Disclosure Report Cover

Do not use this form to update information.

Amendment

Yes

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Information a. Full Name c. ID Number b. Mailing Address (include City, State and Zip Code)

9884 Flower Bonnet Ave. New d. Date Filed (0/29/25 Phone Number Concorn NC 28027 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name Robert Teffrey Cerulo 10/19/24 9. Type of Report (check only one type of report from one category) 5. Type of Committee (Check One) Candidate Campaign State/County Municipal Referendum organizational RUS COU Referendum Organizational Organizational ☐ PRE-CREARIDUMOF ELECT Independent Expenditure Joint Fundraiser ☐ Thirty-five day Quarterly IONS Legal Expense Fund Pre-primary First Supplemental Final 9 202/ Pre-election Second 7. Type of Fund (if applicable, check one) ☐ Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special RECEIVED ☐ Building Fund Mid Year Semi-annual 10. Special Report Name Mid Year Year End Final Other: Year End 2024 3rd 8. Number of Fundraisers this Report Special Final QuarterRepo ☐ Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Uwharne b. Purpose c. Account Code c. Account Code Campaign Finance d. Period Begin Balance d. Period Begin Balance \$ 645.68 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. Signature of Appointed Treasurer FOR OFFICE USE ONLY 10-29-24 UAN Delivery Method Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: ★ Hand Delivered 10-24-24 NAN ■ Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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.

Amendment No ☐ Yes

Detailed Summary Use this form to summarize all disclosure reporting forms and	to total mo	netary information	Amendment Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of		. ID Number
Committee to Elect Rob Cerulo.	Quar-	terly (30d)	
Start of Election Cycle: January 1, 2024	_	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 645.68	\$ 521.45
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 200.00	\$ 400,00
6) Contributions from Individuals	(CRO-1210)	\$ 1,900.00	\$ 3,050.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
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)	\$ 2,100.00	\$ 3,450.00
<u>EXPENDITURES</u>			
13) Disbursements		は世界がある。	
13a) Operating Expenditures	(CRO-1310)	\$ 2,224,23	\$
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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 2,224.23	\$ 50.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 521.45	\$ 2,928,55
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	\$ 521.45
ADDITIONAL INFORMATION			
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)	\$	\$

			Amendment	2
Aggregated Contributions from Individuals	Page	 of	 ☐ Yes	No No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Commit	tee Full Name (a	nd Fund if applicabl	(e)		2. ID Number
Cow	im ittee	to Flea	H ROB CE	erulo	2
3. Contribu	itor Information	i			
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amount
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Cont	ributions fr	om Individual	ls	Pg	of		Yes No
DESCRIPTION OF STREET		ndividual contribution		ontributions und	er \$50 if form CF	CONTRACTOR OF THE PARTY OF THE	
1. Com	mittee Full Nan	ne (and Fund if appli	icable)			2. II	D Number
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Amendment

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Amendment

Contributions from Individuals	Pg	of	Amendment Yes No
Use this form to report individual contributions over \$50 or	contributions unde		
1. Committee Full Name (and Fund if applicable)			2. ID Number
Committee to Elect Rob	Cernl	0	
3. Contributor Information	Add Ren	nove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profes	sion	l. Comments
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Michael O'Lenny	c. Employer's Nan		
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Denver, NC 28037	Ken.		\$ 100,00
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Concord, NC 28025			\$ 750,00
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a. Full Name, Mailing Address & Phone	b. Job Title/Profes	sion	I. Comments
(include city, state, & zip)	Rome	wher	
David Barnum 14205 Northridge Dr.	c. Employer's Nam	ne/Specific Field	
11705 Northridge Dr.	Bres	d	
Charlotte, NC 28269		\ \ e	Election Sum to Date
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		mary Page CRO-11	00 if One	rating Expense	25)	

7. Purpose Codes (List detailed expenditure code in (h.) above)

J - Penalties

A* - Media B* - Printing C* - Fundraising D - To Another Candidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

O* Other

* Codes require detailed explanation in required remarks field (k)

I - Postage

K* - Office Expenses

Q* - Donation to Legal Expense Fund

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			tee for o	perating exp	benses, contribution	ons to ca	andidate/political
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(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

7. Purpose Codes	(List detailed expenditure co	de in (h.) above)
A* - Media	B* - Printing	C* - Fundrais

E - Salaries F* - Equipment
I - Postage J - Penalties

C* - Fundraising
G - Political Party

D - To Another Candidate

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* Other

* Codes require detailed explanation in required remarks field (k)

			Amendment	
Disbursements	Pg	 of	 ☐ Yes	No

	o report expenditures I coordinated party ex		tee for o	operating exp	enses, contributi	ons to candidate/political	
	Full Name (and Fun					2. ID Number	
	in thee		ect	Rob	Cembo		1
3. Type of Disl	bursement (Please	e use separate CI	RO-1310	forms for e	each type of Disb	pursement.)	
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7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)			
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