881				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"/>	4024	CHECK		09/10/2021		\$ 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>	
ROBERT A FORRESTA 110 CROOKED GABLEY CIR SUNSET BEACH NC 28468 910 575 2333				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"/>	4024	CHECK		09/10/2021		\$ 100 00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 400 00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2225.81	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

**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>	
THOMAS J. BORMANN 1515 N SHORE DR SUNSET BEACH NC 28468 516-315-7359				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"/>	4024	CHECK		09/10/2021		\$ 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>	
MARY LOU DONBAR 649 OYSTER BAY DR SUNSET BEACH NC 28468 910-579-6198				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"/>	4024	CHECK		09/10/2021		\$ 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>	
FRANK M. EBERHART 16 CHILWOOD DR NEWTON NJ 07860				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"/>	4024	CHECK		09/04/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 300	
<b>5. Total of ALL CRO-1210 Pages</b> <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 2225.81	

**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
CHARLIE NERN FOR Council						CNFC
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		
CHARLES RALLIARULO JR 17112 DOUGLAS ROAD YAKIMA, WA 98908 509-654-8954			NO NO JOB TITLE c. Employer's Name/Specific Field NO NOT EMPLOYED	e. Election Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AD4024	CHECK		07/22/2021	\$ 100.00	
<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		
GORDON H. BOKELMAN 404 E 3RD ST SUNSET BEACH NC 28468 910-598-0074			NO NO JOB TITLE c. Employer's Name/Specific Field NO NOT EMPLOYED	e. Election Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AD4024	CHECK		08/04/2021	\$ 100.00	
<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		
PETER K LARKIN 483 LAKE SHORE DR SUNSET BEACH, NC 28468 443-914-4242			NO NO JOB TITLE c. Employer's Name/Specific Field NO NOT EMPLOYED	e. Election Sum to Date \$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AD4024	CHECK		08/03/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 300.00
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 2225.81
<small>(This line must be on line 6 of Detailed Summary Page CRO-1200)</small>						

# 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
CHARLIE NERN For Council						CNFC
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	
JOHN CARBETT 1313 CANAL DR SUNSET BEACH NC 28468 571-251-8778			NO JOB TITLE EMPLOYER'S NAME/SPECIFIC FIELD		NOT EMPLOYED	
					e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NO 024	CHECK		07/14/2021	\$ 100.00	
<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	
CHARLES NERN 647 OYSTER BAY DR SUNSET BEACH NC 28468 910-579-5217			NO JOB TITLE EMPLOYER'S NAME/SPECIFIC FIELD		NOT EMPLOYED	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NO 024	CHECK		07/08/2021	\$ 100.00	
<input type="checkbox"/>	NO	CASH	CAMPAIGN MATERIAL HANGARS & BUSINESS CARDS	09/17/2021	\$ 230.97	
<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	
MIKE HARGREAVES 612 DEACON CT SUNSET BEACH NC 28468 315-939-2277			NO JOB TITLE EMPLOYER'S NAME/SPECIFIC FIELD		NOT EMPLOYED	
					e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	NO 024	CHECK		07/26/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 530.97	
5. Total of ALL CRO-1210 Pages					\$ 2225.81	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

# Loan Proceeds

Amendment  
 Yes  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>	
CHARLIE NERN FOR COUNCIL				CNFC	
<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 C. NERN 647 OYSTER BAY DR. SUNSET BEACH NC 28468 910 393 7349		No NO JOB TITLE			
		<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>	
		The NOT EMPLOYED		08/30/2021	
				<b>f. End Date (mm/dd/yyyy)</b>	
				11/02/2021	
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
0 %	NONE	104.024	CHECK	\$ 500.00	
<b>l. Full Name of Lending Institution</b>					<b>m. Loan Number</b>
N/A					N/A
<b>4. Endorsers/Makers</b> (The people who guarantee the loan.)					
<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>	
CHARLES C. NERN FOR COUNCIL 647 OYSTER BAY DR. SUNSET BEACH NC 28468 910 393 7349		The NO JOB TITLE		The NOT EMPLOYED	
		<b>d. Percentage</b>		<b>e. Amount</b>	
		100 %		\$ 500.00	
<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>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>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)					\$ 500.00

**Disbursements**

Use this form to report expenditures from the committee for operating expenses, contributions to a candidate/political committee and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) **CHARLIE NERN For Council** 2. FID Number **CNTFC**

3. Type of Disbursement (Please use separate CRD-1316 forms for each type of Disbursement.)  
 Operating Expenses  Contributions to Candidates/Political Committees  Coordinated Party Expenditures

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone  
 BRUNSWICK COUNTY BOARD OF ELECTIONS  
 BOHIVIA

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County  
 State  Municipality

d. Comments

e. Election Sum to Date  
 \$ 5.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4024	CHECK	H	07/06/2021	\$ 5.00	REGISTRATION FEE

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone  
 (include city, state, & zip)  
 DRUXIE  
 PO BOX 4656  
 CAROL STREAM, IL 60197-4656  
 800-328-0307

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County  
 State  Municipality

d. Comments

e. Election Sum to Date  
 = 61.83

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4024	DEBIT CARD	K	07/09/2021	\$ 61.83	CHECKS & DEPOSITS

4. Payee Information  Add  Remove

a. Full Name, Mailing Address & Phone  
 (include city, state, & zip)  
 SIGN OUTLET STORE  
 2200 OGDEN AVE  
 SUITE 350  
 LISKE, IL 60532

b. Coordinated Committee Name

c. Level Registered (Specify)  
 Federal  County  
 State  Municipality

d. Comments

e. Election Sum to Date  
 = 551.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4024	DEBIT CARD	A	08/22/2021	\$ 551.32	SIGNS

6. Total of ALL CRD-1316 Pages \$ 618.15

(This line goes in line 13a of Detailed Summary Page CRD-1100 if Operating Expenses)  
 (This line goes in line 13b of Detailed Summary Page CRD-1100 if Contrib to Candidates/Political Comm)  
 (This line goes in line 13c of Detailed Summary Page CRD-1100 if Coordinated Party Expenditures)  
 \$ 618.15

7. Purpose Codes (If not 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 Local Revenue Fund

# Refunds/Reimbursements From the Committee

Amendment  
 Yes

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>	
CHARLIE NERN FOR COUNCIL			CNFC	
<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>h. Original Receipt Date</b>
SUSAN BRIDGES 595 COACH TRAIL SUNSET BEACH NC 28468 910-575-4768		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		09/10/2021
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 594.84
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		REPAY UAR COST (L) outlay		\$ Nil. 0
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	<b>k. Account Code</b>
NO JOB TITLE	NOT EMPLOYED		1/3 of Kick-off mtg EXPENSE	04024
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
CHECK			09/17/2021	\$ 594.84
<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>h. Original Receipt Date</b>
CHARLES NERN 647 OYSTER BAY DR SUNSET BEACH NC 28463 910 579 5214		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		09/17/2021
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 230.97
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		REPAY OUTLAY (L)		\$ Nil. 0
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	<b>k. Account Code</b>
NO JOB TITLE	NOT EMPLOYED		PAID FOR CAMPAIGN MATERIALS W/ PERSONAL CREDIT CARD	04024
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
CHECK			09/21/2021	\$ 230.97
<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>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	<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>
				\$
<b>4. Total only this Page</b>				\$ 825.81
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 825.81
<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-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 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. Type of Contributor</b>	<b>c. Comments</b>
SUSAN BRIDGES 595 COACH TRAIL SUNSET BRACH NC 28468 910-575-4768	<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	1/2 of Kick-off MEETING COSTS
		<b>d. Election Sum to Date</b> \$ <u>Nil</u>
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD + BEVERAGES FOR KICK-OFF MEETING	08/10/2021	\$ 594.84
		\$
		\$
<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>
CHARLES NERN 1597 OYSTER BAY DR SUNSET BRACH NC 28468 910-579-5214	<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	REPAY PURCHASE OF CAMPAIGN MATERIALS w/ PERSONAL CREDIT CARD
		<b>d. Election Sum to Date</b> \$ <u>Nil</u>
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
PAID FOR BOOK HANGERS & BUSINESS CARDS FROM VISTA PRINT	09/11/2021	\$ 230.97
		\$
		\$
<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>
	<input 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	
		<b>d. Election Sum to Date</b> \$
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		\$
		\$
		\$
<b>4. Total only this Page</b>		\$ 825.81
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 825.81