Disclosure	Report	Cover
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Amendment		
☐ Yes	No 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					c. ID Number
		Committ	ee to Elect Ro	b Cerulo	
b. Mailing Address (include City, State	and Zip Code)				d. Date Filed
9884 Flower B		e. N	V.		1125/24
Concard, NCZ	8077				e. Phone Number
,				5 m	309,696,1232
2. Report Year 3. Period Start	_	\$ DEC 0		7423	
2023 12/24/2		5 0 0	123		Feffrey Cerulo
6. Type of Committee (Check O		* * · · · · · · · · · · · · · · · · · ·		type of repo	rt from one category)
Candidate Campaign Party PAC Refe		icipal Ossasiastiassi	State/County Organizati	launt	Referendum Organizational
Ser or constraint years.		Organizational Thirty-five day		ionai	Pre-referendum
Legal Expense Fund		Pre-primary	☐ First		Final
Legal Expense Fund		Pre-election	Secon		Supplemental Final
7. Type of Fund (if applicable,		Pre-runoff	Third	i	Annual
Booster Fund	AND ESTABLISHED AND COMME	Semi-annual	Four	th	Special
Building Fund		Mid Year	Semi-annu	ual	
	$\square$	Year End	☐ Mid	Year	10. Special Report Name
Other:		Final	✓ Year	End	2023 Year-End
8. Number of Fundraisers this	Report 🔲	Special	☐ Final		Sem. Annual Report
0			☐ Special		JOHN MINGEL 12- for
11. Account Information	100		11. Account Inforn	The state of the s	
a. Financial Institution Full Name			a. Financial Institution	Full Name	
Uwharrie Bar			Uwhari	rie Ba	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign Finance			Campaig	1	
Finnola	d. Period Begin Bal	ance	+		d. Period Begin Balance
1 1019112	s 0		tinano	e	<b>\$</b> ()
CERTIFICATION					
I certify that the Committee or Fun	id is in compliance	with all appl	icable provisions of Ar	ticle 22A, 221	B & 22D-22M of Chapter 163
of the NC General Statutes and tha					
report is complete, true and correct	t and that I have be	en trained by	the NC State Board of	Elections.	
D.LC.1		NI	0		1110124
KOD Cerulo		for	(eur		1/25/29
Printed Name of Sign	er	Sig	nature of Appointed Treas	surer	Date
FOR OFFICE USE ONLY			. 1/ /	Dal	Carama Matha d
Date Received:	24/24	Employ	vee: ULL	- <u>De</u>	livery Method Normal Mail
Date Postmarked:		Employ	/ee:	- U	Registered Mail Hand Delivered
Date Scanned:	26-24	Employ	vee: WAN	SEIVED .	Electronically Filed
Date Data Entered:		Employ	yee: IN-P	ERSON _	Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,					
			s informationagrace		
			n (CRO-2 1990)AR19)Orf		

Detailed	d Summary
- Courte	A DUMINIMAL Y

Amendment

☐ Yes 🌠 No

1. Committee Full Name (and Fund if applicable)	2. Type of 1			D Number
		-		A MILLIOCE
Committee to Elect Rab Cerulo Start of Election Cycle: January 1, 2023	· ye	ľ	Total this	Total this Election Cycle
4) Cash on Hand at Start		\$	© C	\$
RECEIPTS	A47		ALEKSAN PARAMETER	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	s 0
6) Contributions from Individuals	(CRO-1210)	\$	0	s O
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	s O
8) Contributions from Other Political Committees	(CRO-1230)	\$	ð	s <i>O</i>
9) Loan Proceeds	(CRO-1410)	\$	0	s 0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0	s 0
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	s 0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0	s 0
11c) Outside Sources of Income	(CRO-1250)	\$	0	s 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	Q	s <i>O</i>
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	s 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	0	s 0
EXPENDITURES				34 Sept 17 cm 12
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	0	s <i>O</i>
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0	s 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	s O
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0	s O
15) Loan Repayments	(CRO-1420)	\$	0	s 0
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0	s 0
17) In-Kind Contributions	(CRO-1510)	\$	0	s 0
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1.			0	s O
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$	()	\$ 0
ADDITIONAL INFORMATION		724	A	
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 oved by the Committee	(CRO-1610)	\$	0	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0	
24) Account Transfers Wilhih in Committee	(CRO-1720)	\$	0	
25) Administrative Support RRUS COUNTY 26) Forgiven Leans BOARD OF ELECTIONS	(CRO-1710)	\$	<u>Q</u>	s <i>O</i>
20) Forgiven Loans	(CRO-1440)	\$	U	s <i>O</i>
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	<u>U</u>	s <i>O</i>
28) Contributions to be Refunded	(CRO-1215)	\$	U	s C

			butions from I			Yes No
O	otional fo	orm used to repo	ort NC Contributio	ns From Individuals of	\$50 or less	
1.	Committ	ee Full Name (a	nd Fund if applicab	le)		2. ID Number
	Com	MITEET	o Elect R	Rob Cerulo		
3.	Contribu	tor Information				
a. /	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amount
	1.7.2.4.44					\$
느	Remove					No.
Е	Add Remove					\$
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	Add		5	IN-PERSON		\$
E	Remove Add			JAN 2 6 2024		\$
	Remove Add			CABARRUS COUNTY DARD OF ELECTIONS		2
	Remove					\$
F	Add Remove					\$
	Add					s
_		nly this Page	L			s ()
		f ALL CRO-				5
			1203 Fages Detailed Summary Page C	'RO-1100)		\$ 0

Amendment

		rom Individual		Pg ontributions und		[	Amendment  Yes No  O5 is not used
		e (and Fund if appli		ond routions unc	ici 350 ii ioiiii Ci	35 47 F1 87 F	Number
		to Elec		C 1 .			
	ributor Informa				move		V 电线性 18 600/25 19 19
The last of the la	ame, Mailing Addre			b. Job Title/Profe		d. Cor	mments
(includ	le city, state, & zip)		1	1			
98	84 Flor	ver Be now 28027	et Ale Me	c. Employer's Na	me/Specific Field		
Cor	ncord, NO	28027				e. Ele	ction Sum to Date
	*					\$	0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) l	k. Amount
		п					\$
П							\$
							\$
3. Cont	ributor Informa	ation		Add Re	move		· 美国发展的特色系统
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Prof	ession	d. Co	mments
(includ	le city, state, & zip)			-			
				c. Employer's Na	me/Specific Field		
						e. Ele	ection Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	 otion	j. Date (mm/dd/yy	yy)  1	k. Amount
П		•					\$
							\$
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3. Cont	ributor Informa	ation		Add Re	emove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Prof	ession	d. Co	omments
(includ	le city, state, & zip)	RECEIVED					
		IN-PERSON		c. Employer's Na	me/Specific Field	1	
		JAN 2 6 2024				e. Ele	ection Sum to Date
		CABARRUS COUNT				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
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Carle City Co.	al only this P					\$	0
S225-4-127-1251-1256-5		RO-1210 Pages S of Detailed Summary Po	age CRO-1100)			\$	0
CRO-12	210		NC State Bo	ard of Elections			April 2007

f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yy  4. Payee Information	2. ID Number  6  for each type of Disbursement.) ittees
1. Committee Full Name (and Fund if applicable)  Ommittee to Elect Rob Cerul of Elect Rob	for each type of Disbursement.) ittees
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yy  4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Add  b. Coord  c. Level	for each type of Disbursement.) ittees
3. Type of Disbursement (Please use separate CRO-1310 forms)  Operating Expenses	for each type of Disbursement.) iitees
Operating Expenses Contributions to Candidates/Political Comm  4. Payee Information Add  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level  Fed  Stat  f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yy)  4. Payee Information Add  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level  c. Level  c. Level  c. Level  c. Level  c. Level	Coordinated Party Expenditures   Remove   Remove   Comments   Registered (Specify)     In a County:   Co
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level  Fed.  Stat  f. Account Code  g. Form of Payment  h. Purpose Code  i. Date (mm/dd/yy)  4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level  c. Level	Remove d. Comments  Registered (Specify) leral County: lee Municipality:  e. Election Sum to Date  \$
a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level  f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yy  4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level c. Level	Registered (Specify) leral County: te Municipality: e. Election Sum to Date  \$
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yy  4. Payee Information	Registered (Specify) leral County: te Municipality: e. Election Sum to Date  \$
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f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yy  4. Payee Information	S
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level	
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level	
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level	yyy)   j. Amount   k. Required Remarks
a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level	\$
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a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level	Remove
c. Level	dinated Committee Name d. Comments
	Registered (Specify)
State	
State	
	\$
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/y)	yyy) j. Amount k. Required Remarks
	\$
	\$
4. Payee Information Add	Remove
A CONTRACTOR OF THE CONTRACTOR	dinated Committee Name d. Comments
(include city, state, & zip)	
IN_PERSON	Registered (Specify)
☐ Fed	leral County:
JAN 2 6 2024	te Municipality: e. Election Sum to Date
CABARRUS COUNTY	\$
f. Account Code good Paraga Tich Spurpose Code i. Date (mm/dd/y)	yyy) j. Amount k. Required Remarks
	\$
	\$
5. Total only this Page	\$ ()
6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Ex	J / 1
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Ca	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated I	Party Expenditures)
7. Purpose Codes (List detailed expenditure code in (h.) above)	4 : (du ho hit): ( - 90): 日本 ( ) ( 10 ( 10 ( 10 ( 10 ( 10 ( 10 ( 10
O* Other	arty H* - Holding Public Office Expenses
* Codes require detailed explanation in required remarks field (l	arty H* - Holding Public Office Expenses
7. Purpose Codes (List detailed expenditure code in (h.) above)  A*-Media B*-Printing C*-Fundrais  E - Salaries F*-Equipment G-Political Part I-Postage J-Penalties K*-Office Expenditure code in (h.) above)	

Amendment