

# 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 CHARLIE NERN FOR COUNCIL	c. ID Number CNFC
b. Mailing Address (Include City, State and Zip Code) 647 OYSTER BAY DR SUNSET BRACH NC 28468	d. Date Filed 9/22/21
	e. Phone Number 910 579 5214

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 7/12/21	4. Period End Date (mm/dd/yy) 9/21/21	5. Treasurer Full Name LOUIS R. DEVITA
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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 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
<b>7. Type of Fund (if applicable, check one)</b>		<input 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	<input type="checkbox"/> Semi-annual	
<b>8. Number of Fundraisers this Report</b> 1		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<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 UNITED BANK	a. Financial Institution Full Name	b. Purpose ALL CAMPAIGN EXPENSES	c. Account Code CNFC
		d. Period Begin Balance \$ 0	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  
 Printed Name of Signer

\_\_\_\_\_  
 Signature of Appointed Treasurer

\_\_\_\_\_  
 9/22/21  
 Date

**FOR OFFICE USE ONLY**

Date Received: <b>RECEIVED</b>	Employee: <u>aa</u>	<b>Delivery Method</b>
Date Postmarked: <b>SEP 22 2021</b>	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: <b>BRUNSWICK COUNTY BOARD OF ELECTIONS</b>	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input checked="" 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.

# 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 WERN FOR CONGRESS		35 DAY		CNFC	
Start of Election Cycle: January 1, 2021		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-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>
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>
CHRISTOPHER M. BRITTIN 412 SAIL FISH ST. SUNSET BRACH NC 28468 703-400-8987				OWNER P/B 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"/>	CNFC	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 BRIDGES 595 COACH TRAIL SUNSET BRACH NC 28468 910 575-4768				RETIRED		1/3 of KICK-OFF MEETING AS IN KIND TO BE REPAID TO SUSAN
				<b>c. Employer's Name/Specific Field</b>		
						<b>e. Election Sum to Date</b>
						\$ 594.84
<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"/>	CNFC	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 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>	
GORDON H. COOKSON 7385 BALMORE DR SW SUNSET BEACH NC 28468 910 575 4162				RETIRED			
				<b>c. Employer's Name/Specific Field</b>			
						<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"/>	CNFC	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>	
WAREN JOSEPH 915 SAND PIPER BAY DR SW SUNSET BEACH NC 28468 910-579-4891				RETIRED			
				<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"/>	CNFC	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 FORRESTER 110 CROOKED GULLY CIR SUNSET BEACH NC 28468 910 575 2333				RETIRED			
				<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"/>	CNFC	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	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

**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				RETIRED			
				<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"/>	CNFC	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 DUNBAR 649 OYSTER BAY DR SUNSET BEACH NC 28468 910-579-6198				RETIRED			
				<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"/>	CNFC	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 CHAMWOOD DR NEWTON NJ 07860				RETIRED			
				<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"/>	CNFC	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>						\$ 2225.81	
<i>(This line must be on line 5 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-1210 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>	
CHARLES PULLARULO JR 13112 DOUGLAS ROAD YAKIMA, WA 98908 509-654-8934			RETIRED			
			<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"/>	CNFC	CHECK		07/22/2021	\$ 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>	
GORDON H. BOKELMAN 404 E 3RD ST SUNSET BEACH NC 28468 910-599-0074			RETIRED			
			<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"/>	CNFC	CHECK		08/04/2021	\$ 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>	
PETER K LARKIN 483 LAKE SHORE DR SUNSET BEACH, NC 28468 443-914-4242			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					<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"/>	CNFC	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-1180)</small>						

# 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>	
JOHN CORBETT 1313 CANAL DR SUNSET BEACH NC 28468 571-251-8778			RETIRED			
			<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"/>	CNFC	CHECK		07/14/2021	\$ 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>	
CHARLES NERN 447 OYSTER BAY DR SUNSET BEACH NC 28468 910-579-5214			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b> \$ 330.97	
<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"/>	CNFC	CHECK		07/08/2021	\$ 100.00	
<input type="checkbox"/>	CNFC	IN KIND	CAMPAIGN MATERIAL HANGERS & BUSINESS CARDS	09/17/2021	\$ 230.97	
<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>	
MIKE HARGREAVES 612 DEACON CT SUNSET BEACH NC 28468 315-939-2277			RETIRED			
			<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"/>	CNFC	CHECK		07/26/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 530.97	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 2225.81	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

# 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			RETIRED		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>
			RETIRED		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	CNFC	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> <i>(The people who guarantee the loan.)</i>					
<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			RETIRED		RETIRED
			<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> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 500.00

**Disbursements**

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

1. Committer Full Name (and Fund if applicable) <b>CHARLIE NERN For Council</b>						2. ID Number <b>CNTC</b>
3. Type of Disbursement (Please use separate CRD-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 COUNTY BOARD OF ELECTIONS BOHIVIA</b>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 5.00</b>	
f. Account Code	g. Form of Payment <b>CHECK</b>	h. Purpose Code <b>H</b>	i. Date (mm/dd/yyyy) <b>07/06/2021</b>	j. Amount <b>\$ 5.00</b>	k. Required Remarks <b>REGISTRATION FEE</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>DELUXE PO. BOX 4656 CAROL STREAM, IL 60197-4656 800-328-0304</b>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 61.83</b>	
f. Account Code	g. Form of Payment <b>DEBIT CARD</b>	h. Purpose Code <b>K</b>	i. Date (mm/dd/yyyy) <b>07/09/2021</b>	j. Amount <b>\$ 61.83</b>	k. Required Remarks <b>CHECKS &amp; DEPOSITS</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>SIGN OUTLET STORE 2200 OGDEN AVE SOUTH 350 NISKAYUNA, IL 60532</b>			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 551.32</b>	
f. Account Code	g. Form of Payment <b>DEBIT CARD</b>	h. Purpose Code <b>B</b>	i. Date (mm/dd/yyyy) <b>08/22/2021</b>	j. Amount <b>\$ 551.32</b>	k. Required Remarks <b>SIGNS</b>	
5. Total of ALL CRD-1310 Pages						<b>\$ 618.15</b>
6. Total of ALL CRD-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRD-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRD-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRD-1100 if Coordinated Party Expenditures)</i>						<b>\$ 618.15</b>
7. Purpose Codes (Use detailed expenditure code in (h) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Assist 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			
* Other						

# 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>		
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 COACA 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			
		<b>e. Level Registered</b>			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		<b>i. Original Receipt Amount</b>	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 594.84	
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>	
		REPAY HARBOR COST (L) OUTLAY		\$ 594.84	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>	
RETIRED		1/3 of Kick-off MTG EXPENSE		CNFC	
<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 28468 910 579 5214		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered</b>			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		<b>i. Original Receipt Amount</b>	
		<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)		\$ 230.97	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>	
RETIRED		PAID FOR CAMPAIGN MATERIALS w/ PERSONAL USE		CNFC	
<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>			
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>i. Original Receipt Amount</b>	
		<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	1/3 of Kick-off MEETING COSTS  <b>d. Election Sum to Date</b> \$ 594.84
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD + BEVERAGES FOR KICK-OFF MEETING		09/10/2021	\$ 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 647 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	RE PAY PURCHASE OF CAMPAIGN MATERIALS BY PERSONAL CREDIT CARD  <b>d. Election Sum to Date</b> \$ 230.97
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FAD FOR BOOK HANGARS + 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	